Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

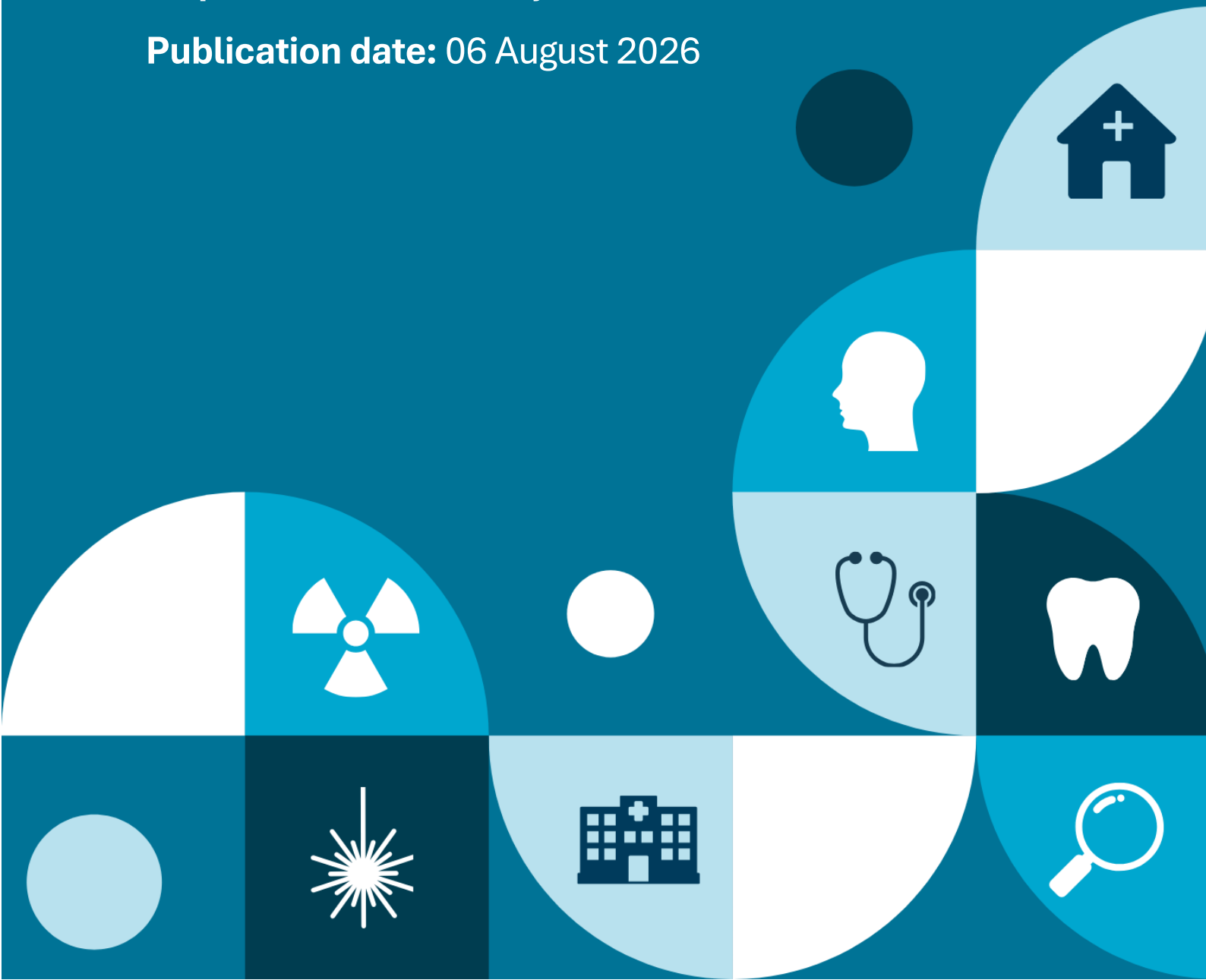
General Dental Practice Inspection Report (Announced)

168 Dental Practice, Newport

Aneurin Bevan University Health Board

Inspection date: 06 May 2026

Publication date: 06 August 2026



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Digital ISBN 978-1-80853-139-2

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

Our Purpose

We check the safety and quality of healthcare across Wales.

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 Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

Our Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued, and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.

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 168 Dental Practice, Newport, Aneurin Bevan University Health Board on 06 May 2026.

Our team for the inspection comprised of one HIW healthcare inspector and one clinical 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 11 questionnaires were completed by patients and six were completed by staff. Feedback and some of the comments we received appear throughout the report.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found patients were well supported with clear, accessible information about oral health, treatment options and charges. Patients consistently reported that explanations and aftercare advice were easy to understand. Staff were observed to be welcoming and respectful, with appropriate measures in place to protect privacy and confidentiality.

Patients were actively involved in decisions about their care and received sufficient information on risks, benefits and costs of treatment. Appointment systems were effective, with good communication about delays and flexible opening times, contributing to high attendance and positive feedback on access.

The practice made reasonable efforts to meet diverse communication needs. While care was delivered in a respectful and inclusive way, improvements were required to formalise equality and diversity arrangements.

This is what we recommend the service can improve:

- The registered manager must develop and implement a comprehensive equality and diversity policy and provide a copy to HIW when complete.

This is what the service did well:

- Lots of relevant patient healthcare information available
- Friendly, welcoming staff and dental team, with comfortable waiting area
- Reminder system resulting in very low non-attendance rate
- Short notice list used to help fill cancelled appointments

Delivery of Safe and Effective Care

Overall summary:

We found that the practice provided a safe and well-maintained environment, supported by effective risk management processes and regular safety checks. Premises and equipment were clean, well-organised and appropriately maintained, with suitable fire safety arrangements and clear emergency planning in place.

We considered infection prevention and control arrangements to be good, with clean facilities, appropriate PPE and well-managed decontamination processes. However, some gaps were noted which included the absence of a recent IPC audit and uncertainty regarding laundry compliance, which was addressed during the inspection.

Medicines were stored and managed safely, and suitable arrangements were in place for emergencies, although not all staff were fully trained in key areas at the time of inspection. Safeguarding arrangements were robust, with trained staff and clear procedures.

Effective patient care was supported by sufficient staff and appropriate equipment. However, improvements were needed in record keeping, particularly around consent, treatment planning and patient language preference.

This is what we recommend the service can improve:

- To develop a building maintenance policy
- To complete an infection prevention and control audit in line with Welsh Health Technical Memorandum (WHTM) 01-05
- To appoint and train an additional first aid responder
- To display information about the risks and benefits of dental X-rays where they can be easily seen
- To ensure recommended checklists are used to prevent wrong tooth extractions.

This is what the service did well:

- Visibly clean, well-equipped practice
- Good fire safety compliance
- Medical history update reminder displayed in waiting room with patients asked to update records while in the waiting room
- Radiation file was comprehensive and complete.

Quality of Management and Leadership

Overall summary:

The practice was well led, with a clear management structure and an open, supportive culture. Staff reported positive working relationships and felt valued with all saying they would recommend the practice as a good place to work. However, they also raised concerns about staff absence that was contributing to additional pressure.

Governance arrangements were generally effective, with up-to-date policies and regular communication processes in place. However, improvements were needed to ensure consistent version control across all policies. In general, staff were appropriately trained, had regular appraisals, and compliance with professional requirements was well monitored.

The practice demonstrated a commitment to learning and improvement, supported by quality tools and audits. However, key audits were missing or out of date, limiting oversight in some areas. Patient feedback mechanisms and complaints handling were appropriate, although the complaints procedure was not clearly displayed.

This is what we recommend the service can improve:

- To ensure all policies contain appropriate version control
- To develop a recruitment policy
- To display a copy of the practice complaints procedure where it can be easily seen by patients
- Scheme of audit to be developed and implemented.

This is what the service did well:

- Use of team development tools in recent years including Maturity Matrix Dentistry (MMD) and Skills Optimiser Self Evaluation Tool (SOSET)
- Good compliance with training and professional obligations.

3. What we found

Quality of Patient Experience

Patient feedback

All patients who completed a HIW questionnaire rated the service as 'very good', confirmed that staff explained what they were doing throughout their appointment and answered any questions they had about their care.

Patient comments included:

> "Excellent service. I can always get an emergency appointment. ... the dentist is very professional and provides high level service."
>
> "Staff on reception are always accommodating and friendly."
>
> "Very happy with overall treatment and care."

Person-Centred

Health promotion and patient information

We found lots of relevant dental healthcare information available within patient waiting areas including preventative oral care, smoking cessation and diet advice. This consisted of leaflets and a well organised notice board. Both NHS and private treatment charges, including payment plan information, were displayed, and the dental team's names alongside their General Dental Council (GDC) registration numbers were clearly visible to patients.

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice. The practice was in the process of developing a website and we discussed the need for this information to be included on the website once this is launched.

All respondents who answered the question on the HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand and all who considered the question applicable confirmed they were provided with aftercare instructions on how to maintain good oral health.

Dignified and respectful care

Our observations found staff were friendly and welcoming, treating patients with kindness and respect. The reception desk and waiting area were in separate rooms,

although this was open planned. However, we were confident that private discussions could be held at the reception desk, whilst a quiet area at the other side of reception or an office could be used for greater privacy.

Surgery doors were kept closed during treatment and consultations to maintain patient privacy and dignity. Windows were fitted with blinds to restrict the view into surgeries from the outside and neighbouring properties.

We found a confidentiality agreement had been signed by all staff members as part of their induction process. The GDC nine core ethical principles of practice were clearly displayed in the waiting area.

All respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

Individualised care

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

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

Timely

Timely care

Where delays to appointment times occurred, we were told that reception staff informed patients promptly. This was supported by instant messaging systems between clinical and reception teams. We were advised that waiting times between treatments were running at two to three weeks depending on the treatment, clinician or patient preference. We were told that the practice sent appointment reminders to patients which has resulted in a non-attendance rate of almost zero.

We were told that patients who required emergency treatment would need to telephone as soon as possible with the aim to be seen on the same day, especially where symptoms were considered most urgent due to swelling or bleeding.

The practice opening hours and out of hours contact arrangements were visible from outside the premises. These included earlier opening times on Wednesdays and Fridays, and late opening on Mondays to provide flexibility for working patients and

school children.

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

Equitable

Communicating and language

We found written information displayed in the practice was predominantly available in English, with some bilingual NHS posters. Staff were aware of the importance of speaking to patients in their preferred language with an appropriate translation service available to help facilitate this. We saw a notice in the patient waiting area promoting the Active Offer of providing a service in Welsh, although we were told there were no Welsh speakers among the practice staff.

Appointments could be booked by telephone or in person at reception, ensuring patients without digital access could arrange treatment.

We were told information could be made available in other formats such as Welsh and large print, while staff said they would help patients to read and complete forms and other documentation as necessary. iPads were also available for patients to complete forms which enabled documents to be enlarged as required. We saw that a hearing loop system was installed to assist patients with hearing difficulties.

Rights and equality

We considered the dental care at the practice was provided in a way that recognised the needs and rights of patients, and we were assured that the rights of transgender patients would be upheld with preferred names and pronouns used as required. We reviewed a selection of staff personnel files and saw that staff had completed appropriate training in equality and diversity. However, the practice was unable to provide us with a complete and up-to-date equality and diversity policy.

The registered manager must develop and implement an equality and diversity policy and provide a copy to HIW when complete.

The practice was located over two floors with one surgery located on the ground floor.

There was a mixed response regarding the accessibility of the practice with five patients saying that the practice was only partially accessible, one patient saying the practice was not accessible whilst one was not sure. We considered the ground floor of the

practice to be well adapted for patients with impaired mobility, with a ramp and handrails from the street to the front entrance. However, the toilet facilities were located on the first floor, while there were two steps into the practice which hindered wheelchair access. These access limitations were communicated to patients via the practice patient information leaflet, with the offer of arranging treatment at a nearby practice that provided better accessibility.

All respondents who completed the HIW patient and staff questionnaires confirmed that they had not faced discrimination at the practice.

Delivery of Safe and Effective Care

Safe

Risk management

We considered the dental practice to be well maintained with well equipped, spacious surgeries that were clutter free. Internally, the rooms were decorated and furnished to a good standard with patient areas comfortable and free from hazards. There were adequate arrangements for staff to change their clothes and safely store their personal belongings. However, we found there was no buildings maintenance policy to help ensure the premises always remain fit for purpose.

The registered manager must develop a building maintenance policy to ensure the premises remain fit for purpose and supply a copy to HIW when complete.

We found a business continuity policy with a list of procedures to be followed were it not possible to provide dental services due to an emergency event or disaster. This included reciprocal arrangements with nearby dental services. A health and safety policy was in place, and an approved health and safety poster was on display in the staff room. The employer's liability insurance was also displayed as required. We saw copies of health and safety risk assessments and that regular reviews that had been completed.

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

The practice had a current fire equipment maintenance contract in place, and we saw that fire extinguishers had been serviced within the last year. A suitable fire risk assessment had been completed, with all action points addressed and signed off by the responsible person. We were provided with evidence of weekly fire alarm checks and regular fire drills. Fire exits were found to be clear, suitably signposted and functioned as required. All staff had completed fire safety awareness training.

We saw signs at the entrance advising visitors that smoking was not permitted on the premises in accordance with legislation.

Infection prevention and control (IPC) and decontamination

The surgeries were visibly clean and suitably furnished to enable effective cleaning, while hand hygiene facilities were available in the surgeries and toilets. Cleaning schedules were seen, helping to support effective cleaning routines. Appropriate personal protective equipment (PPE) was readily available for staff to use. There was an

appropriate infection prevention and control policy in place which contained the name of the appointed practice lead.

We saw that the practice had a sharps injury procedure in place and that sharps bins were suitably stored. We discussed displaying quick reference needlestick injury flowcharts in each surgery to aid staff in the event of an incident. These were printed and put on display during the inspection.

The decontamination room was well organised with suitable arrangements demonstrated for the decontamination of reusable dental instruments. Staff described a suitable system for transporting instruments safely between the surgeries and decontamination room. We saw that the decontamination equipment was checked and maintained as required. The registered manager was unable to provide us with an infection prevention and control (IPC) audit that had been conducted within the last year.

The registered manager must conduct an audit of infection prevention and control and decontamination processes in line with Welsh Health Technical Memorandum (WHTM) 01-05.

We saw that a contract was in place to safely transfer waste from the practice and found that clinical waste was appropriately stored while awaiting collection. Suitable arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH). We found a washing machine installed to provide staff with uniform laundering facilities. However, the registered manager was unable to demonstrate that this arrangement was compliant with the requirements of WHTM 01-04, and following research chose to discontinue using this machine.

We reviewed staff personnel files and found that all staff working at the practice had completed the required IPC training.

All respondents who completed the HIW patient questionnaire told us they felt the practice was very clean and that staff followed IPC measures.

Medicines management

There was an appropriate policy in place for the management of medicines at the practice. We found that medicines were being stored safely and securely in accordance with the manufacturer's instructions, with suitable processes in place for checking, ordering, and handling medicines. Any medicines administered were clearly recorded within patient records, while appropriate arrangements were in place for the disposal of out-of-date items.

We found prescription pads to be kept secure. We saw signs displayed to remind patients to inform the practice of any changes in their medical history and observed patients being asked to update their records when reporting to reception, which we considered good practice.

There was an appropriate written policy in place for responding to medical emergencies at the practice which was based on current national resuscitation guidelines. We inspected the emergency equipment and medicines and found a suitable system in place for identifying when items needed to be replaced, with all medicines available and in date. We found one staff member had not yet completed resuscitation refresher training, although we saw that this training was scheduled for the coming weeks.

We found the first aid kit was available and appropriately stocked with all items in date. While only one staff member was appointed and trained as a first aid responder, we were informed that a second person had been booked to attend an upcoming first aid training course to provide cover during leave and absence. We saw that BOC oxygen cylinders had been checked and serviced. However, we could only find evidence that one staff member had completed relevant training in their use. Confirmation that all staff had completed this training was received shortly following the inspection.

Management of medical devices and equipment

We found all surgeries were suitably equipped to provide safe and effective dental treatment. Clinical equipment appeared visibly clean and in good condition.

We saw documentation available to show that safe arrangements were in place for the use of the X-ray equipment, which included an up-to-date radiation risk assessment. Signage was displayed on each surgery door as required, while evidence was available showing that the X-ray equipment had been subject to the required maintenance and testing. We found information was available to advise patients of the risks and benefits of dental X-rays. However, this was not displayed where it could be seen by patients.

We recommend the registered manager ensures information explaining the risks and benefits of having an X-ray is clearly displayed for patients to read.

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

Safeguarding of children and adults

We found a suitable up-to-date policy in place in relation to safeguarding of children and vulnerable adults which included the contact details for the relevant local safeguarding team. Quick reference safeguarding flowcharts were available in each

surgery for easy access for staff in the event of a concern. The practice had an appointed safeguarding lead who had online access to the Wales Safeguarding Procedures, ensuring they had access to the latest guidelines.

All staff were appropriately trained and knowledgeable about child and adult protection, and all had access to the latest Wales Safeguarding Procedures. The practice safeguarding lead could provide support and guidance to staff in the event of a safeguarding concern, while further wellbeing support was available for staff via a third-party support service and from the local health board occupational health team.

Effective

Effective care

We found there was sufficient trained staff in place at the practice to provide patients with safe and effective care. Staff were aware of their roles and responsibilities, and we were assured that statutory guidance was being followed and that relevant professional advice was available to staff when required. However, we saw no evidence that recommended checklists were in use to minimise the risk of wrong tooth extraction.

We recommend the registered manager implements the use of recognised checklists to prevent wrong tooth extractions.

Patient records

We found a suitable records management system was in place to help ensure patient records were kept safe and secure. We were told that records were backed up daily with a third-party provider and that patient records were retained for the appropriate periods in accordance with the Regulations.

We reviewed a sample of ten dental care records for a range of patients. Overall, we considered the quality of patient records to be fair with suitable patient identifiers, reasons for attendance and a full medical history including updates at each appointment recorded. However, we did identify some omissions in the records:

- Whilst full base charting was recorded and recall noted within NICE guidelines, we found that cancer screening and informed consent had not been recorded in half of the records
- Evidence of treatment planning and any options considered were missing from three records
- X-ray reports needed more detail with authorisations not noted and quality grading inconsistent

- There was no record made of patient language preference.

Advice was provided to senior staff regarding the use of custom screens or dictation to assist in improving this aspect of the practice.

The registered manager must:

- **Provide HIW with details of the action taken to address our findings in relation to the completeness of patient records**

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided. We found a small team of clinicians, that included a hygienist/ therapist, which enabled efficient management of patients through the treatment pathways.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were being used efficiently, assisted by long standing, experienced reception staff. A short notice list was in use to enable the practice to utilise cancelled appointments.

Quality of Management and Leadership

Staff Feedback –

Overall, staff feedback was very positive with all staff agreeing that the environment and facilities were appropriate to provide safe care, and that patient care was the top priority of the practice. Staff felt the workplace was supportive of equality and diversity, with all having fair and equal access to workplace opportunities. All said they would recommend the practice as a good place to work.

Leadership

Governance and leadership

We found a clear management structure in place, with the principal dentist and practice manager responsible for the day-to-day running of the practice. We considered the practice to be well led with the management team to be open and approachable to all staff. Across the practice team, there was a strong commitment to providing care of a high standard.

There were suitable arrangements for sharing relevant information and urgent safety notices with staff. We saw that staff meetings were minuted and shared with staff who could not attend.

There was a range of written policies available to support staff in their roles. All policies were up to date, had been subject to regular reviews and had been signed by staff to confirm they had read and understood the documents. However, we found that version control was inconsistent, with version numbers, review dates and the name of the responsible person missing from various policies we reviewed.

The registered manager must ensure all policies contain appropriate version control including version history, review dates and the name of the person responsible for that policy.

Workforce

Skilled and enabled workforce

The practice team comprised of two dentists, one hygienist/ therapist and seven dental nurses. All staff who answered the HIW questionnaire said there were enough staff to allow them to do their job properly and that there was an appropriate skill mix at the practice. However, some concerns were raised about staff absence that put the practice team under pressure. One staff member commented:

> "It is a fast paced, busy NHS practice... we often need to come together as a team to push through being short staffed... The practice could run much more efficiently and smoothly if we had a full team in attendance."

The practice should reflect on this aspect of the feedback with staff to further understand their concerns.

We found a suitable induction process was in place to ensure new staff were aware of practice policies and procedures. This completed documentation was ticked and signed off to confirm the employee was competent in their role. All new employees were provided with a copy of the staff handbook which outlined the conditions of employment and expectations of the practice. However, the practice was unable to provide a recruitment policy which set out the requirements in respect to the employment of staff at the dental practice.

The registered manager must ensure that a recruitment policy is put in place and provide a copy to HIW.

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

We saw that staff had completed training on a range of topics relevant to their roles within the practice. Overall, we found mandatory training compliance was good and was monitored by practice management. We discussed implementing a training matrix to streamline this process. Staff files contained evidence that annual appraisals had been completed where applicable.

All staff who answered the HIW questionnaire agreed that they had appropriate training for their role, while most confirmed that they had had an appraisal within the last 12 months.

Culture

People engagement, feedback and learning

Arrangements for seeking feedback from patients about their care at the practice included a monthly randomised patient satisfaction survey, with the results reviewed by the management team on a quarterly basis. A suggestions box was available to enable patients without digital access to provide anonymous feedback.

During the inspection, there was a positive response by the practice to feedback that we provided. We discussed how the practice could extend this commitment to patient comments by displaying a 'You said, we did' notice in the patient waiting area.

We saw the practice had a clear complaints procedure which included relevant timeframes for responses and contact details for other organisations that patients could approach for advocacy support or if dissatisfied with the response. However, we noted that a copy of the complaints procedure was not displayed for patients.

The registered manager must display a copy of the practice complaints procedure where it can be easily seen by patients.

We reviewed the complaints folder and found each complaint was documented with a full investigation and responses that adhered to the timescales stated in the practice procedure. Complaints were insufficient and too infrequent to identify any common themes.

Information

Information governance and digital technology

The practice had an appropriate Data Protection policy in place. We were told that records were suitably backed up daily using a third-party provider.

Learning, improvement and research

Quality improvement activates

We found the practice was continuously looking to develop services with procedures in place governing quality improvement activities. The practice had used several quality development tools in recent years including Maturity Matrix Dentistry (MMD) and Skills Optimiser Self Evaluation Tool (SOSET) which we considered good practice.

There was evidence that audits had been completed including smoking cessation, antimicrobial and radiography, although the healthcare waste and annual infection control audits were out of date. The practice could not provide us with evidence of completed Health and Safety, disability access or clinical records audits.

The registered manager must develop and implement a regular scheme of appropriate audits.

Whole-systems approach

Partnership working and development

The practice manager described suitable arrangements in place for engagement with other dental practices and local healthcare service providers, promoting better co-ordinated healthcare within the community.

We were told that the practice did not engage with external quality management systems, which can help the practice meet contractual requirements and maintain oversight of key performance indicators. We encouraged the practice to consider the use of these tools as part of future practice development.

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
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Service: **168 Dental Practice**

Date of inspection: **06 May 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.

Findings	There was no immediate non-compliance issues found on this inspection.		
Improvement needed		**Standard / Regulation**	
1.			
Service Action:		**Responsible officer**	**Timescale**

Appendix C – Improvement plan

Service: **168 Dental Practice**

Date of inspection: **06 May 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 practice was unable to provide us with a complete and up-to-date equality and diversity policy.	The registered manager must develop and implement a comprehensive equality and diversity policy and provide a copy to HIW when complete.	Quality Standard - Equitable	Policy now in place sent over 01/07/2026.	Claire Morgan	Complete
2.	There was no buildings maintenance policy to help ensure the premises always remain fit for purpose.	The registered manager must develop a building maintenance policy to ensure the premises remain fit for purpose and supply a copy to HIW when complete.	Regulation 8(1)(c)	Policy now in place sent over 01/07/2026.	Claire Morgan	Complete

3.	The practice was unable to provide us with an infection prevention and control (IPC) audit that had been conducted within the last year.	The registered manager must conduct an audit of infection prevention and control and decontamination processes in line with Welsh Health Technical Memorandum (WHTM) 01-05.	Regulation 16	Audit completed June 2026 by all clinical staff, certificate sent over 01/07/2026.	Claire Morgan	Complete
4.	Information to advise patients of the risks and benefits of dental X-rays was not displayed where it could be seen by patients.	We recommend the registered manager ensures information explaining the risks and benefits of having an X-ray is clearly displayed for patients to read.	Regulation 13(9)(a)	New poster put up in waiting room and all surgeries for patients to see.	Claire Morgan	Complete
5.	We saw no evidence that the practice used recommended checklists to help prevent the risk of wrong tooth extraction.	We recommend the registered manager implements the use of recognised checklists to prevent wrong tooth extractions.	Regulation 13(1)(b)	Policy put in place and checklists placed in each surgery.	Claire Morgan	Complete

6.	We did identify some omissions in the records including cancer screening, informed consent and evidence of treatment planning missing from several records. X-ray reports needed more detail with authorisations not noted and quality grading inconsistent. There was no record made of patient language preference.	The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	Regulation 20(1)(a)(i) &(ii)	Note audit being completed, stopped use of templates and looking into digital dictation.	Christopher Hall	Complete
7.	We found that policy version control was inconsistent, with version numbers, review dates and the name of the person responsible missing from various policies we reviewed.	The registered manager must ensure all policies contain appropriate version control including version history, review dates and the name of the person responsible for that policy.	Regulation 8	Reviewing all policies with version control changes as required.	Claire Morgan	Complete
8.	The practice was unable to provide a recruitment policy which set out the requirements in respect to the employment of staff at the dental practice.	The registered manager must ensure that a recruitment policy is put in place and provide a copy to HIW.	Regulation 8(1)(h)	Policy now in place emailed over 01/07/2026.	Claire Morgan	Complete

9.	The practice complaints procedure was not on display.	The registered manager must display a copy of the practice complaints procedure where it can be easily seen by patients.	Regulation 21	Now on display in waiting room.	Claire Morgan	Complete
10.	The healthcare waste and annual infection control audits were out of date. The practice could not provide us with evidence of completed Health and Safety, disability access or clinical records audits.	The registered manager must develop and implement a regular scheme of appropriate audits.	Regulation 16(1)(a)	WHTM105 Audit completed June 2026. Other audits awaiting completion.	Claire Morgan	Complete

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): **Claire Morgan**

Job role: **Practice Manager**

Date: **01 July 2026**