Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Johnstown Dental Practice, Wrexham

Betsi Cadwalader University Health Board

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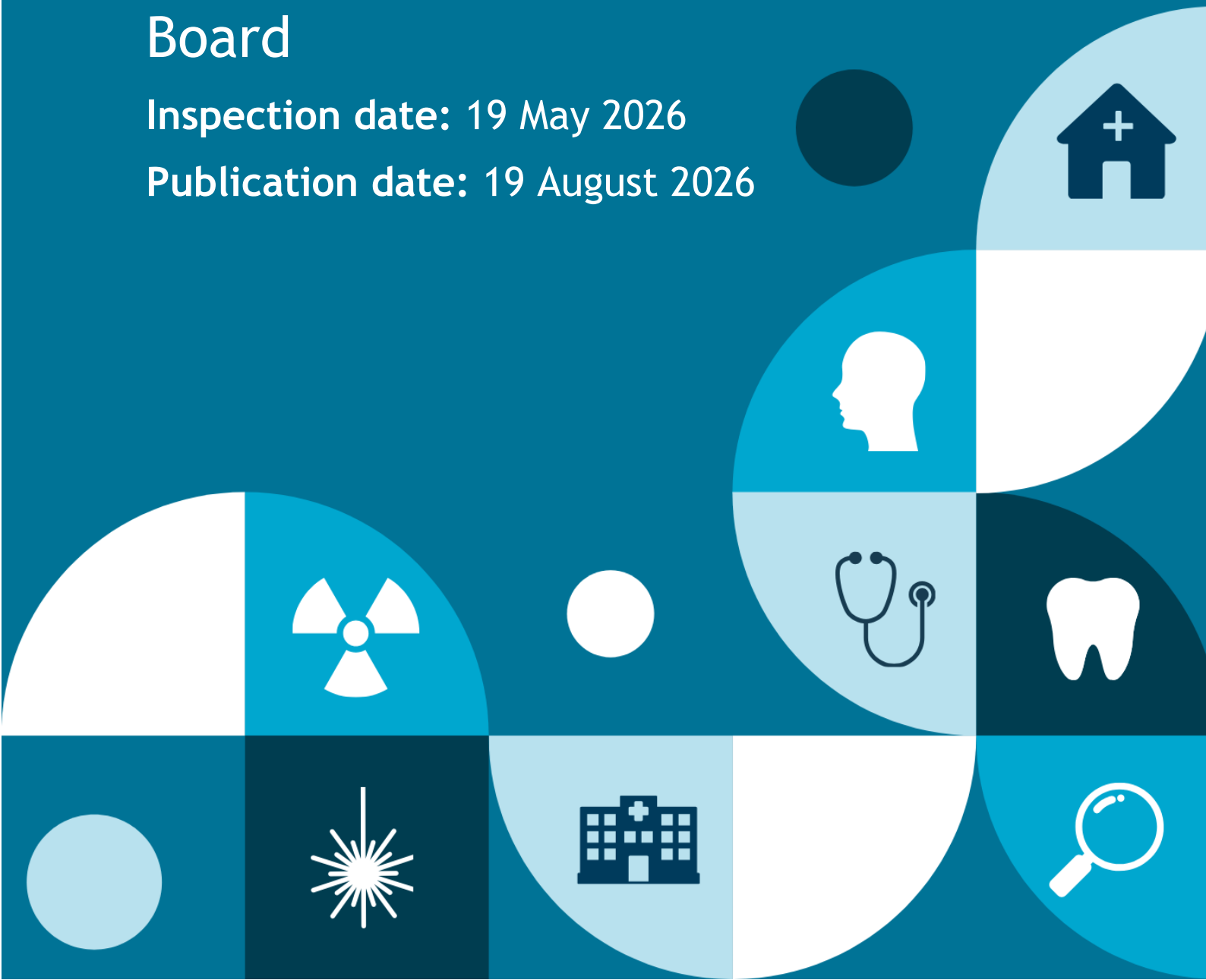

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Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

Our Purpose

We check the safety and quality of healthcare across Wales.

Our Vision

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

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 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 Johnstown Dental Practice, Wrexham, Betsi Cadwalader University Health Board on 19 May 2026.

Our team for the inspection comprised of one HIW healthcare inspector and one clinical 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 two questionnaires were completed by patients or their carers and three 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:

Overall, we found that Johnstown Dental Practice provided care in a supportive and respectful environment, with patients reporting a positive experience. Feedback from patients was consistently very good, with staff described as kind, respectful and treating people with dignity.

The practice was visibly clean, and appropriate arrangements were in place for safeguarding, emergency preparedness and staff support. Clinical records were generally of a good standard.

However, the inspection identified a number of areas for improvement, particularly in relation to aspects of the environment and governance. While refurbishment of the practice was planned, some areas within the premises appeared worn and would benefit from improvement. We also identified environmental and trip hazards, along with concerns regarding the handling and disposal of sharps and the transportation of contaminated instruments. In addition, there were some limitations in maintaining patient privacy and confidentiality within the premises.

Further improvements were required to strengthen consistency in clinical record keeping and ensure records fully reflect patient needs where appropriate.

A concern relating to the provision of patient information when antibiotics were dispensed was identified during the inspection and addressed at the time.

We suggested the following as improvements to support patient care:

- Continue planned refurbishment to improve the condition of clinical and decontamination areas
- Address environmental and trip hazards within the premises
- Ensure safe systems are in place for the handling and disposal of sharps and the transportation of contaminated instruments
- Strengthen clinical record keeping, including consistent X-ray reporting and recording of patient information where appropriate
- Review the layout and working practices to support patient privacy and reduce risks to staff and patients

This is what the service did well:

- Patients provided very positive feedback about the service, consistently rating care as very good

Delivery of Safe and Effective Care

Overall summary:

We found that Johnstown Dental Practice was generally meeting relevant regulations relating to the health, safety and wellbeing of staff and patients. The staff team demonstrated a patient-centred approach and were knowledgeable, professional and able to access appropriate guidance when needed.

Appropriate arrangements were in place for infection prevention and control, safeguarding, emergency preparedness, and staff training. Clinical records were generally well maintained, demonstrating that care was planned and delivered to support patient safety and wellbeing.

However, the inspection identified areas where improvements were required to strengthen safety and governance arrangements. These included safe sharps management practices, the handling and transport of contaminated instruments, and inconsistencies in clinical record keeping, including X-ray reporting and supporting documentation.

This is what we recommend the service can improve:

- Ensure sharps are disposed of immediately at the point of use to minimise the risk of injury to staff and patients
- Ensure appropriate systems are in place for the safe handling and transport of contaminated instruments, reducing the risk of cross-contamination
- Strengthen consistency in clinical record keeping, including X-ray reporting, to support effective clinical decision-making and continuity of care
- Ensure radiation protection documentation is complete and kept up to date to support safe use of X-ray equipment

This is what the service did well:

- Staff demonstrated good knowledge and understanding of safe working practices

Quality of Management and Leadership

Overall summary:

We found that Johnstown Dental Practice was well led, with clear lines of accountability and a positive team culture. Staff worked effectively together and demonstrated a strong commitment to providing a high standard of care. Feedback from staff was positive, with respondents reporting they felt supported, involved in decision-making and confident in raising suggestions.

Appropriate arrangements were in place for staff recruitment, training, appraisal and information governance. Staff files were generally well maintained, and suitable pre-employment checks had been completed.

However, improvements were required to strengthen governance arrangements. These included ensuring staff health records were complete, particularly in relation to Hepatitis B immunisation status, and that effective systems were in place for the ongoing review and management of policies and procedures to ensure they were up to date and reflective of practice arrangements.

This is what we recommend the service can improve:

- Ensure staff health records are complete, including documented evidence of Hepatitis B immunisation status, with risk assessments in place where information is unavailable
- Implement an effective system for the regular review, version control and local adaptation of policies and procedures

This is what the service did well:

- Staff demonstrated a positive, supportive culture and worked effectively as a team
- Leadership within the practice was clear and staff felt involved and supported in their roles

3. What we found

Quality of Patient Experience

Patient feedback

All patients who completed a HIW questionnaire and who we spoke to rated the service provided by the dental practice as 'very good'.

Person-Centred

Health promotion and patient information

Dental health promotion material was on display and some of this information was available in English and Welsh. This meant patients had access to information which could support them in caring for their own oral hygiene.

Price lists were also clearly on display in the reception and waiting area.

Patients who completed a questionnaire told us that the dental team had given them aftercare instructions on how to maintain good oral health.

Dignified and respectful care

Patients who completed a questionnaire stated they felt that staff at the practice treated them with dignity and respect. However, we found that the arrangements to protect the privacy of patients could be improved. We noted that when the clinic door was open, the patient in the chair could be seen from the pavement outside.

In addition, while staff spoke kindly and courteously towards patients, due to the size and layout of the surgery it was possible to hear conversations in detail from the first floor.

The practice manager must ensure that confidentiality and dignity and respectful care to patients is adhered to.

All patients stated that they felt the dental team helped them to understand all the available options for treatment when they needed it. All patients also told us that things were always explained to them during their appointment in a way they could understand.

We found that the nine core ethical principles of practice, as set out by the General Dental Council (GDC), were displayed on the waiting room wall and were also available in the patient information folder.

Individualised care

In response to the HIW questionnaire, all patients told us that they were given enough information to understand which treatment options were available. All patients also told us that their medical histories were checked before treatment. We saw evidence to confirm that the medical history of patients was checked and recorded within the sample of patient records we viewed.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options and costs were made clear to them before treatment.

We found that treatment planning and options were recorded within the sample of patient records we viewed. This meant patients were provided with information which enabled them to make an informed decision about their treatment.

Timely

Timely care

We saw that staff made every effort to ensure dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

Some patients who we spoke to and who completed the questionnaire said it was very easy to get an appointment when they needed one.

All patients who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem. An emergency number was available should patients require urgent out of hours dental treatment. Contact information was displayed by the main entrance and provided on the answer phone message and patient information leaflet.

Equitable

Communicating and language

Patients who completed a questionnaire told us their preferred language was English. However, the local area is predominantly Welsh speaking, and we found limited patient information and signage in Welsh. The practice had a range of patient information available, including a patient information leaflet, which contained all the information

required by the regulations and a complaints policy. All information was available in English.

The registered manager must ensure that Welsh language provision is visible and supports the Active Offer.

Some staff working at the practice were Welsh speakers, which helped to meet the needs of Welsh speaking patients. We were also told that the practice would endeavour to provide information to patients in their preferred language and format.

We were also told that, if required, staff could access translation services to help them communicate with patients whose first language was neither English nor Welsh.

Rights and equality

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment. We noted that patient records did not routinely include information on preferred pronouns. The practice may wish to consider recording this to help support more personalised and inclusive care.

We found there was good access to the building. Wheelchair users and patients with mobility impairments could access the reception, waiting area and surgery, however the toilet facilities were on the first floor and patients were advised prior to their appointment of the surgery layout.

Delivery of Safe and Effective Care

Safe

Risk management

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building was maintained to an acceptable external standard, and the entrance, reception and waiting area were modern, spacious, clean and well presented. However, areas beyond reception appeared worn and in need of refurbishment, including the decontamination room. Some remedial works were taking place during the inspection. Despite this, these areas, along with a lean-to storage facility housing the compressor and cleaning equipment, were of an acceptable standard overall.

Staff had full access to the first floor and some patients who required the use of toilet facilities would also need the first floor. This was accessed by a narrow, steep staircase with a handrail for ease. The stairs were laminated and we noted that a cable had been fixed across the staircase to feed into the decontamination room. This cable was encased to protect the cable and secure it to the staircase; however, with footfall this had become loose and a potential hazard to those using the staircase.

The registered manager must ensure the cable is secured to its original position to reduce the risk of trips and falls.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training apart from one staff member who had arranged to undertake training soon. Emergency exits were visible, and we saw 'No Smoking' signs within the practice confirming that the practice adhered to the smoke free premises legislation.

A Health and Safety poster was displayed. However, we noted it contained incorrect details and this was amended during the inspection.

The practice had a range of policies and procedures, as well as risk assessments in place, such as, fire and health and safety. All risk assessments were current and regularly reviewed however the Health and Safety policy itself was out of date.

There was a business continuity plan in place to ensure continuity of service provision and safe care for patients.

Infection prevention and control (IPC) and decontamination

The practice had designated space for the cleaning and sterilisation (decontamination) of dental instruments. The facility was clean but had no hand-washing facilities. Staff told us they used the wash hand basin in the surgery next door.

The decontamination arrangements for the cleaning and sterilisation of instruments were acceptable. Staff demonstrated the decontamination process, and we found that:

- The equipment used was in good condition
- Instruments were stored appropriately and dated
- There was sufficient personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were being undertaken and recorded
- Instrument storage containers were sturdy and secure.

Procedures for the cleaning, sterilisation, and storage of instruments were found to be consistent with current best practice guidelines. However, we found that staff were carrying used instruments in an open tray from the surgery to the decontamination room and not in a 'dirty' enclosed box. We also saw that sharps were being carried from the surgery to the decontamination room for disposal when there was a sharps box appropriately positioned in the surgery next to the chair.

The registered manager must ensure that contaminated instruments are transported to the decontamination room in a secure, enclosed and leak-proof container, in line with WHTM 01-05.

The registered manager must ensure that sharps are disposed of immediately at the point of use and are not transported between areas for disposal.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclave start and end of the day safety checks.

The surgery had a cleaning checklist, and we saw that these had been regularly completed.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

There were appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all staff. However, the Hepatitis B status for one member of staff was missing.

The registered manager must ensure that staff immunisation records, including Hepatitis B status, are complete. Where information is unavailable, a risk assessment must be undertaken and appropriate controls put in place.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags and containers in accordance with the correct method of disposal.

Medicines management

There were suitable procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had two full time trained first aiders.

The emergency drugs were stored securely. There was a system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we saw that there were missing items from the drugs box – dispersible aspirin and glucagon. The glucagon had been removed from the fridge and stored with the resuscitation bag, and the expiry date had been amended accordingly.

The manager must ensure the necessary drugs are replaced.

We were informed that all staff received appropriate training on how to use oxygen cylinders as part of their annual cardiopulmonary resuscitation (CPR) training.

We saw that prescription pads were being stored securely.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

We saw that antibiotics were being dispensed within the practice and all appropriate operating and prescribing procedures followed. However, we found that patients were not routinely provided with written information leaflets when antibiotics were dispensed. This was addressed during the inspection, with patient information leaflets printed and made available.

Safeguarding of children and adults

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults. The registered manager was the nominated safeguarding lead and had completed level three training.

Staff told us that they felt able to raise any work-related concerns directly with the practice manager or the registered manager and were very confident that concerns would be acted upon.

We saw that the practice had a whistleblowing policy in place.

Management of medical devices and equipment

We viewed the clinical facilities and found that they contained the relevant equipment. The surgeries were organised, clean and tidy.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment and regular image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff. However, we noted that the digital checks for radiation protection adviser were not up to date.

The manager must update the RPA to demonstrate up-to-date information and ensure all digital checks are current.

Effective

Effective care

There were satisfactory arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

Patient records

A sample of ten patient records were reviewed. Overall, there was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All records were individualised and included appropriate patient identifiers and reasons for attendance. The records were

clear, legible, and of good quality. However, we found that language preferences of patients were not being recorded. We also noted that the quality of X-ray reporting and interpretation was not always consistent across the clinical team.

The registered manager must ensure that:

- **language preferences of patients are recorded**
- **radiographs are consistently reported in patient records by all clinicians, in line with recognised guidance and professional standards.**

Efficient

Efficient

We found that the facilities were appropriate for dental services to be provided and that there were processes in place for the efficient operation of the practice.

All staff we spoke with told us the facilities at the practice were suitable for them to carry out their duties and the environment was appropriate to ensure patients received the care they require.

We were told that referrals to other healthcare professionals were made electronically, which enabled efficient information sharing. We were also told that practice staff would follow up any referrals considered urgent, such as suspected oral cancer, to ensure patients were given a timely appointment.

Wherever possible, patients requiring urgent care and treatment were seen at the practice within normal opening hours to avoid patients having to attending urgent care or out of hours services.

Quality of Management and Leadership

Staff Feedback

Staff described the practice as a positive place to work. Feedback focused on the supportive culture, strong commitment to patient care, and the professionalism of the team. Staff shared there was a strong focus on work–life balance. They considered patient care was prioritised and staff were always polite, knowledgeable and professional. They felt the practice was clean, tidy and well maintained and that patients received clear explanations about their treatment and associated costs.

Leadership

Governance and leadership

The day-to-day management of the practice was the responsibility of the practice manager who we found to be dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the practice manager and/or the principal dentist and they all felt well supported in their roles.

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures. However, we noted that not all policies and procedures contained an issue and/or review date or were bespoke to the practice.

The registered manager must ensure all policies are regularly reviewed, appropriately version controlled, and tailored to reflect the practice's current procedures and working arrangements.

There were appropriate arrangements for the sharing of information through practice wide team meetings. Relevant topics was covered during these meetings and minutes maintained. All clinical staff were registered with the GDC and had appropriate indemnity insurance cover in place. The practice also had current public liability insurance cover.

Workforce

Skilled and enabled workforce

The practice manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

All staff working at the practice had a contract of employment and there was an induction programme in place, which covered training and reviewing relevant policies and procedures. We also saw that staff appraisals had been undertaken in 80 percent of staff.

Staff files contained the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The registered manager confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

Culture

People engagement, feedback and learning

There was a written complaints procedure in place. This was available to all patients in the waiting area. Details were also included within the patient information leaflet and statement of purpose.

We discussed the mechanism for actively seeking patient feedback. Patients were provided with paper questionnaires and could also give feedback via social media. In addition, a comments box was in the waiting area for patients to provide anonymous feedback.

A Duty of Candour policy was in place. All staff who we spoke with told us they knew and understood their responsibilities under the Duty of Candour.

Information

Information governance and digital technology

Suitable communication systems were in place to support the operation of the practice.

The storage of patient information was appropriate, ensuring the safety and security of personal data. All paper records were kept securely, and electronic files were backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

Learning, improvement and research

Quality improvement activities

It was very evident that staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of hand hygiene and patient feedback.

We found the dental team to be proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

Whole-systems approach

Partnership working and development

The practice manager described the arrangements in place for engagement with other services. The practice itself has recently registered to provide GP services, podiatry and physiotherapy. This service is provided as part of a private all-inclusive care scheme.

We were told that an electronic system was used to refer patients, including those who required an urgent referral, to secondary healthcare services.

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 during this inspection.			

Appendix B – Immediate improvement plan

Service: **Johnstown Dental Practice**

Date of inspection: **19 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			
Improvement needed		**Standard / Regulation**	
1.	No immediate non compliance issues were noted during this inspection.		
Service Action:		**Responsible officer**	**Timescale**

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

Service representative:

Name (print):

Job role: **Date:**

Appendix C – Improvement plan

Service: **Johnstown Dental Practice**

Date of inspection: **19 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 ground floor is open plan and spacious. Sound travels and all conversations could be overheard whether it be verbally in the waiting area or telephone conversations	Staff need to be mindful of overheard conversations. Perhaps dedicated time away from the reception to make private calls to patients	Private Dentistry (Wales) Regulations 2017 and/or Health and Care Standards 2023	Staff to be mindful of confidentiality in the open-plan ground floor environment. Where possible, confidential telephone calls and sensitive patient discussions should be conducted in a private room or designated area away from reception and waiting areas.	Practice Manager	Immediately.

2.	When the clinic door is open any patient receiving treatment in the chair can be seen from the public pavement outside.	It is essential that the practice upholds the dignity and privacy of all patients receiving treatment. Applying frosting film to the relevant window is recommended, as the existing blinds do not adequately ensure patient privacy.	Private Dentistry (Wales) Regulations 2017 and/or Health and Care Standards 2023	The practice would like to clarify that the surgery door is not kept open whilst patients are receiving treatment, and therefore patients in the dental chair are not ordinarily visible from the public pavement. Existing procedures are in place to protect patient dignity and privacy during treatment. The practice will review the observation and consider whether any additional measures, such as frosting film, would provide further reassurance and enhance privacy safeguards.	Practice Manager Registered Manager	Within 3 months.

3.	No bilingual signs within the surgery.	Welsh language needs to be addressed- no bilingual or staff or signage. ‘Active offer’ should be offered .	Welsh language (Wales) Measure 2011	The practice will review its Welsh language provision and implement bilingual signage where appropriate. Staff will be made aware of the Welsh Language "Active Offer" principle and available resources to support patients who wish to communicate in Welsh. The practice will also review patient-facing information to identify opportunities for increased bilingual provision.	Practice Manager Registered Manager	Within 3 months.

4.	The staircase is narrow, steep, and subject to frequent public use, making it unsuitable for access by certain patients. Additionally, there is an electric cable running across one of the steps; although it is encased, the casing has become loose and movable.	The practice needs to ensure all public areas are free from trip hazards.	Workplace (Health, Safety and Welfare) Regulations 1992	The practice has reviewed the identified trip hazard. Whilst the existing cable covering is secure and regularly monitored, alternative routing options for the internet cable will be investigated to further reduce any potential risk to patients and visitors using the staircase.	Practice Manager Registered Manager	Within 3 months.

5.	There is an environmental trip hazard on the first-floor landing walkway. A section of thin carpet, cut into squares, has become loose despite being previously fixed in place. This presents a potential safety risk for staff moving between the staircase, staff room, managers' office, and GP surgery.	The floor covering requires immediate attention to avoid serious harm.	Health and Safety at Work 1974 Private Dentistry (Wales) Regulations 2017 – safety and suitability of premises	The practice has reviewed the condition of the carpet tiles on the first-floor landing. Following works undertaken by external contractors, a number of carpet tiles became loose. As an immediate control measure, the affected tiles have been secured with adhesive to minimise any risk of trips or falls. A quotation has been obtained for replacement flooring, and this has been submitted to the practice owner for consideration. The area will continue to be monitored as part of routine health and safety checks to ensure it remains safe for staff and visitors.	Practice Manager Registered Manager	Immediate action completed (tiles secured) ongoing monitoring until replacement flooring can be approved and installed. Ongoing review within 3 months.

6.	Contaminated instruments were transported on a tray from the clinical area to the decontamination room.	Dirty instrument boxes need to be used to ensure staff and patient safety in the transportation of soiled instruments.	Private Dentistry (Wales) Regulations 2017 and WHTM 01-05 Welsh Health Technical Memorandum	The practice has appropriate clean and dirty instrument transport boxes available for the safe movement of instruments between clinical and decontamination areas. Staff will be reminded of the requirement to use designated dirty instrument boxes when transporting contaminated instruments to ensure compliance with infection prevention and control procedures and to minimise the risk of cross-contamination or injury. Compliance with the procedure will be monitored through routine supervision and staff discussions.	Practice Manager	Immediately.

7.	Clinical staff transported dismantled sharps in a tray to the decontamination room for disposal.	Sharps risk assessment not being followed.	Private Dentistry (Wales) Regulations 2017	The practice has sharps bins available at the point of use in all clinical areas. Staff will be reminded of the requirement for clinicians to dispose of sharps immediately at the point of use in accordance with the practice sharps risk assessment and infection prevention and control procedures. The sharps disposal procedure will be reviewed with all clinical staff, and compliance will be monitored through routine supervision and audits.	Practice Manager Registered Manager	Immediately.

8.	Decontamination room was under refurbishment. The area was also being used for storage. There was • no handwashing facilities. • appropriate COSHH storage. Clinical structure to the layout	The refurbishment we understand is ongoing. However, for patient safety this needs to be completed as a matter of urgency. We identified a suitable COSHH metal cupboard and suggested its adaptation of use.	Private Dentistry (Wales) Regulations 2017	The practice has reviewed the decontamination room arrangements following the inspection. All COSHH products have been relocated to a suitable lockable metal cupboard within the decontamination area to improve storage and access control. The refurbishment of a new decontamination room remains an ongoing project. Quotations have been obtained for the completion of the required plumbing works, and these have been submitted to the practice owner for consideration. In the interim, the practice will continue to monitor the current decontamination area and ensure that appropriate infection	Practice Manager Registered Manager	COSHH storage completed. Refurbishment works: subject to approval and funding, 6 months review.

				prevention and control measures are maintained while refurbishment works are pending for the new decontamination area.		

9.	A staff member has incomplete health declaration records and missing Hepatitis B data.	The practice must engage with an Occupational Health provider to ensure the support for staff and new staff members if provided. Alternatively, a risk assessment should be in place.	Private Dentistry (Wales) Regulations 2017	The practice has identified that there are incomplete health declaration records and outstanding Hepatitis B information relating to a member of staff. A risk assessment will be completed and retained on file pending receipt of the outstanding information. The practice will review the occupational health documentation requirements for all staff and ensure appropriate health declarations, immunisation records and occupational health information are obtained and maintained. This will be progressed when the staff member concerned returns to work or the required	Practice Manager Registered Manager	Risk assessment within 1 month. Outstanding documentation to be obtained on staff arrival back to work, within 3 months.

				information becomes available.		

10.	The storage of drugs intended for clinical emergencies did not meet recommended guidelines or appropriate storage standards.	No dispersible aspirin. Glucagon out of fridge and therefore expiry date needs changing. All drugs require replacing.	Resuscitation Council (UK) guidance.	The practice has reviewed its emergency medicines and storage arrangements following the inspection. The emergency drug kit will be checked against current recommended guidance to ensure the correct medicines, formulations and storage requirements are in place. Appropriate replacement stock will be obtained where required, including recommended formulations of emergency medicines. Storage requirements and expiry dates will be reviewed and monitored as part of the regular emergency medicines checking process to ensure ongoing compliance.	Practice Manager	1 month.

11.	The digital checks for the Radiation Protection Adviser (RPA) file were not up to date	The Radiation Protection Adviser file needs to be updated to ensure all digital checks are current.	Ionising Radiation Regulations 2017	The practice will review the Radiation Protection Advisor (RPA) file and ensure all required digital quality assurance checks, records and associated documentation are current and accurately maintained. A process will be implemented to regularly review radiation protection records to ensure documentation remains up to date and compliant with relevant guidance and regulatory requirements.	Practice Manager Registered Manager	Within 1 month.

12.	Clinical records: The language choice for patients was not regularly documented. Radiographs must be consistently reported in patient records by all clinicians, in line with recognised guidance and professional standards	The manager must ensure that all clinicians document all information within patient records.	Private Dentistry (Wales) Regulations 2017	The practice will reinforce record-keeping requirements with all clinicians to ensure patient records are completed consistently and in accordance with recognised professional standards and guidance. This will include documenting patients' preferred language where appropriate and ensuring all radiographs are appropriately justified, reported and recorded within the clinical notes. Clinical records audits will continue to be undertaken to monitor compliance and identify any areas requiring further improvement.	Practice Manager Registered Manager	1 month.

13.	Several policies lacked adequate detail, including clear review dates and version control, and were not tailored specifically to the practice.	Review all existing policies and ensure they are bespoke to the practice. e.g. Health and Safety, IPC. Some require named practitioners to lead, this must be included within the policy	Private Dentistry Regulation 20 (I)(a)(i) and (ii)	The practice will undertake a comprehensive review of all policies and procedures to ensure they are specific to the practice, accurately reflect current working arrangements and comply with relevant legislation, guidance and professional standards. All policies will be reviewed to ensure they include appropriate version control, review dates, named leads where required, and clear roles and responsibilities. A policy review schedule will be maintained to support ongoing monitoring and ensure documents remain current and relevant to the practice.	Practice Manager Registered Manager	1-3 months H&S IPC Radiation Safeguarding Complaints Sharps Decontamination 6 months for the remainder.

14.	One staff member has outstanding mandatory training requirements.	All staff are required to meet with the minimum standard of mandatory training. • BOC Oxygen • IPC • Safeguarding • CPR • IR(ME) R • Fire	Private Dentistry (Wales) Regulations 2017	The practice has reviewed staff training records and identified outstanding mandatory training requirements relating to the Practice Owner. The outstanding training requirements, including BOC oxygen, Infection Prevention and Control (IPC), Safeguarding, CPR, IR(ME)R and Fire Safety training, will be reviewed and updated as appropriate. The practice will continue to maintain and monitor a training matrix to ensure mandatory training requirements are identified, recorded and renewed within the required timescales for all staff members.	Practice Manager Registered Manager	Within 3 months of practice owner returning to work.

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: Kayleigh Hancox

Name (print): Kayleigh Hancox

Job role: Practice Manager **Date:15/06/26**