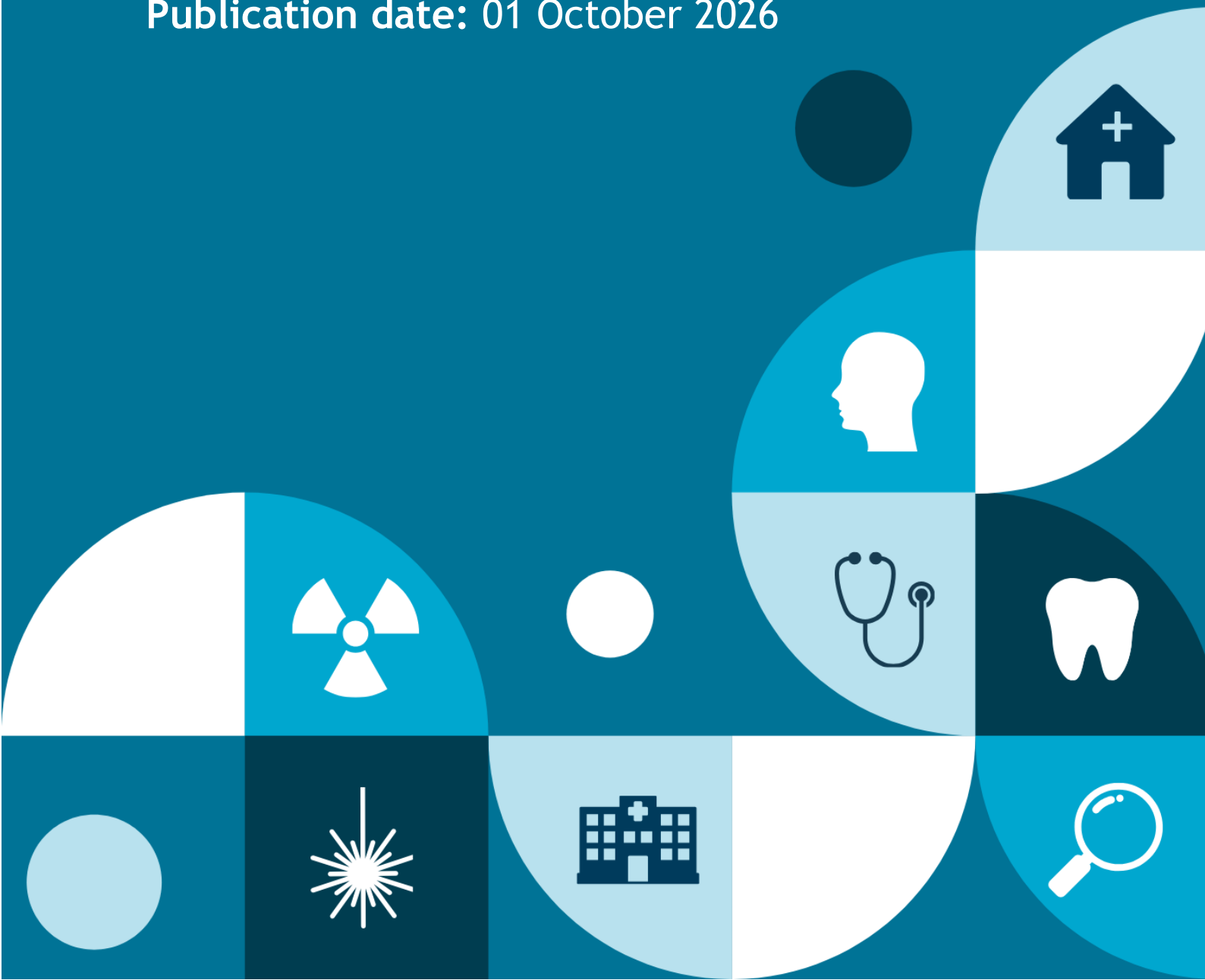


General Dental Practice Inspection Report (Announced)

Crown Hill Dental Surgery, Cwm Taf
Morgannwg University Health Board

Inspection date: 01 July 2026

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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.



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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 Crown Hill Dental Practice, Cwm Taf Morgannwg University Health Board on 01 July 2026.

Our team for the inspection comprised of two HIW healthcare inspectors 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. A total of 12 were completed. We also spoke to staff working at the service during our inspection. 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:

We found that patients were positive about the care and service provided by the practice, with most questionnaire respondents rating the service as 'very good'.

Staff were observed treating patients with dignity, kindness and respect, and patients were provided with information to support informed decision-making about their care.

We found a range of patient information available in reception and waiting areas, including oral health promotion and lifestyle advice. Welsh and English versions of patient information leaflets and a patient information folder were available in practice.

Systems were in place to support access to urgent care and patients were involved in decisions about their treatment.

However, we identified some areas where patient information and record keeping could be strengthened to further support person-centred, inclusive and equitable care such as displaying the General Dental Council registration details of clinical staff and recording patient language preferences.

This is what we recommend the service can improve:

- Display the General Dental Council (GDC) registration details of all registered clinical staff in a location visible to patients
- Ensure patients' language preferences are routinely recorded within patient records.

This is what the service did well:

- Patients provided highly positive feedback about the friendliness, professionalism and approachability of staff
- A good range of bilingual patient information was available, including treatment information and practice information
- Effective arrangements were in place to provide urgent appointments.

Delivery of Safe and Effective Care

Overall summary:

We found the practice provided care in a clean, safe effective environment. However, we identified that the garage's security which was used to store clinical waste and historic paper patient records needed improving, and some clinical fixtures and fittings were worn requiring repair or renewal to ensure effective infection, prevention and control measures.

Staff followed relevant professional guidance, patient records were securely managed, and effective arrangements were in place for urgent care and referrals.

Medicines management and medical emergency arrangements were in line with national guidance, supported by regular checks and staff training. We found appropriate arrangements in place for health and safety, fire safety and safeguarding, and staff demonstrated clear understanding of their responsibilities.

Radiation protection arrangements largely complied with regulations, however some documentation required improvement.

All emergency equipment at the practice was in place and within their expiry dates. The staff records we reviewed showed staff were adequately trained in cardiopulmonary resuscitation and first aid.

This is what we recommend the service can improve:

- Improve security of the garage used to store clinical waste and patient records
- Address the worn condition of clinical fixtures and fittings, including work surfaces, flooring, dental chairs and the decontamination room extractor fan
- Review and update radiation protection documentation to ensure it meets regulatory requirements.

This is what the service did well:

- Effective systems were in place to manage health and safety, safeguarding and medical emergencies.
- Patient records provided a clear and comprehensive picture of the care provided to patients.

Quality of Management and Leadership

Overall summary:

We found the practice had effective leadership and governance arrangements in place which were appropriate for the size and nature of the service. Staff were suitably trained and supported, quality improvement activities were well established, and the practice worked collaboratively with external partners to support patient care.

We found the recruitment process to be effective. The practice had procedures in place for induction and staff had access to mandatory and additional training. Staff records were well maintained and senior management had oversight of training compliance.

Systems were in place to receive and respond to patient feedback and complaints.

However, improvements were required to strengthen governance arrangements. We found some policies and procedures had not been fully updated to reflect current Welsh legislation or tailored to the operational arrangements of the practice.

We also identified that one member of staff had not received an appraisal within the required timescale and an employment contract remained unsigned. As the practice operated with a single dentist, opportunities for peer review within the practice were limited.

This is what we recommend the service can improve:

- Ensure all policies and procedures are regularly reviewed and updated to reflect current Welsh legislation and practice arrangements
- Ensure all staff receive appraisals in line with the practice's policies and procedures.

This is what the service did well:

- Maintained clear governance arrangements with regular team meetings and effective communication with staff
- Undertook a comprehensive programme of audits and participated in the Maturity Matrix for Dentistry to support continuous improvement.

3. What we found

Quality of Patient Experience

Patient feedback

The responses from the HIW questionnaire were mostly positive. We asked patients how they would rate the service provided by the setting. Most respondents rated the service as 'very good'. Patient comments included:

"Very friendly and approachable staff, making you feel very at ease. Easy to get an appointment and help out extremely well in an emergency."

"Friendly staff. Welcoming atmosphere."

Person-Centred

Health promotion and patient information

We found a good range of patient information available within the reception area of the practice. This included smoking cessation, oral health promotion and effects of alcohol use through leaflets. The practice had a patient information leaflet, which was readily available in English and Welsh within the waiting area. The leaflet was clear and of good quality, providing patients with relevant information about the service.

A patient information folder was available in the waiting room that contained a statement of purpose, a range of treatment information and fees. Prices were also clearly displayed on the walls within the reception area.

The practice run on a single dentist whose name was displayed outside the practice. However, the names and GDC registration numbers of other registered clinical staff were not displayed as required by the GDC standards.

The registered manager must display the dental team's registration details in an area it can be easily seen.

The opening hours and emergency out of hours number was displayed outside the practice in English and Welsh.

Dignified and respectful care

During the inspection we observed staff being polite, friendly and treating patients with kindness and respect. The waiting area was spacious for the size of the practice, and we were told that private conversations with patients could be held within the

treatment rooms when not in use.

We saw evidence that staff had signed a confidentiality agreement contained within their employment contract. During the inspection, we noticed the door of the treatment room was open for an extended period with a patient in the chair in full view of the waiting area. This was raised to the registered manager and dentist during the inspection to be more mindful in the future.

We saw the GDC nine core principles of ethical practice were displayed within the waiting areas.

Individualised care

We reviewed a sample of five patient records and confirmed appropriate identifying patient information, medical histories and treatment options were being recorded. Most respondents who completed the HIW questionnaire agreed they were given enough information to understand the treatment options available.

Timely

Timely care

We were told patients could book appointments in person at the reception desk and by telephone. Emergency appointment slots were reserved each day, with patients triaged according to clinical urgency and prioritised for same day assessment where necessary or to be dealt within 24 hours. External signage clearly instructed patients regarding urgent appointments and out of hours care.

In the event of a delay to an appointment time, clinicians communicated with reception verbally or internal digital messaging systems. Staff would then inform patients in person or ring the patient ahead of their appointment and offer an alternative time if preferred. The practice reported an average waiting time of around two to three weeks for routine appointments.

All respondents to the HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communicating and language

We found the practice provided a bilingual service, with information such as the patient information leaflet and policies being available in both Welsh and English.

The registered manager and dentist was a fluent Welsh speaker and displayed a 'Iaith Gwaith' on their clinic room door. Patient information was available in alternative formats such as large print or via email when requested. The practice had access to Language Line to enable them to treat patients whose first language was not English or had other translation needs. Staff understood the importance of communicating with patients in their preferred language to support the delivery of good health care. However, during our review of patient records, we did not see evidence that the language preferences of patients were routinely recorded.

The registered manager must record language preferences within patient records.

Rights and equality

We saw an appropriate equality, inclusion and diversity standards policy in place which had been reviewed within the last year, and staff had completed equality and diversity training.

We were told by staff that all patients were treated the same. While the dental software system did not include functionality to record preferred names and pronouns, the practice may wish to consider whether there are alternative ways of recording and communicating this information, where appropriate, to further support person-centred care.

Eleven out of twelve respondents to the HIW questionnaire reported that they were treated with dignity and respect.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice was visibly clean, free from clutter and decorated to a good standard. The practice premises were in a good state of repair both internally and externally, and the size and layout were suitable for the service provided.

Staff had access to suitable changing facilities and secure storage for personal items. The practice's toilet facilities were on the ground floor and in good condition, which could be used by patients on request.

We noted that the entrance to the practice had been adapted to support access for wheelchair users and included an accessible automatic door. However, the door was not functioning at the time of our inspection, and we were informed it had been out of service for some time.

The registered manager must ensure the accessible entrance door is repaired and maintained in working order to support safe and equitable access to the service for all patients.

The practice used a separate locked garage for the storage of clinical waste, decorating materials and historical patient paper records awaiting disposal. While the garage was secured, we identified potential risks relating to the storage facility. The wooden garage door, although lockable, needed repair, and a cracked window could compromise the security of the contents.

The registered manager must address the garage security issues to minimise the risk of unauthorised access and ensure the safe and secure storage of waste materials and confidential patient information.

We saw evidence of completed and satisfactory Portable Appliance Testing (PAT), a five-yearly electrical installation condition report and gas safety certificate. A fire risk assessment had been recently completed, and we saw evidence that fire safety equipment was being serviced annually. Fire exit signs, no smoking signs and instructions on what to do in the event of a fire were clearly displayed throughout the premises.

We found a health and safety risk assessment was in place, and relevant policies were in place, including health and safety and business continuity. We saw employer's liability insurance information displayed in the reception area, and a Health and Safety Executive (HSE) poster which was accessible to staff.

Infection prevention and control (IPC) and decontamination

The practice had an appropriate infection control policy and procedure in place to maintain a clean and safe environment. Hand hygiene facilities were suitable, and personal protective equipment (PPE), including gloves and masks were accessible and used appropriately.

The practice had a designated decontamination room available which was equipped with appropriate facilities for the decontamination and sterilisation of dental instruments. However, we noted that the decontamination room work surface and some dental chairs within the treatment rooms were worn, and the extractor fan in the decontamination room was not functioning. The dental surgery floors also required resealing, showing signs of age and requiring repair or replacement. While these issues were not having an immediate impact on patient care, maintaining fixtures, fittings and equipment in good condition is important to support effective infection prevention and control and ensure a safe and suitable environment for patients and staff.

The registered manager must address the worn condition of the work surfaces, floors, dental chairs and extractor fan within the clinical areas by undertaking appropriate repairs or replacement.

We found decontamination processes were appropriate. Pre-sterilisation cleaning methods were effective, and autoclaves were in use with cycle records maintained. Daily maintenance checks and start/end of day protocols were followed. Periodic tests were completed in line with Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

Waste disposal arrangements were suitable, with contracts in place for clinical waste, amalgam, sharps, and other hazardous materials.

Medicines management

We saw an appropriate medicines management policy in place, supported by procedures for ordering, safe handling, and disposal of medicines. The practice had two fridges, one to store medicines and dental material and one to store food and drink for staff. We saw that temperature checks of both fridges were being recorded. However, due to recent high temperatures, the fridge being used to store medicines and dental materials was not in use because it was unable to maintain temperatures within the recommended range for safe storage.

This meant that during the inspection we found medicines and dental materials were being stored temporarily in the fridge used for staff. This posed a risk to staff. We raised this during the inspection, and the dental material in the fridge was separated by click shut boxes and clearly labelled to identify the contents, and a documented process for managing temperature excursions was implemented.

First aid and resuscitation equipment was adequate and in date with emergency drugs meeting national guidelines. We did not see evidence of a managing medical emergencies policy; however, this was created on the day of the inspection. All staff had completed cardiopulmonary resuscitation (CPR) training within the last year.

Safeguarding of children and adults

We saw a suitable safeguarding policy in place. The policy included local contact details for safeguarding teams, including names and telephone numbers. A flowchart was available in the reception area for staff to easily follow in the event should one need to be raised. The practice had an appointed safeguarding lead, and staff had completed safeguarding training to the required level and were aware of how to raise a safeguarding concern and the process to follow.

Management of medical devices and equipment

We found that clinical equipment within the practice was in good condition, fit for purpose and suitable for the services provided. Appropriate arrangements were in place for the routine servicing and maintenance of equipment, including the compressor. Staff had received relevant training to ensure they were competent to use equipment safely and effectively. We were informed that the X-ray equipment in one surgery was in the process of being decommissioned and that arrangements were being made for its removal.

X-ray equipment was available within the practice, and a radiation protection file was maintained in accordance with regulatory requirements. However, we identified gaps within the radiation protection file, with some required documentation incomplete and signatures missing. In addition, while local rules were displayed within the dental surgery, posters outlining the risks and benefits of dental radiography for patients was not displayed within the practice.

The registered manager should ensure that the radiation protection file is reviewed and updated to include all required documentation. In addition, the practice should display information for patients regarding the risks and benefits of dental radiography.

During the inspection we found an expired packet of dental burs which was disposed of immediately.

The registered manager should ensure regular checks of clinical stock are undertaken to identify and remove expired items from use

Effective

Effective care

There was evidence that professional, regulatory, and statutory guidance was followed when providing treatment. The practice used Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong-site tooth extractions.

Patient records

The practice had a suitable records management policy in place. Patient records were maintained electronically using a secure digital system. Historical paper patient records were stored within a garage on the practice premises pending disposal. As noted elsewhere in this report, we identified issues relating to the security of this storage area. We were informed that the records were in the process of being securely disposed of in accordance with relevant retention requirements.

Digital records were backed up to a secure off site care stream. Follow up and discharge letters for referred patients were documented within patient notes. For suspected oral cancer patients staff monitor their referrals.

We reviewed a sample of five patient records. Each patient had patient identifiers, reason for attendance, risk assessments, soft tissue examinations, oral hygiene, diet advice and cancer screening. However; we found the following omissions that required improvement:

- Dose and duration of exposure to radiographs
- Consent to take radiographs not consistently recorded.

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

Efficient

Efficient

The service operated efficiently to support the delivery of quality care. The practice had a part time therapist which patients were referred to appropriately. Arrangements for referral to other services were in place and operated through established systems.

The practice had processes in place to manage patients requiring urgent dental care, including designated emergency appointment slots within clinical diaries, to help reduce attendance at urgent care or out-of-hours services. The practice also kept a list of patients who were able to attend appointments at short notice to utilise diary time.

However, feedback received through our HIW patient questionnaires indicated that some patients experienced delays when attending for appointments, with two respondents reporting that waiting times of more than 30 minutes were not uncommon. While we found systems in place to manage appointment availability, the practice should review the factors contributing to delays and consider measures to improve the patient experience and minimise waiting times where possible.

The registered manager must review appointment scheduling to identify opportunities to reduce waiting times and improve the timeliness of patient appointments.

Quality of Management and Leadership

Leadership

Governance and leadership

We found the practice had a clear and effective management structure in place to support the running of the practice. The practice was led by the principal dentist who was also the registered manager. We were told that monthly team meetings were held with meeting notes stored within the office area and shared with those who could not attend.

Governance, leadership, and accountability were acceptable for the size and complexity of the service. There were clear arrangements in place for identifying, recording and managing risks. Safety alerts were received by registered manager at the practice and shared with the team in meetings and verbally.

We found that a range of policies and procedures were available to staff through the iComply platform and within a dedicated policy folder located in the office area. A policy index was in place, and we saw evidence that staff had reviewed relevant policies, which the registered manager could track to ensure they have read and understood them. We also noted that some policies were available in both Welsh and English, supporting accessibility for staff.

However, during our review of governance arrangements, we identified that some policies had not been fully tailored to the practice or updated to reflect current Welsh legislation. For example, the privacy policy referred to the use of CCTV, although CCTV was not in use within the practice. This discrepancy was corrected during the inspection. We were informed that the registered manager was in the process of reviewing and updating policies to ensure they accurately reflected current practice and regulatory requirements.

The registered manager must ensure that all policies and procedures are reviewed, updated and tailored to reflect current Welsh legislation, regulatory requirements and the specific operational arrangements of the practice.

Workforce

Skilled and enabled workforce

We were assured that there were enough suitably qualified and skilled staff working at the practice to meet the needs of patients. Staffing levels were monitored by the practice manager, with nurses working flexibly across surgeries and reception to maintain cover if needed. Arrangements were in place to provide additional cover when required including the occasional use of agency staff and support from a neighbouring dental practice to help maintain continuity of care.

The practice had appropriate recruitment and induction arrangements in place and followed a recruitment and selection policy. We reviewed staff records and found the required pre-employment checks had been completed, including proof of identity, evidence of qualifications, vaccination records and Disclosure and Barring Service (DBS) checks. Structured induction processes were in place to support staff in their roles.

We saw evidence that staff had completed a range of mandatory and role-specific training to maintain their professional registration, helping to ensure they had the skills and knowledge required to deliver safe and effective care. However, we noted that one member of staff had not received a documented appraisal within the required timescale. We were informed that this was scheduled to take place shortly after the inspection. We also noted one staff member's employment contract had not been signed.

The registered manager must ensure that all staff receive regular appraisals in line with the practice's policies and procedures.

The registered manager must ensure all employment records are complete and retained appropriately.

Culture

People engagement, feedback and learning

We found that patients were able to provide feedback about their experiences of the service through a suggestions box located in the reception area or by speaking directly with staff. We were told that patient feedback was reviewed regularly during staff meetings, with outcomes shared and any resulting learning or improvement actions discussed with staff.

A complaints policy was in place, and information for patients on how to raise a concern was readily available within the waiting area. The complaints procedure outlined clear arrangements for managing complaints, including timescales for acknowledgement and response, and signposted patients to external organisations, including Healthcare Inspectorate Wales (HIW). However, we noted that HIW's address was not included within the complaints policy.

The registered manager must ensure that the complaints policy is updated to include complete and accurate contact details for Healthcare Inspectorate Wales.

We were informed that the practice manager was responsible for managing complaints, and staff responsibilities were clearly defined within the policy. Although the practice had not received any complaints at the time of our inspection, a complaints log was available to ensure any future concerns could be appropriately recorded, monitored and reviewed.

We also reviewed the practice's Duty of Candour arrangements. A Duty of Candour policy was in place, and staff were able to describe the principles of the duty and the actions they would take if an incident occurred, demonstrating an understanding of the importance of openness, honesty and learning when things go wrong.

Information

Information governance and digital technology

The practice used digital systems to manage patient records, staff records, policies and procedures, and complaints. Patient safety related information would be shared with team members and other NHS bodies by the registered manager.

Learning, improvement and research

Quality improvement activities

We found that the practice had established arrangements to monitor performance and support continuous quality improvement. A programme of audits was in place covering a range of key areas, including infection prevention and control, antimicrobial prescribing, radiography, clinical record keeping, waste management, health and safety, and disability access. These audits provided opportunities for the practice to identify areas for improvement and monitor compliance with relevant standards and guidance.

We were told that the practice participated in the Maturity Matrix for Dentistry, which was used to support service development, encourage reflective practice and identify opportunities to improve the quality and safety of care provided to patients.

As the practice had a single dentist, opportunities for internal clinical peer review were limited. The practice may wish to consider exploring opportunities for clinical peer review with other dental professionals or neighbouring practices to help support shared learning, reflective practice and supporting quality improvement.

Whole-systems approach

Partnership working and development

We found that the practice worked collaboratively with a range of healthcare providers to support the delivery of patient care. The practice also worked with local pharmacies to facilitate the safe disposal of expired medicines and liaised with GP practices to obtain relevant medical information when necessary. Referral arrangements were in place with secondary care services for OPG imaging, and with specialist services such as the INR clinic to support the safe management of patients with specific healthcare needs.

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
We did not see evidence of managing medical emergencies policy.	The absence of a medical emergencies policy may result in inconsistent responses to medical emergencies and could delay appropriate action, potentially affecting patient safety.	Informed registered manager.	Policy created and implanted on day of the inspection.

Appendix B – Immediate improvement plan

Service: Crown Hill Dental Practice

Date of inspection: 1 July 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 concerns were identified during the inspection.	

Appendix C – Improvement plan

Service: Crown Hill Dental Practice

Date of inspection: 1 July 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.	Staff's GDC registration details were not displayed within the practice.	The registered manager must display the dental team's registration details in an area it can be easily seen.	GDC Standards for the Dental Team 6.6.10	This has been drafted up and already displayed	Lead nurse	completed
2.	Language preferences were not routinely recorded in patient records.	The registered manager should ensure language preferences in patient are recorded.	GDC Standards for the Dental Team Principle 2.1,2.2	In cooperated into template and routinely used	Principal dentist	One month
3.	The practice garage door and window needed repair, as this was used to store clinical waste and patient paper records.	The registered manager must address the garage security issues to minimise the risk of unauthorised access and ensure the safe and secure storage of waste materials and confidential patient information.	Private Dentistry (Wales) Regulations 2017, Regulation 16 , 22	Door and will be repaired or replaced, clinical records will be disposed of.	Principal dentist	3 months

4.	The accessible entrance door sensor was out of order.	The registered manager should ensure the accessible entrance door is repaired and maintained in working order to support safe and equitable access to the service for all patients.	Private Dentistry (Wales) Regulations 2017 Regulation 22	Enquiries Have been made to relative company to repair door.	Receptionist	3 months
5.	The dental chairs were torn, clinical floors and decontamination worksurface required resealing or replacing.	The registered manager must address the worn condition of the work surfaces, floors, dental chairs and extractor fan within the clinical areas by undertaking appropriate repairs or replacement.	Private Dentistry (Wales) Regulations 2017 Regulation 13	New chairs will be purchased and enquiries being made to reseal or replace worktops. Unsure what clinical floors are being referred to?	Lead nurse	3 months
6.	A member of staff's appraisal was not completed.	The registered manager must ensure that all staff receive regular appraisals in line with the practice's policies and procedures.	Private Dentistry (Wales) Regulations 2017 Regulation 17	This has been drafted up and already displayed	Lead nurse	completed
7.	One staff member's employment contract had not been signed	The registered manager should ensure all employment records are complete and retained appropriately.	Private Dentistry (Wales) Regulations 2017 Regulation 18	It appears that the wrong contract was placed in the file. It is now signed and completed.	Lead nurse	completed

8.	The radiation protection file was not fully completed including signatures of the authorised user.	The registered manager must ensure that the radiation protection file is reviewed and updated to include all required documentation. In addition, the practice should display information for patients regarding the risks and benefits of dental radiography.	IR(ME)R and radiation protection requirements	Local rules have always been located in the surgery and in the file. These were in place on the day of inspection and shown to inspector. All other documentation will be completed in due course.	Principal dentist	One month
9.	We found an expired packet of dental burrs.	The registered manager should ensure regular checks of clinical stock are undertaken to identify and remove expired items from use.	Private Dentistry (Wales) Regulations 2017, Regulation 13	Material log updated to include dental burrs.	Lead nurse	completed
10.	Feedback received from HIW's questionnaires suggested long waiting times are not uncommon.	The registered manager should review appointment scheduling to identify opportunities to reduce waiting times and improve the timeliness of patient appointments.	Health and Care Quality Standard: Timely Care.	We will be taking a look at appointments and the allocated times for the appointments and amend appropriately. We are potentially looking to change software which may make this more efficient all round.	Principal dentist	3 months

11.	Some policies did not reference Welsh legislation and required tailoring for the practice.	The registered manager must ensure that all policies and procedures are reviewed, updated and tailored to reflect current Welsh legislation, regulatory requirements and the operational arrangements of the practice.	Private Dentistry (Wales) Regulations 2017, Regulation 8	This was completed on the inspection day as requested by inspector.	Lead nurse	completed
12.	HIW's address was missing from the complaints policy.	The registered manager must ensure that the complaints policy is updated to include complete and accurate contact details for Healthcare Inspectorate Wales.	Private Dentistry (Wales) Regulations 2017, Regulation 21	Address added to complaints policy on the day	Lead nurse	completed

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): Lisa Furley

Job role: Lead Dental Nurse

Date: 28 August 2026