

General Dental Practice Inspection Report (Announced)

Lodge Dental, Monmouth Road,
Abergavenny

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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 Lodge Dental, Monmouth Road, Abergavenny on 13 July 2026.

Our team for the inspection comprised of a HIW healthcare inspector and a 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 eight questionnaires were completed by patients and 19 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:

All patient feedback we received for Lodge Dental was positive, with patients rating the service provided as 'very good' or 'good'. The positive feedback from patients matched the evidence we observed during our inspection, especially with regards to the dignified and respectful care provided to patients throughout their care journey.

Patients told us they were given enough information to understand the treatment options available to them. Patients also said they were given information on the risks, benefits and costs of their treatments.

We found appointments were managed well, with effective measures in place to manage urgent care. All patients told us they could get appointments when they needed one and clear guidance was provided to them in the event of an emergency.

We heard examples where staff had made reasonable adjustments to the setting for patients and their team to promote equal access. Staff had access to translation tools enabling patients to communicate in a language of their choice and we saw documents were also available in different formats.

This is what the service did well:

- Appointments were managed in a timely manner and urgent care was triaged appropriately
- All patient feedback we received was positive, including several positive comments directly from patients.

Delivery of Safe and Effective Care

Overall summary:

Lodge Dental was split across two practice buildings; one used for general dentistry and the other for specialist referrals. Both buildings were furnished and maintained to a high standard, kept organised and tidy. Arrangements for health and safety, fire safety and risk management were all meeting expected standards.

We saw the practice dental equipment was in good condition to enable effective decontamination. The procedures for decontaminating reusable equipment were robust and supported the delivery of safe care. All patients told us infection, prevention and control procedures were being followed by staff and told us the practice was being kept clean. All staff said personal protective equipment was available for them and effective infection control procedures were in place.

The practice emergency equipment was routinely checked by staff and on inspection we noted all items were present and within their expiry dates. However, we noted only a small number of staff had completed a specific training course required by a recent patient safety notice issued by the Welsh Government.

All the patient records we reviewed provided a suitable picture of the care being provided to patients, including a contemporaneous account of all the treatments provided. We also found patients progressed through internal and external treatment pathways efficiently, including an array of specialist clinicians working from the practice.

This is what we recommend the service can improve:

- Complete the actions outlined in patient safety notice 041 issued by the Welsh Government, especially the training requirements.

This is what the service did well:

- The practice was finished to a high standard, with equipment appearing to be well maintained
- Safeguarding arrangements were suitable and subject to regular review
- Personal protective equipment for staff was readily available and used appropriately.

Quality of Management and Leadership

Overall summary:

The feedback we received from staff was positive. Staff told us the care of patients was the dental practice's top priority. Respondents added they would recommend the practice as a good place to work and if a friend or relative needed dental care, they would be happy with the standards of care provided at the practice. The staff we observed during the inspection were professional, friendly and kind.

Governance and leadership arrangements appeared robust, and the management team told us they felt they had the right skills and knowledge to undertake their roles effectively. We noted policies and procedures were all up to date and managed by a robust digital system.

Overall, staff records held all the relevant information to ensure a full picture of their employment. However, in all the records we reviewed we did not see evidence of references being stored on file which we require the practice to improve. Training compliance for staff was high, and we saw the positive initiative of a lunch and learn for staff on a regular basis. These sessions were complemented by training events for practitioners, with other practices invited to attend to share learning and experiences.

Complaints were handled appropriately and in accordance with practice policy. We saw the practice took a proactive approach to clinical peer review and we saw some quality improvement activities took place.

This is what we recommend the service can improve:

- Ensure complete personnel records are always kept.

This is what the service did well:

- A proactive approach to clinical peer review, partnership working with other practices and lunch and learns for staff
- Feedback and complaints were handled appropriately by managers
- Positive feedback was received from all staff respondents to the HIW survey.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW patient questionnaire were positive. Respondents rated the service they received from the practice as 'very good' (7/8) or 'good' (1/8). Patient comments included:

"Always a lovely atmosphere within the practice. Everyone looks happy in their jobs."

"Staff are super friendly and always go above and beyond to help. Lodge are more expensive than an average dentist, but I leverage them consistently because the experience and standard of care are worth it."

"Have nothing but praise for the service and treatment I have received since starting treatment. Reception staff are friendly and professional. [Staff member] has been exceptional, sympathetic and supportive. [Staff member] was also patient and professional whilst conducting root canal treatment and dental nurses are so friendly, caring and supportive."

Person-Centred

Health promotion and patient information

We saw information displayed in patient waiting areas which promoted ways to maintain good oral health, prevent gum disease and identify the signs of oral cancer. Patients were offered complimentary dental products to promote good oral health which we noted as a positive initiative. The patient information leaflet and statement of purpose were up to date and available for patients to review in reception areas and on the practice website. The fees for treatments and the names and General Dental Council (GDC) registration numbers of practitioners were all displayed where they could be easily seen. The opening hours and emergency contact details for the practice were clearly displayed at the front doors of both practice buildings.

Dignified and respectful care

Throughout their patient journey, we found patients were provided with dignified and respectful care by staff at this practice. All respondents to the HIW patient questionnaire told us staff treated them with dignity and respect and felt they could access the right healthcare at the right time, regardless of their protected characteristics. All patients told us they felt listened to by staff and they answered their questions. All respondents also said staff explained what they were doing throughout

the appointment, and that they were involved as much as they wanted to be in decisions about their treatment. Patient comments about staff at the practice included:

“Always had a great experience at Lodge. Staff always very friendly.”

“Reception team are fantastic and very responsive.”

The practice environment in both buildings promoted dignified care and steps were taken by staff to ensure the privacy of patients when being treated in surgeries. Most telephone calls were taken away from the reception desks and waiting areas so the risk of any patient information being overheard was reduced. Staff advised us no personal information was repeated over the telephone, and designated areas were used when confidential conversations needed to take place.

All respondents to the HIW staff questionnaire said patient privacy and dignity is maintained, and patients are informed and involved in decisions about their care. All staff also said they were satisfied with the quality of care and support they give to patients. Staff told us:

“Working at Lodge dental provides a really supportive team who truly cares about the patients they treat every step of their journey.”

“Very patient focused, understands the importance of maintaining high standards.”

The practice had a confidentiality clause in contracts which outlined staff responsibilities with regards to the protection of patient information. We noted the nine core principles prepared by the GDC were on display in the reception areas.

Individualised care

All patients responding to the HIW questionnaire stated their oral health was explained to them in a manner they could understand and said they were given clear aftercare instructions on how to maintain good oral health. Patients who received sedation were given oral health and aftercare information in both verbal and written formats. Patients told us they were given enough information to understand which treatment options were available, including the risks and benefits of each option. Respondents said the costs were made clear to them before treatment and said they were given information on how the setting would resolve any post-treatment concerns.

Timely

Timely care

We found effective arrangements in place for the management of appointments which utilised the time of practitioners appropriately. Staff explained the wait time between treatment appointments depended on the practitioner patients wished to see but on average was two weeks. Staff informed us recruitment was in progress for a new dentist

which they hoped would reduce waiting times for patients.

Patients made future appointments in person after their treatments, over the telephone or some specific appointments could be booked online. Staff informed us appointments rarely ran behind time, but where there were delays, clinicians told reception teams so that patients could be informed. Where a patient had yet to arrive, any delay would be communicated to them over the telephone and alternative appointments would be offered. Respondents to the HIW patient questionnaire said they found it very easy to get an appointment when they needed one. We were informed how appointments were arranged in accordance with patient availability wherever possible, including the prioritisation of paediatric patients during school holidays.

We saw reception staff operated a patient telephone triage system to prioritise those most in need of urgent care, consulting practitioners when needed. We saw time allocated in the practice diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen. An out-of-hours telephone number was provided for patients to contact the practice in the event of an emergency. All respondents to the HIW patient questionnaire said clear guidance was given on what to do in the event of an emergency and most said they would know how to access the out of hours dental service if they had an urgent dental problem.

Equitable

Communicating and language

We saw arrangements in place to help enable effective communication between clinicians and patients, with staff telling us they were fully aware of the importance in communicating with a patient in a language of their choice. Staff had access to translation tools to communicate with patients when required and some patient information was available in different formats. We were told by staff they would provide more specialised information upon request by patients.

Rights and equality

We saw how the rights and equal treatment of individuals were actively supported by the practice. We noted suitable policies were in place and how staff undertook specific training to protect the rights of patients and the prevention of harassment or discrimination.

Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees, including the workstations and chairs available for a staff member following an injury. Ramps and handrails were also added to the exterior on one of the practice buildings to assist patients with mobility difficulties. We found the rights of transgender patients were upheld by allowing patients to choose their preferred pronouns, names and gender on their records.

Delivery of Safe and Effective Care

Safe

Risk management

The two practice buildings appeared to be in a satisfactory state of repair internally and externally. We saw both practice buildings were visibly tidy and had recently been renovated to a high standard. There were 12 surgeries, two dedicated decontamination rooms and appropriately sized waiting areas set across the two practice buildings. We noted one of the buildings was used for general dentistry and the other was used for referrals to specialist services, such as implantology. We heard telephone lines in working order and the toilets for staff and patients were clean and properly equipped. We were told staff changed in toilets or staff rooms and some personal storage was available. We were informed lockers were being procured for staff. All respondents to the HIW staff questionnaire said the facilities were appropriate for them to carry out their specific tasks and the environment was suitable for ensuring patients receive the care they require.

We found the practice dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We saw single use items were used where appropriate, with the clinical facilities and the equipment being used to promote the safe and effective care of patients.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. We saw safety certificates for portable appliance testing, five-year fixed electrical wire testing and gas safety checks were all in place for both buildings. The risk assessments for the practice environments, as well as health and safety, had both been completed and met expected standards.

We found routine maintenance and testing of all the fire safety equipment took place, alongside fire evacuation drills. The fire risk assessment for both practice buildings had been completed by an external contractor and identified several improvements the practice was expected to complete to a set of fixed timeframes. These were currently being met and practice management informed us the remainder of the actions were being addressed. We advised the practice to continue working towards these improvements in a timely manner to ensure compliance with fire safety regulations.

We saw the practice Employer Liability Insurance certificate and Health and Safety Executive information were both on display.

Infection prevention and control (IPC) and decontamination

We found satisfactory infection prevention and control policies and procedures in place to help maintain a good standard of cleanliness in both practice buildings. Most respondents to the HIW patient questionnaire (7/8) said the practice was 'very clean'

and all patients said they felt staff were following infection, prevention and control measures. All staff responding to the HIW questionnaire said the organisation implemented an effective infection control policy and cleaning schedules. Respondents also told us the environment allowed for effective infection control.

We saw personal protective equipment (PPE) was readily available for all staff and this was confirmed by all staff responding to the HIW questionnaire. Routine hand hygiene was promoted through robust procedures and signage in patient and staff facing areas. We noted suitable arrangements were in place for the management of needlestick injuries, with risk assessments documenting the hazards associated with sharps. Occupational health services were provided through a private contract and the details for staff were readily available.

In the two practice decontamination rooms, we observed the environment and all equipment being maintained to a high standard to support the effective cleaning and decontamination of reusable instruments. Procedures for the decontamination and sterilisation of the instruments within the decontamination rooms were robust. We reviewed records of daily autoclave cycle checks and testing for the machines, but evidence of pressure vessel testing was not immediately available. Certification was sent to HIW shortly after the inspection. Training records confirmed all staff had received the correct level of training for equipment decontamination.

We noted clinical waste was being stored and disposed of correctly under a suitable waste disposal contract. The arrangements for the Control of Substances Hazardous to Health (COSHH) were satisfactory.

Medicines management

We found the arrangements in place for the safe handling, storage, use and disposal of any medicines were comprehensive. Emergency medicines available at the practice were in line with national guidance, and we also found appropriate emergency drugs available for patients receiving intravenous conscious sedation. Staff records evidenced qualifications in cardiopulmonary resuscitation and first aid.

On inspection of the emergency equipment, we found all items were present and within their expiry dates. We noted routine checks took place on the first aid kit, defibrillator and oxygen. We also saw evidence that oxygen cylinders had been subject to required service maintenance checks. However, only a small number of staff had completed BOC specific oxygen training in accordance with Patient Safety Notice (PSN) 041 issued by Welsh Government.

The practice must complete the actions identified in PSN 041, including training requirements.

Safeguarding of children and adults

Appropriate and up to date safeguarding procedures were in place to protect children and adults. The procedures included the details of local authority contacts and identified a named safeguarding lead. This policy was accompanied by the Wales Safeguarding Procedures, with any updates communicated through training. We saw all staff were trained to an appropriate level in the safeguarding of children and adults.

Management of medical devices and equipment

All the medical devices and clinical equipment we inspected appeared to be in good condition and fit for purpose. We saw how all practice devices and equipment were used in a manner which promoted safe and effective care and the staff we observed during the inspection appeared confident in using the equipment. The records we reviewed confirmed all staff had received suitable training for the safe and effective use of equipment. Arrangements were in place for servicing and the prompt response to system failure for all the equipment we inspected.

The practice radiation protection folder was complete, organised and easy to navigate. We saw copies of the local rules were readily available next to each X-ray device. Staff training records confirmed all staff had received suitable training for their roles in radiation exposures. Clinicians outlined clearly in patient records the discussions held regarding the risks and benefits of exposure to radiation and we saw this information was also displayed.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance. The clinical staff we spoke with demonstrated a clear understanding of their responsibilities whilst being aware of when to seek relevant professional advice, where necessary.

We found suitable processes in place to record patient understanding and consent to surgical procedures, along with comprehensive clinical checklists to prevent wrong tooth site extractions. The practice also had robust arrangements in place for the safe delivery of conscious sedation. The environment used for conscious sedation was appropriate and supported safe care, with adequate sized surgeries to support treatment, patient recovery and the effective management of medical emergencies.

Patient records

We reviewed a total of ten patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations.

Overall, the records we reviewed provided a suitable picture of the care provided to patients. The records included effective note taking of informed consent, reasons for attendance, full base charting, oral cancer screening as well as a contemporaneous account of the treatments provided.

All respondents to the HIW questionnaire said their medical history was checked prior to treatment.

Efficient

Efficient

We found clinicians were committed to delivering a comprehensive service that met the needs of their patients within suitable premises. Patients progressed through internal and external treatment pathways efficiently including the practice therapist and hygienist. The practice also had a range of specialist clinicians undertaking implantology, periodontology, endodontics and oral surgery. Urgent referrals were appropriately recorded and followed up in a timely manner by clinicians. We saw how appointments were utilised effectively by staff with an appropriate skills mix.

Quality of Management and Leadership

Staff Feedback

The feedback we received from staff was positive. Staff told us the care of patients was the dental practice's top priority. Respondents added they would recommend the practice as a good place to work and if a friend or relative needed dental care, they would be happy with the standards of care provided at the practice.

All staff told us they were able to meet the conflicting demands of their time at work; they had the materials and equipment to do their work and there was enough time to do their jobs properly. Respondents also said there was an appropriate skills mix at the practice and they could access all the digital systems they needed to provide good care to patients.

Most respondents (18/19) told us the practice takes positive action on health and wellbeing, and all respondents said their working pattern allowed for a good work-life balance. Most respondents to the questionnaire told us their jobs were not detrimental to their health. However, two staff members did strongly disagree with that statement, and the practice may wish to reflect and investigate this further with staff.

Free text comments from staff to the HIW questionnaire included:

"Since starting at Lodge I have received nothing but outstanding support!"

"Patient care is the centre of everything and we all work very hard together with the support of management to provide a calm, caring and professional environment for all."

"Great place to work and with a supportive and great team."

"Supports a positive work-life balance."

Leadership

Governance and leadership

We found clear management structures in place which supported the effective running of the practice. The practice manager was confident and told us they had the right skills and knowledge to undertake their leadership role effectively. The practice manager was supported in the running of the practice by the owner and director. We saw managers were visible and staff told us they felt they could approach managers to discuss changes or improvements.

We saw meetings took place between different teams across the practice team on a routine basis. On review of the meetings of all formal meetings held at the practice, we saw discussions took place around incidents, complaints and appointment

management. We also noted how the practice undertakes biannual events for all staff at the practice.

A suitable digital system was used to identify, record and manage risks, issues and any mitigating actions. All practice policies were held in hard copy in well maintained folders, which were clear for staff to locate and to read. All policies were also available in a newly established online portal. The policies we reviewed were up to date and comprehensive, and we saw how changes were communicated to staff in an effective manner.

Workforce

Skilled and enabled workforce

Overall, we found a positive working environment at the practice. The staff we spoke with were professional, friendly and kind. The interactions we observed between staff showed strong support for one another. We saw induction procedures were overseen by the practice manager and the evidence we reviewed indicated that these procedures were robust. The practice operated a rota to ensure there were always an appropriate number of suitably trained staff working at any one time. Agency staff were used sparingly, and managers could think of few occasions where they had been used recently. The systems in place for the checking and induction of the agency staff used at the practice were appropriate.

We reviewed a sample of seven personnel records of the team at the practice. Within these records, we found all staff had up to date GDC registrations, documented Hepatitis B immunity and enhanced Disclosure and Barring Service (DBS) checks recorded in their files. However, six out of the seven staff files we reviewed did not contain evidence of two reference checks having been completed. Two of the six records had the names for two referees recorded while the other four had no evidence recorded. The other seventh record had one reference recorded. We discussed the need for documentary evidence kept for all pre-employment checks conducted and a suitable risk assessment to formally record the risk mitigations in place of any missing pre-employment information.

The registered manager must ensure full employment records are always kept.

The staff records we reviewed evidenced full compliance with all mandatory training. Staff were provided with sufficient time to complete their training, and we were told they were also supported to undertake additional role-specific development, which was reflected in the records we reviewed. We also noted the practice regularly undertook lunch and learns as well as training days for their own staff and clinicians from other practices. We noted the staff involved in the provision of conscious sedation were appropriately trained and competent to undertake their roles. The practice

manager had an effective system in place to monitor all training compliance at the practice.

Respondents to the staff questionnaire issued by HIW said they had received appropriate training to undertake their role, one staff member said they would find it useful to have specific training on periodontal plastic surgery.

All staff in the sample of records reviewed had received an appraisal. We saw appraisals were annual and managers explained a suitable process for the management of any performance issues. Most respondents (15/19) to the HIW staff questionnaire said they had received an appraisal in the last 12 months. The practice whistleblowing policy provided guidance to staff on how they could raise concerns. All except one staff member responding to the HIW questionnaire said the practice encouraged them to report errors, near misses or incidents. All staff members said the practice would treat those involved in reporting an incident fairly and the practice would take action to ensure incidents did not happen again.

Culture

People engagement, feedback and learning

We found suitable arrangements in place for the collection and review of patient feedback. Patients were sent a text message to complete a patient survey following their appointment and a suggestion box was also available. We saw completed surveys were checked when they were received by practice management and the suggestion box reviewed every other week. Responses to feedback would be added to the regular patient newsletter and on the practice website.

The complaints policy appeared suitable and was available for patients without needing to request a copy in all waiting rooms. The complaints procedure provided a named member of staff for patients to contact and gave a clear timeframe for the response to and resolution of any complaint. Any verbal complaints were logged by reception staff and communicated to the complaints manager. The means of escalating a complaint were outlined within the patient complaint policy, including contact details for HIW and the GDC. We reviewed a sample of complaints which had been received by the practice and saw they had been handled in line with the practice policy and there were no common themes emerging.

Learning, improvement and research

Quality improvement activities

We saw regular audits had taken place on radiographs, antibiotic prescribing, clinical waste and patient records. The practice also undertook a proactive approach to clinical peer review within the practice and with other services in the locality. The practice may wish to consider expanding its quality improvement programme further by including

additional activities, such as audits relating to smoking cessation, accessibility, health and safety, or the use of recognised team development tools.

On review of the decontamination audits being undertaken, we noted these were being completed against standards applicable in England rather than the Welsh Health Technical Memorandum (WHTM) 01-05 standards applicable in Wales.

The registered manager must ensure decontamination audits are undertaken against the requirements of Welsh Health Technical Memorandum (WHTM) 01-05 in future.

Whole-systems approach

Partnership working and development

Staff explained how they maintained working relationships with other health system partners, including their local GP and pharmacy teams. In addition, the practice maintained effective relationships with other dental practice in their area by undertaking study evenings and social events. We saw an appropriate process in place to monitor and maintain incoming and outgoing referrals at the practice.

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: Lodge Dental, Monmouth Road

Date of inspection: 13 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	No immediate concerns were identified during this inspection.
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Appendix C – Improvement plan

Service: Lodge Dental, Monmouth Road

Date of inspection: 13 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.	We also saw evidence that oxygen cylinders had been subject to required service maintenance checks. However, only a small number of staff had completed BOC specific oxygen training in accordance with Patient Safety Notice (PSN) 041 issued by Welsh Government.	The practice must complete the actions identified in PSN 041, including training requirements.	The Private Dentistry (Wales) Regulations 2017, Regulation 16 (1)	All staff will complete the BOC specific oxygen training in accordance with PSN 041.	Helen Knifton	31 st August 2026
2.	Six out of the seven staff files we reviewed did not contain evidence of two reference checks having been completed. Two of the six records had the names for two referees recorded while the other four had no	The registered manager must ensure full employment records are always kept.	The Private Dentistry (Wales) Regulations 2017, Regulation 18 (1)	Reference checks will be carried out for all new members of staff and saved in staff file. Risk assessments will be completed for existing staff who do not have 2 references.	Helen Knifton	31 st August 2026

	evidence recorded. The other seventh record had one reference recorded. We discussed the need for documentary evidence kept for all pre-employment checks conducted and a suitable risk assessment to formally record the risk mitigations in place of any missing pre-employment information.					
3.	On review of the decontamination audits being undertaken, we noted these were being completed against standards applicable in England rather than the Welsh Health Technical Memorandum (WHTM) 01-05 standards applicable in Wales.	The registered manager must ensure decontamination audits are undertaken against the requirements of Welsh Health Technical Memorandum (WHTM) 01-05 in future.	The Private Dentistry (Wales) Regulations 2017, Regulation 16 (1)	A decontamination audit has been undertaken against the requirements of WHTM 01-05 and will be carried out every 6 months.	Helen Knifton	31 st August 2026

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): Helen Knifton

Job role: Practice Manager

Date: 25th August 2026