

General Dental Practice Inspection Report (Announced)

Signature Smiles Gwersyllt, Wrexham
Betsi Cadwaladr University Health
Board

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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 Signature Smiles Gwersyllt Dental Practice, Betsi Cadwaladr University Health Board on 16 July 2026.

Our team for the inspection comprised 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. A total of ten questionnaires were completed. We also spoke with staff to find out their views on working for the service. 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 staff at Signature Smiles Gwersyllt Dental Practice were committed to providing patients with a positive experience. The premises provided a pleasant internal environment for patients, and we observed staff treating patients in a polite, friendly and professional manner.

Suitable arrangements enabled patients to access routine and emergency care promptly.

The clinical areas were arranged to protect patient privacy. The practice was located on the ground floor, providing good access for patients with additional mobility needs. Adequate external parking was also available for the number of patients attending.

The practice provided a quiet, calm, clean and well-managed environment, which supported patient comfort and helped reduce the potential for anxiety during visits.

A good range of health promotion information was available to patients.

This is what the service did well:

- Staff were friendly, approachable and professional in their interactions with patients.
- Treatment information was clearly available to patients.

Delivery of Safe and Effective Care

Overall summary:

Arrangements were in place to support the safety and wellbeing of staff, patients and visitors, although improvements were required in several areas.

Risk assessments covered fire safety, environmental risks, and wider health and safety matters. The premises were well maintained and free from obvious hazards, and equipment was serviced regularly. However, hazardous and flammable liquids were not stored appropriately, and we advised the practice accordingly.

Infection prevention and control arrangements were supported by an established policy, routine audits, cleaning schedules and readily available protective equipment and hand sanitiser. However, we found that inadequate lighting in the decontamination room could hinder the thorough inspection and effective cleaning of instruments.

Safeguarding guidance was available, and trained staff understood how to identify and respond to concerns.

Processes were in place for the use of X-rays. However, improvements were required to ensure documentation and referrals were completed consistently and shared appropriately with relevant staff. We also identified inconsistencies in radiographic reporting and in the use of specific X-ray equipment.

All staff had completed cardiopulmonary resuscitation training although not all staff had completed training in Oxygen administration. Emergency medicines and equipment were stored securely and subject to routine checks.

Clinical records were generally acceptable although there were inconsistencies across the team of clinicians. Improvement was required as some records showed outdated practices and on some records the justification for investigations and reporting of such investigations was incomplete.

This is what we recommend the service can improve:

- Ensure patients' language preferences are recorded in clinical notes
- X-ray, requests, reporting and grading is accurately charted and reported in clinical notes.
- Ensure lighting within clinical areas is fit for purpose.

This is what the service did well:

- Surgeries were clean and well equipped.
- Safeguarding documentation and robust escalation processes in place.

Quality of Management and Leadership

Overall summary:

The wider clinical team comprised three associate dentists and one therapist, bringing a range of professional specialisms, and was supported by an area practice and governance manager. Staff records were well maintained and contained evidence of up-to-date training in line with regulatory requirements. We also saw evidence that regular staff meetings were held. However, we noted that audits undertaken across the practice were not widely shared amongst the team.

A comprehensive range of policies and procedures was in place and subject to regular review, including an annual review process. The practice also made effective use of electronic systems to support service management.

Staff had access to appropriate training opportunities to support them in their roles, and all staff had received an appraisal.

Information governance and digital systems were managed effectively, protecting patient confidentiality and supporting compliance with data protection legislation.

This is what the service did well:

- Staff files were well maintained.
- Staff compliance to training were current and reviewed regularly.

3. What we found

Quality of Patient Experience

Patient feedback

Ten patients completed the HIW questionnaire, and all feedback was positive. Of those responding, over 90% rated the practice as 'very clean' or 'fairly clean'. They also said they were treated with dignity, care and respect.

Patient comments included:

"Very happy"

"Lovely staff and lovely practice"

Person-Centred

Health promotion and patient information

We found sufficient information was available at the practice to support patients with healthy living and good oral health. This included posters covering a range of relevant topics, such as smoking cessation and healthy eating.

Patient information leaflets were readily available in the waiting room. The practice also had an up-to-date statement of purpose on display, with copies available for patients to take away if they wished.

The practice could further strengthen the information available to patients by providing clear, pictorial guidance on the use of X-rays, similar to that displayed at another practice within the organisational group. This was amended on the day by the governance manager.

Dignified and respectful care

Arrangements were in place to support patient privacy and dignity. All dental surgeries had solid doors, and we noted that conversations could not be overheard between the three surgeries. The practice was busy at the time of our inspection, and some patients told us they had travelled a considerable distance to access NHS dental care.

All questionnaire respondents and patients we spoke with during the inspection said staff treated them with kindness, dignity and respect. They also told us that procedures were explained clearly during appointments and in a way they could understand.

We observed staff providing care in a dignified and respectful manner. They communicated with patients in a friendly and helpful way, and surgery doors were kept closed during treatment to protect privacy.

The General Dental Council's (GDC) Nine Principles were displayed on the patient notice board.

The names, roles and GDC registration numbers of the dentists were clearly displayed within the practice. Other clinical staff were also identified in the waiting area, where their names and registration details were available to patients.

Individualised care

All questionnaire respondents and patients we spoke with during the inspection said they had received sufficient information to understand the treatment options available to them. They also confirmed that their medical histories were checked before each course of treatment.

Patients agreed that the risks and benefits of each treatment option had been explained clearly and that costs were confirmed before treatment began. Private treatment fees were displayed in each surgery, and written information was available in the waiting area for patients to take away.

Our review of the sampled patient records confirmed that treatment planning and the options discussed with patients were documented.

Timely

Timely care

The practice's opening hours and out-of-hours emergency contact numbers for both NHS and private patients were prominently displayed outside the premises and included in the patient information leaflet.

Reception staff told us that patients would be informed verbally of any appointment delays and offered the opportunity to reschedule where necessary.

Staff confirmed that each dentist's daily schedule included time for emergency appointments, with patients prioritised according to their symptoms and clinical need. A cancellation list was also maintained to make effective use of available appointments. During the inspection, we saw patients attending the practice for urgent dental care with a pre-booked appointment, and observed staff contacting patients by telephone to offer emergency appointments when capacity became available.

Equitable

Communicating and language

The practice maintained a well-established team with comprehensive knowledge of patients' needs and communication preferences, which were systematically recorded. Patient information materials were only accessible in English; however, signage throughout the practice was in both Welsh and English.

Staff were aware of the 'Active Offer' initiative. No staff could speak Welsh at the practice and no staff currently wished to learn to speak Welsh, we advised the practice to seek guidance from the local health board should staff wish to do so in future. Translation services, such as Language Line, were available for patients wishing to communicate in Welsh or another language. Patients could also bring a family member to support communication during their appointment. However, no visible guidance informed patients that support in other languages was available.

The registered manager must ensure that arrangements are in place to support patients who wish to communicate in Welsh or any other language during their appointment, including access to appropriate translation services where required.

Rights and equality

An equality, diversity and human rights policy was in place which incorporated references to applicable legislation and protected characteristics. Additionally, there was a dedicated policy addressing disability and discrimination.

A disability access assessment had been completed, indicating that wheelchair accessibility is step free on the ground floor.

Patient records include documentation of preferred names.

Delivery of Safe and Effective Care

Safe

Risk management

The premises were visibly clean, tidy and free from clutter. The practice had appropriate policies covering health and safety, the quality and suitability of the facilities, and the maintenance of equipment.

However, arrangements for storing flammable materials required improvement. Although the practice had purchased a metal storage cupboard, it was not large enough to hold all relevant liquids safely. This increased the risk of fire and reduced assurance that hazardous substances were being stored safely and in accordance with regulatory requirements. We therefore advised the practice to use a spare lockable metal locker as an interim measure until a suitably sized metal cupboard could be obtained.

The manager must ensure that all substances subject to the Control of Substances Hazardous to Health (COSHH) Regulations are stored in accordance with regulatory requirements.

Portable appliance testing was up to date, and current electrical and gas installation condition reports were available. The air-conditioning unit in one surgery had also been tested and was in satisfactory working order.

Fire safety documentation was comprehensive and included records of fire drills and the routine inspection and maintenance of fire safety equipment. Escape routes were clearly marked, with exits available at both the front and rear of the premises. Appropriate fire extinguishers were correctly installed, clearly signposted, and subject to regular inspection and servicing. Clear 'No smoking' signage was displayed, demonstrating that the practice complied with smoke-free premises legislation.

Staff had access to changing facilities and secure storage for their personal belongings.

The accessible, mixed-gender patient toilet was visibly clean and provided suitable handwashing and drying facilities, together with a sanitary waste disposal unit.

Infection prevention and control (IPC) and decontamination

Comprehensive infection prevention and control arrangements were in place, supported by clear policies, procedures and cleaning protocols. A senior staff member was the designated infection control lead and oversaw clinical audits.

The practice had a dedicated room for decontaminating and sterilising dental instruments, in accordance with WHTM 01-05. Staff demonstrated a consistent

understanding of the required procedures for processing, cleaning and sterilising instruments.

Decontamination equipment was checked regularly, and appropriate records were maintained. However, the lighting in the room was inadequate. Its orange tone made it difficult for staff to identify contamination, damage or debris on instruments clearly.

The registered manager must ensure that lighting within the decontamination room is suitable to support the effective inspection and processing of instruments.

All questionnaire respondents described the practice as 'very clean' or 'fairly clean' and said infection prevention and control measures were evident.

Waste disposal procedures were appropriate, and clinical waste was stored securely in a locked external area.

Medicines management

A review of medicines management arrangements confirmed that robust and secure protocols were established for the handling and storage of medications.

However, our review of clinical records identified instances where clinicians had not prescribed the antibiotic recommended as first-line treatment in national guidance. The records did not always clearly document the clinical rationale for using an alternative antibiotic. This reduced assurance that prescribing decisions were consistent, evidence-based and appropriately recorded.

The registered manager must ensure that all staff prescribing antibiotics follow national guidance unless otherwise indicated. This should be documented in the clinical notes.

We saw that first aid kits were available and regularly checked. We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that two members of staff were trained first aiders.

Audit of resuscitation equipment was undertaken weekly, and all resuscitation equipment was stored in easily accessible locations. However, we noted that not all staff had completed training on the safe use of portable BOC oxygen cylinders, in line with Welsh Government Patient Safety Notice 041. This reduced assurance that staff could safely administer oxygen in an emergency.

The registered manager must ensure that all staff who may be required to administer oxygen in an emergency complete training on the safe use of portable BOC oxygen cylinders in line with Welsh Government Patient Safety Notice 041.

We found that some dental materials were being stored in a domestic refrigerator due to concerns about high ambient temperatures during the recent heatwave. Although the materials did not require refrigerated storage under the manufacturer's

instructions, the refrigerator was not subject to temperature monitoring and was not managed as part of a controlled storage process. Consequently, we were not assured that the materials were being stored in accordance with the manufacturer's requirements.

The registered manager must ensure that dental materials are stored in accordance with the manufacturer's instructions and that any equipment used to control storage temperatures is appropriately monitored and managed.

Safeguarding of children and adults

Up-to-date safeguarding policies and procedures were in place and available to all staff. Staff were aware of the Wales Safeguarding Procedures and had access to the mobile phone application.

Staff had up to date training in the safeguarding of both adults and children. One of the principal dentists was the safeguarding lead and had appropriate level three training. Additional members of the team were also trained up to level three, and all other staff were trained at level two.

Management of medical devices and equipment

Clinical equipment was safe, well maintained and suitable for use, with appropriate servicing records in place.

The practice maintained an inventory of X-ray equipment, together with maintenance records and local rules. Staff training records confirmed that relevant staff had completed current training in accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

However, we identified concerns about the recording and reporting of several radiographs.

Patients requiring an orthopantomogram (OPT) were referred to the local health board. Following the examination, patients returned to the practice with their images on a disc so they could be uploaded to their clinical record.

Our review of clinical notes identified several concerns. In some cases, neither the clinical justification for the examination nor the associated radiographic report had been retained in the patient record.

The registered manager must ensure that clinical records include the justification and report for all OPT examinations in accordance with IR(ME)R requirements

We also found that some radiographs had been assessed and recorded using an outdated grading system, despite revised guidance being introduced in 2020.

The registered manager must ensure that all radiographs are graded using the current recommended radiographic grading framework

In addition, the rectangular collimator was missing from the X-ray equipment in one surgery and had been removed and set aside in another. Evidence from several radiographs indicated that the equipment was regularly used without a rectangular collimator.

The registered manager must ensure that rectangular collimators are used to support radiation protection principles and keep patient exposure as low as reasonably practicable (ALARP).

Effective

Effective care

The practice demonstrated effective systems for the acceptance, assessment, diagnosis, and treatment of patients. Staff described the procedures for acquiring and adhering to professional guidance and recommendations.

Patient records

Patient records were maintained electronically in accordance with an appropriate records management policy.

Our review of ten patient records identified inconsistent record-keeping between associate dentists. Some records reflected outdated practices, while others did not clearly document the justification for, or reporting of, investigations.

Medical histories were generally checked and recorded in the sampled patient records, although practice was inconsistent across the clinical team.

The registered manager must ensure that patients' medical histories are recorded accurately, comprehensively and contemporaneously.

Efficient

Efficient

We found that the facilities were appropriate for dental services to be provided and 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, registered patients requiring urgent care and treatment were seen at the practice within normal opening hours to avoid patients having to attend urgent care or out of hours services.

Quality of Management and Leadership

Staff Feedback

Staff who we spoke with had been members of the team for some time and some were new to the role. Staff told us they felt well-prepared for their roles due to comprehensive training, which included both mandatory requirements and training specific to their individual positions. Nursing staff spoke highly of The Academy of Dental Nursing Ltd for dental nurses which the practice was involved with and one member of staff on duty was currently in training.

Verbal feedback from staff highlighted that the facilities and work environment were well-suited to both completing tasks efficiently and supporting patient care. All staff felt that they could meet the demands of their work, and that they had access to sufficient materials and personnel. The skill mix within the team was considered appropriate, and information and communications technology (ICT) systems were satisfactory.

Leadership

Governance and leadership

The practice had arrangements in place to support service delivery and quality improvement.

Regular team meetings were held, with minutes circulated and signed off to ensure all staff were kept up to date. Staff had regular appraisals, with an opportunity to discuss progression and training requirements.

A comprehensive set of policies and procedures was established and subjected to regular review.

However, during this inspection we identified improvements that were also required at another practice within the same organisational group following a recent inspection. This reduced assurance that these issues were isolated.

The registered manager must provide assurance that the issues identified during this inspection have been reviewed across other practices within the organisational group and that appropriate action has been taken where similar issues are identified.

Workforce

Skilled and enabled workforce

We found that the practice had appropriate recruitment arrangements in place for staff.

Policies and procedures outlining the recruitment process and verification protocols for prospective employees were available for review. These protocols encompassed validation of identity, assessment of qualifications and vaccinations, and confirmation of appropriate Disclosure and Barring Service checks. The practice occasionally employed locum personnel; however, these staff were subject to the same professional checks and verifications.

Our review of five staff records confirmed their registration with the General Dental Council, coverage under professional indemnity insurance, and adequate Hepatitis B vaccination compliance. Adherence to mandatory training requirements was exemplary, and management systems supporting these processes were robust and effective.

Staff had consistent access to training opportunities and were actively encouraged to pursue continuous professional development.

Culture

People engagement, feedback and learning

Patient feedback was actively sought, with a designated box available in the waiting area for comments. Upon receipt of feedback, the registered manager would respond accordingly by telephone, email, letter or sharing within the practice.

A comprehensive complaints procedure was in place and clearly advertised to patients. Copies were available on request, and the procedure set out relevant contact details, response timescales and escalation arrangements.

The complaints policy also included details of external organisations that could support NHS and private patients with resolving concerns.

Staff told us that complaints were infrequent and were recorded in the relevant patient records.

A Duty of Candour policy was in place, and staff had completed the required online training.

Information

Information governance and digital technology

Effective communication systems supported the practice's day-to-day operations. Patient information was stored securely and confidentially, with paper records protected and electronic files routinely backed up. Computer screens were positioned and secured to prevent unauthorised access. A comprehensive data protection policy clearly set out staff responsibilities for information security.

Learning, improvement and research

Quality improvement activities

We were presented with a range of audits undertaken as part of the practice's continuous quality improvement initiatives, including reviews of patient records, infection prevention and control measures, decontamination procedures (compliance with WHTM 01-05), prescription management, clinical waste handling, hand hygiene practices, health and safety protocols, and patient feedback. However, there was little evidence to support the sharing of the data amongst staff.

The manager must ensure that all audits undertaken are shared in a timely manner amongst staff to enable learning and improvement.

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 noticed that there was no information for patients regarding the use of X-ray equipment and the associated risks on display in a way that could be seen before their appointment.	Not aware of the risks and benefits of the use of X-ray equipment	This was discussed with the Governance manager during our inspection	Pictorial posters explaining the use of X-rays were displayed immediately, in line with arrangements at other practices within the organisational group.

Appendix B – Immediate improvement plan

Service: Signature Smiles Gwersyllt Wrexham

Date of inspection: 16 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 noncompliance issues identified during this inspection.	
Improvement needed		Standard / Regulation	
1.			
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: Signature Smiles Gwersyllt, Wrexham

Date of inspection: 16 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 found there were no staff who had the ability to speak Welsh to patients. One patient on the survey disclosed they were Welsh speaking but unable to speak Welsh at the practice.	The registered manager must ensure that arrangements are in place to support patients who wish to communicate in Welsh or any other language during their appointment, including access to appropriate translation services where required	Welsh Language (Wales) Measure 2011	Language line will be used if required. This is usually used for foreign, non-speaking English patients. All staff will be offered the “Active Offer” incentive – Links and downloads from HEIW have been shared and also staff have been urged to use Duolingo.	Registered Manager	Immediate

2.	COSHH products, including flammable liquids were stored in a wooden cupboard, posing a safety risk.	The manager must ensure that all substances subject to the Control of Substances Hazardous to Health (COSHH) Regulations are stored in accordance with regulatory requirements.	Control of Substances Hazardous to Health Regulations 2002 (as amended), Regulations 6 and 7.	Owner has been asked for a bigger metal cupboard	Registered Manager	1 month
3.	We found that the lighting in the decontamination room was poor and had an orange reflection which would make it difficult to ensure the cleaning of instruments was achieved to the required standard	The registered manager must ensure that lighting within the decontamination room is suitable to support the effective inspection and processing of instruments.	WHTM 01-05: Decontamination in Primary care dental practices and dental community services	Owner has been asked to update the lighting. There is currently an LED Magnifying light in the decontamination room for closer inspection of instruments	Registered Manager	1 month already in place
4.	We identified instances where clinicians had not prescribed the antibiotic recommended as first-line treatment in national guidance. This reduced assurance that prescribing decisions were consistent, evidence-based and appropriately recorded..	The manager must ensure that all staff prescribing antibiotics follow national guidance unless otherwise indicated. This should be documented in the clinical notes.	The Private Dentistry (Wales) Regulations 2017, Regulation 13	Antibiotic prescribing audits are carried out every 6 months and fed back to clinicians. FGDP Guidelines rolled out to clinicians Dental antimicrobial stewardship toolkit downloaded for ongoing audits Antimicrobial Prescribing in Dentistry synopsis printed off for a dentists	Registered Manager	already in place completed completed completed

5.	Not all staff had undertaken BOC training for the delivery of oxygen therapy in an emergency. This is a health Circular advisory since 2024	The manager must ensure that all staff undertake BOC Oxygen training as mandatory.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(1)(b) and 13(2)(b) Welsh Health Circular 2024	Staff to attend the following courses: Oxygen Integral Valve Cylinder Elearning Course Getting the quality right: Medical Gas Filling Elearning Course		3 months
6.	We found dental materials boxed, and stored in a domestic fridge which was not subject to cold chain control.	The registered manager must ensure that dental materials are stored in accordance with the manufacturer's instructions and that any equipment used to control storage temperatures is appropriately monitored and managed.	The Private Dentistry (Wales) Regulations 2017, Regulation 13 and 22	Thermometer to be placed in fridge to ensure temperature is correctly Separate fridge to be used for any dental materials	Registered Manager	1 month

7.	We found that a number of patient records did not contain the evidence to justify a referral for specialist X-rays or reported on in the clinical notes on their return.	The manager must ensure that all staff comply with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). Clinical records must contain the justification for each OPT referral and the associated report.	The Ionising Radiation (Medical Exposure) Regulations 2017	Discussed with both clinicians the importance of grading and reporting on any OPG's received.	Registered Manager	completed
8.	We found that different clinicians were using outdated X- ray grading scores	All X-rays must be graded consistently using the current recommended framework.	Public Health England and the Faculty of General Dental Practice (UK) in 2020.	We have confirmed that the dentists are aware of how to grade radiographs correctly.	Registered Manager	completed
9.	We found that the rectangular collimators had been removed from one X-ray equipment and set aside in another surgery. Some films were seen demonstrating that this was a regular occurrence.	The manager must ensure rectangular collimators are correctly repositioned after cleaning to minimise exposure, reduce scatter, improve image quality and comply with as low as reasonably practicable (ALARP)	The Ionising Radiation (Medical Exposure) Regulations 2017	Dentists have been advised that they must use the collimators ongoing	Registered Manager	completed

10.	We identified some omissions in the records. These included incomplete templates and the review of patients' medical histories.	The registered manager must ensure that patients' medical histories are recorded accurately, comprehensively and contemporaneously.	The Private Dentistry (Wales) Regulations 2017, Regulation 20 — Records.	Dentists are aware that they must use their templates correctly and ensure that anything that is not relevant must be removed in the notes. They both know how to “review” a medical history on Dentally.	Registered Manager	completed
11.	We identified improvements that were also required at another practice within the same organisational group following a recent inspection. This reduced assurance that these issues were isolated	The registered manager must provide assurance that the issues identified during this inspection have been reviewed across other practices within the organisational group and that appropriate action has been taken where similar issues are identified.	The Private Dentistry (Wales) Regulations 2017, Regulation 16 — assessing and monitoring the quality of service provision.		Registered Manager	completed

12.	Although a substantial suite of audits were undertaken and delegated to the wider team to complete, there was no evidence that the full staff team were aware of the outcome and impact on their daily work.	The manager must ensure that all audits undertaken are shared in a timely manner amongst staff to enable learning and improvement.	The Private Dentistry (Wales) Regulations 2017, Regulation 16 — Assessing and monitoring the quality of service provision, including annual returns.	All audits are shared with the relevant staff however we will complete more minutes ongoing for any feedback we share and also get signatures to confirm this.	Registered Manager	completed
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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: Q.M. Jaffri

Name (print): Glenn Robinson

Job role: Area Manager

Date: 28/08/2026