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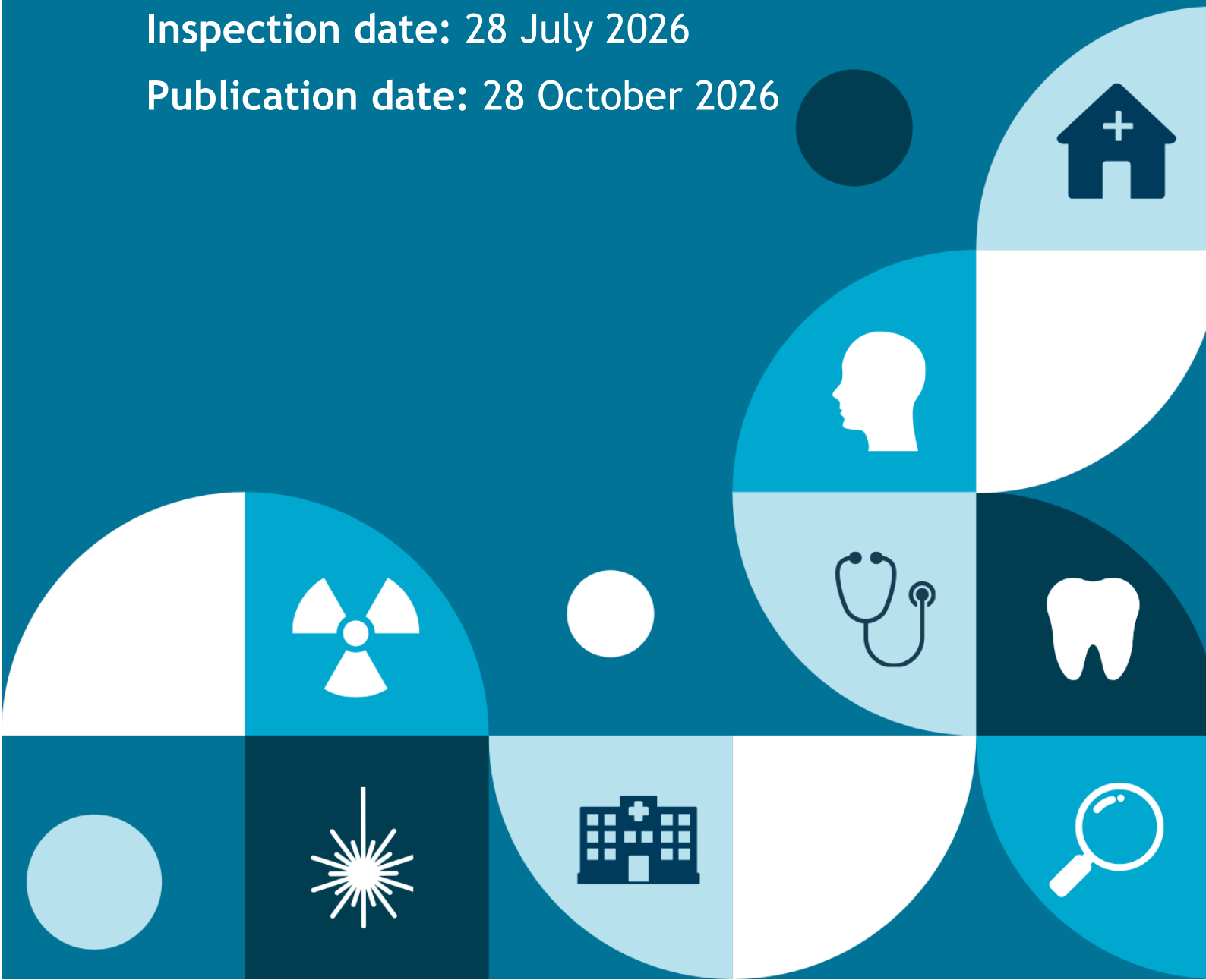
General Dental Practice Inspection Report (Announced)

Hilltop View Dental Practice, Blackwood

Aneurin Bevan 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 Vision

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

Our Values

We place people at the heart of what we do.

We are:

Independent – we are impartial, deciding what work we do and where we do it.

Objective - we are reasoned, fair and evidence driven.

Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find.

Inclusive - we value and encourage equality and diversity through our work.

Proportionate - we are agile and we carry out our work where it matters most.

Our Priorities

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

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

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

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



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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 Hilltop View Dental Practice, Blackwood, Aneurin Bevan University Health Board on 28 July 2026.

Our team for the inspection comprised of one HIW healthcare inspector and one clinical peer reviewer.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. A total of six questionnaires were completed by patients. Feedback and some of the comments we received appear throughout the report.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the practice provided a friendly and welcoming environment where patients could obtain dental care. Suitable arrangements were in place to protect patient privacy and dignity. Whilst mandatory notices and cosmetic dentistry information was displayed, we found there was limited provision of written oral healthcare information.

Patients felt actively involved in decisions about their care and received sufficient information on risks, benefits and costs of treatment. Appointment systems appeared effective, with good communication about delays and flexible opening times to cater for working patients and school children.

The practice made reasonable efforts to meet diverse communication needs. We found some information was available in both Welsh and English. The practice arranged for a notice promoting the Active Offer of providing care in the Welsh language to be displayed during the inspection. However, there was no formal translation service available at the time of the inspection.

We found the practice delivered in a respectful and inclusive way, supported by an up-to-date equality and diversity policy. We found reasonable facilities in place to support patients with reduced mobility including a ground-floor surgery and portable ramp, although the patient toilet was not accessible. All patients who completed the questionnaire confirmed they had not experienced discrimination at the practice.

This is what we recommend the service can improve:

- To put in place an appropriate translation service.

This is what the service did well:

- Friendly, welcoming staff and dental team, with comfortable waiting area
- Patient information leaflet readily available in Welsh and English
- Medical history update reminder displayed in waiting room
- Short notice list used to help fill cancelled appointments.

Delivery of Safe and Effective Care

Overall summary:

We found that the practice provided a clean, comfortable and well-organised environment. Overall, the premises were well maintained although some areas required attention.

We found fire safety measures in place including serviced fire extinguishers, clear fire exits, and staff fire safety training. However, regular fire safety checks and drills needed to be commenced, and the fire risk assessment needed review.

We considered infection prevention and control arrangements to be good, with clean facilities, appropriate PPE and well-managed decontamination processes. However, some gaps were noted which included a lack of cleaning schedules for some areas and the absence of a recent IPC audit.

Medicines were stored and managed safely, and suitable arrangements were in place for emergencies, although emergency equipment checks needed to be conducted with greater frequency. We found safe arrangements in place for the use of X-ray equipment at the practice, although written information about the risks and benefits of X-rays had to be displayed during the inspection.

We found suitable arrangements in place to securely manage patient records. Whilst quality of patient records were generally acceptable, various omissions were noted while patient language preference was not recorded in any of the records we reviewed.

This is what we recommend the service can improve:

- To repair the flooring in surgery one
- Fire risk assessment actions to be resolved in a timely manner
- To complete an infection prevention and control audit in line with Welsh Health Technical Memorandum (WHTM) 01-05
- Emergency equipment to be checked weekly
- To appoint and train an additional first aid responder
- Implement custom screens and clinical records audits to reduce the omissions in patient records.

This is what the service did well:

- Visibly clean, well-organised surgeries and decontamination room
- Comprehensive safeguarding policy and procedures
- Recommended checklist in use to prevent wrong tooth extractions.

Quality of Management and Leadership

Overall summary:

We considered practice to be well led, with a clear management structure and a supportive culture in place. Governance arrangements were generally effective, with a range of up-to-date policies and suitable arrangements in place for sharing information with the practice team.

We saw that a suitable recruitment process was in place, although the induction process needed to be documented to provide assurance the process had been completed. Registration with the General Dental Council (GDC) and indemnity insurance was up to date. However, checks to ensure employees were fit to work at the practice were over three years old for most staff.

We found staff had regular reviews and appraisals, while compliance with mandatory training was well monitored. Evidence of additional relevant training was seen, demonstrating a commitment to developing and improving staff at the practice.

Patient feedback mechanisms were appropriate, with a positive response to patient suggestions. However, we found several versions of the practice complaints procedure available which needed review and consolidation to avoid confusion for patients and staff alike. We discussed the benefits of using recognised quality improvement toolkits as part of future quality improvement activities.

This is what we recommend the service can improve:

- To ensure all policies are signed as read and understood by staff
- To renew DBS checks for staff
- To review the various practice complaints procedures to provide a clear, consistent process
- To ensure a complaints log is maintained.

This is what the service did well:

- A wide range of relevant policies and procedures available to support staff in their roles
- Good compliance with mandatory training.

3. What we found

Quality of Patient Experience

Patient feedback

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

Patient comments included:

> *"The staff are always extremely welcoming and make me feel comfortable. For someone who really dislikes attending the dentist, they really help to put me at ease. I recommend Hilltop to all my friends and family."*

Person-Centred

Health promotion and patient information

We found relevant dental healthcare information was limited to a smoking cessation poster, and diet and post tooth extraction advice sheets provided by the dentist within the surgery. There was no relevant health promotion information available within patient waiting areas. We discussed making additional information available relating to other dental issues such as gum disease and oral cancer. Whilst the costs of treatment were displayed, the names and General Dental Council (GDC) registration numbers of the dental team were not. We raised this with the registered manager who arranged for these to be displayed during the inspection.

The practice had an up-to-date statement of purpose and patient information leaflet which provided useful information for patients about the services offered at the practice. These were also displayed on the practice website in accordance with the regulations.

All respondents who answered the question on the HIW patient questionnaire told us they had their oral health explained to them in a way they could understand and had received instructions on how to maintain good oral health.

Dignified and respectful care

We found staff to be very friendly and welcoming to patients, treating them with kindness and respect. A confidentiality agreement was contained within the staff contracts of employment. The reception desk and waiting area were in the same room which limited privacy when patients report to reception. We were told that confidential conversations could be held in the staff room if required, although we did not feel this was suitable due to it being staff communal area.

Blinds were fitted to surgery windows to ensure privacy from the outside. Surgery doors were kept closed during treatment and consultations to maintain patient privacy and dignity.

The GDC nine core ethical principles of practice were not displayed in the waiting area. We raised this with the registered manager who rectified this during the inspection.

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

Individualised care

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

All patients who completed a HIW questionnaire said that they were given enough information to understand which treatment options available to them and were given enough information to understand the risks and benefits associated with those options. All confirmed that they had been involved as much as they had wanted to be in decisions about their treatment and that the charges were made clear prior to commencing treatment.

Timely

Timely care

We were told that reception staff informed patients promptly of any delays at the practice. This was supported by an instant messaging system between the surgeries and reception. We were advised that waiting times between treatments were running at approximately one month depending on the clinician and nature of the treatment. Appointment reminders were automatically sent to patients via text or email.

Patients who required urgent dental treatment were required to telephone the practice as soon as possible. These would usually be seen on the same day, especially where symptoms were considered most serious such as swelling or bleeding.

The practice opening hours and out of hours contact arrangements were displayed at the front of the practice. These included early and late opening times on Mondays and Wednesdays to provide flexibility for working patients and school children.

All respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one, while most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem.

Equitable

Communicating and language

Whilst written information was predominantly available in English, we found a good amount of bilingual information available and on display. There were no Welsh speaking staff employed at the practice, and no promotion of the Active Offer of making treatment available in the medium of Welsh. We discussed this with the registered manager who arranged for the Active Offer to be displayed. We recommended the registered manager contact their local health board to obtain support and guidance to implement the Active Offer.

Staff were aware of the importance of speaking to patients in their preferred language, with one staff member able to speak Urdu and Arabic. We were told that patients who wished to speak any other languages would need to bring along a friend or family member. However, we considered this was not without risk as there was no guarantee that this third person was able to translate accurately. The practice did not have a translation service available.

The registered manager must put in place an appropriate translation service and ensure that the availability of this service is displayed.

We were told that appointments could be booked by telephone or in person at reception, enabling patients without digital access to arrange treatment.

Rights and equality

We were assured that dental care at the practice was provided in a way that recognised the needs and rights of patients, and that the rights of transgender patients would be upheld with preferred names and pronouns used as required. We saw the practice had an up-to-date equality and diversity policy.

The practice was based over two floors with one surgery located on the ground floor. There was a portable ramp available and a handrail at the entrance to assist wheelchair users and patients with impaired mobility. The patient toilet was not considered accessible, and this was communicated within the patient information leaflet.

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

Delivery of Safe and Effective Care

Safe

Risk management

Overall, we found the practice to be well maintained with spacious, well organised surgeries. We found a buildings maintenance policy that helped ensure the premises always remain fit for purpose. Internally, the surgeries, reception and waiting areas were decorated and furnished to a good standard although we found a small area of the flooring in the downstairs surgery was not intact and showed signs of previous repairs. We also inspected the arrangements for staff to change and store their personal belongings. However, this room had no lock fitted and had a defective latch mechanism which left the door ajar when unoccupied.

The registered manager must ensure all repairs to the practice are carried out in a timely manner in accordance with the building maintenance policy.

An appropriate business continuity policy was in place that included reciprocal arrangements with nearby dental services. The practice had health and safety posters and current employer's liability insurance on display as required. We saw that a review of the health and safety risk assessment had been completed during the last year.

We saw up to date Portable Appliance Testing (PAT) records and a valid annual gas safety certificate for the practice. However, the practice was unable to provide a five yearly Electrical Installation Condition Report (EICR) for the premises.

The registered manager must ensure that the electrical installation is inspected and tested by a competent person and obtain an up-to-date Electrical Installation Condition Report (EICR) to provide assurance that the premises are electrically safe.

The practice had a current fire equipment maintenance contract in place, and we saw that fire extinguishers had been serviced within the last year. We saw signs at the entrance advising visitors that smoking was not permitted on the premises in accordance with legislation.

Fire exits were found to be clear, suitably signposted and functioned as required. All staff had completed fire safety awareness training. However, we found the practice fire risk assessment to be basic, missing appropriate risk evaluation and any action points. We were also told that the practice did not conduct weekly fire precautions checks or perform regular fire drills. We raised these issues with the registered manager. A fire precautions check sheet was created and an initial check was conducted with evidence supplied the day following the inspection. Assurance was provided that regular fire drills would commence from the date of the next practice team meeting. A new fire risk assessment was arranged with a third-party provider, and the completed assessment

was supplied shortly following the inspection. This contained several actions that that were rated as high risk and required urgent attention.

The registered manager must ensure actions identified in the fire risk assessment are suitably resolved in a timely manner, with evidence supplied to HIW when completed.

Infection prevention and control (IPC) and decontamination

There was an appropriate infection prevention and control policy in place which contained the name of the appointed practice lead. Appropriate personal protective equipment (PPE) and suitable hand wash facilities were available throughout the practice.

While the practice was visibly very clean, cleaning schedules were only available for the decontamination room and downstairs surgery and were not provided for the other surgery or other areas of the practice. We raised this with the registered manager who arranged for cleaning schedules to be implemented for all areas during the inspection. We discussed implementing the standard colour-coded mop system which can help prevent cross-contamination across different areas of the practice.

The surgeries were visibly clean and generally furnished to enable effective cleaning. However, we found a bench seat in the downstairs surgery that was upholstered with a fabric material which was not wipeable and could hinder effective IPC processes.

The registered manager must arrange for the fabric seat covering in surgery 1 to be re-upholstered with wipeable material to enable effective cleaning.

The practice had a sharps injury procedure in place, and we found sharps bins were suitably labelled and stored. Quick reference needlestick injury protocols were displayed in each surgery to aid staff in the event of an incident.

We found the practice had a dedicated decontamination room, which was well organised with suitable arrangements demonstrated for the sterilization of reusable dental instruments. A suitable system was in place to safely transport instruments between surgeries and the decontamination room. We saw evidence that the decontamination equipment was checked and maintained as required. However, the registered manager was unable to provide us with an infection prevention and control (IPC) audit that had been conducted within the last year.

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

We saw that a contract was in place to safely transfer waste from the practice and found that clinical waste was appropriately stored in a locked bin while awaiting collection. However, we found that this bin was not secured to the premises. The

registered manager arranged for this to rectified immediately following the inspection and supplied images confirming this had been done.

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

Medicines management

There was an appropriate medicines management policy in place at the practice. We found medicines were being stored safely in accordance with the manufacturer's instructions and prescription pads were kept secure. Suitable processes were in place for ordering, handling and disposing of medicines, while we saw medicines administered were recorded within patient records.

There was an appropriate written policy for managing medical emergencies at the practice and all staff had completed up-to-date resuscitation training. We inspected the emergency kit and found all medicines and equipment available and in date. However, we found that the practice checked the emergency kit monthly instead of weekly.

The registered manager must ensure that checks of the emergency equipment are conducted weekly.

We found the first aid kit was available and appropriately stocked with all items in date. The practice had only one staff member appointed and trained as a first aid responder, which meant there was no suitable cover in their absence.

The registered manager must ensure sufficient staff are trained and appointed as first aid responders to ensure continuous cover when the practice is in operation.

Management of medical devices and equipment

All surgeries were suitably equipped to provide safe and effective dental treatment. Clinical equipment appeared visibly clean and in good condition. However, while we found the compressor had been recently serviced, there was no evidence that a pressure vessel test had been completed. An appointment for a test to be conducted was booked and confirmation of this was provided. We received the completed test report, indicating the equipment was compliant, shortly following the inspection.

We saw documentation available to show that safe arrangements were in place for the use of the X-ray equipment. This included an up-to-date radiation risk assessment, local rules and evidence that the required maintenance and testing had been completed. However, written information to advise patients of the risks and benefits of dental X-rays was not available, although this was rectified during the inspection.

We reviewed staff files and saw evidence that staff who were involved in the use of X-rays had completed the necessary training.

Safeguarding of children and adults

The practice had a comprehensive up-to-date safeguarding policy in place which included the contact details for the relevant local safeguarding team. We discussed placing quick reference safeguarding flowcharts in each surgery for easy access for staff in the event of a concern. The practice had a lead safeguarding officer who had access to the latest guidelines via the Wales Safeguarding Procedures mobile app.

We found all staff were appropriately trained in child and adult protection and were told they would be supported by the practice lead in the event of a safeguarding concern.

Effective

Effective care

We found sufficient trained staff in place at the practice to provide patients with safe and effective care. Staff were aware of their roles and responsibilities, and we were assured that statutory guidance was being followed and that relevant professional advice was available to staff when required. Recommended checklists were in use to minimise the risk of wrong tooth extraction which we considered good practice. We found referrals were appropriately monitored.

Patient records

There was a suitable records management system in place to help keep patient records secure, although this had only recently been installed at the practice. We saw that records were retained for the appropriate periods in accordance with the Regulations.

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

- Six-point pocket charting was not recorded in three records, where it was indicated as required
- Confirmation of oral cancer screening was not documented in five records
- There were six records where informed consent was not recorded for the treatment provided
- Provision of oral health information was not recorded in six records where this was considered relevant
- X-ray reports needed more detail with clinical findings missing for three out of six records where radiographs were taken
- There was no record made of patient language preference.

Advice was provided regarding the use of custom screens and regular clinical records audits to help improve this aspect of the practice.

The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

Efficient

Efficient

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

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

Quality of Management and Leadership

Leadership

Governance and leadership

We found that, as a small practice, there was a clear management structure in place, with the principal dentist and practice manager responsible for the day-to-day running of the practice. The practice was well led with the management team approachable for staff. Across the practice team, we found a clear commitment to providing high standard care for patients.

We found suitable arrangements for sharing relevant information and urgent safety notices with staff. Staff meetings were minuted and shared with staff who were unable to attend.

There was a well organised policy folder containing a wide range of up-to-date policies which helped to support staff in their roles. Whilst the practice maintained a policy register, most policies had not been signed by staff to confirm they had been read and understood, with only those identified as 'key' being signed and held in individual staff files.

The registered manager must ensure all policies are signed by relevant staff to confirm they have been read and understood.

Workforce

Skilled and enabled workforce

The practice team comprised of one dentist, one hygienist/ therapist and four dental nurses along with the practice manager. The practice had a comprehensive recruitment policy which set out the requirements in respect to the employment of staff at the dental practice. Staff registration with the General Dental Council was monitored by the practice manager. We found contracts of employment were held within staff files.

Senior staff described a suitable induction process to ensure new staff were aware of practice policies and procedures. However, we noted that completed induction records had not always been signed to confirm completion. The practice should consider ensuring induction documentation is signed and dated on completion by senior staff to provide evidence and assurance that the process has been fully completed and reviewed.

Compliance with workforce obligations was monitored by the practice manager. We reviewed the personnel files of staff working at the practice and saw evidence of current registration with the General Dental Council (GDC), valid indemnity insurance, and records of Hepatitis B immunisations. However, we found that most Disclosure and

Barring Service (DBS) certificates for staff were over three years old and required updating.

The registered manager must ensure all staff have an enhanced DBS check renewed every three years to help ensure staff remain fit to work at the practice and provide HIW with evidence once completed.

Staff had completed training on a range of topics relevant to their roles at the practice. We found compliance with mandatory training requirements were good and was monitored by a nominated staff member. We suggested developing a training matrix to help streamline this process. Staff files contained evidence that annual appraisals had been completed where applicable. We discussed including SMART (Specific, Measurable, Achievable, Relevant, Timely) objectives to develop this process further.

Culture

People engagement, feedback and learning

We were told that patient feedback about their care at the practice consisted of an email or text after each appointment, with the results discussed at team meetings. We discussed other methods for obtaining feedback including survey campaigns and installing a suggestions box to enable patients without digital access to provide anonymous feedback.

During the inspection we saw a positive response to feedback that we provided. We were told that the practice now offered a finance option following patient feedback. We suggested that the practice displayed a notice in the waiting area that indicated practice actions taken as a result of patient comments and feedback.

We saw the practice had several versions of the complaint procedure which included various timeframes for responses and mixed contact details for other organisations that patients could approach if dissatisfied with the response. There were no versions that referenced the NHS Wales, Listening to People process, nor contained reference to patient advocacy services.

The registered manager must review the various practice complaints procedures to provide a clear, consistent process.

We were told that the practice did not have a complaints log or folder. We were told that complaints were very rare although they had resolved a concern the previous year via emails.

The registered manager must ensure complaints log is maintained, to include details of investigations, outcomes and any subsequent actions taken.

Information

Information governance and digital technology

We saw that the practice had a suitable data protection policy in place and that staff had completed relevant data protection training. However, the policy did not indicate who the data protection officer was, while practice management appeared unsure who fulfilled this role.

The practice must ensure that a Data Protection Officer is appointed and identified within the data protection policy.

Learning, improvement and research

Quality improvement activities

We found the practice was committed to developing services and given the size of the practice, we found the level of audit activity to be positive. These included regular antibiotic prescribing, healthcare waste and health and safety audits. Opportunities were identified to implement a more structured audit programme to ensure key areas, including clinical record keeping and infection prevention and control, are reviewed at regular intervals.

We were told that the practice did not utilise any recognised industry quality improvement tools. We discussed the benefits of these in providing a structured framework for developing both the practice and staff and urged the practice to consider incorporating these as part of any future improvement activities.

Whole-systems approach

Partnership working and development

The practice manager described suitable arrangements in place for engagement with local healthcare service providers, safeguarding teams and nearby dental practices.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Service: **Hilltop View Dental Practice**

Date of inspection: **28 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	There was no immediate non-compliance issues found on this inspection.		
Improvement needed		**Standard / Regulation**	
1.			
Service Action:		**Responsible officer**	**Timescale**

Appendix C – Improvement plan

Service: **Hilltop View Dental Practice**

Date of inspection: **28 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.	The practice did not have a translation service available.	The registered manager must put in place an appropriate translation service and ensure that the availability of this service is displayed.	Regulation 13(1)(a)	Translation service is all sorted.	Practice Manager	Complete
2.	We found a small area of the flooring in the downstairs surgery was not intact and showed signs of previous repairs. Also, the room used by staff to change their clothes was insecure as there was no external lock fitted and the door latch mechanism was broken.	The registered manager must ensure all repairs to the practice are carried out in a timely manner in accordance with the building maintenance policy.	Regulation 22(2)(b)	Flooring is being looked into. The latch on the door has been fixed the door is being changed to a fire door so will have a lock on there then.	Practice Manager	Approx. 1 – 2 months

3.	The practice was unable to provide a five yearly Electrical Installation Condition Report (EICR) for the premises.	The registered manager must ensure that the electrical installation is inspected and tested by a competent person and obtain an up-to-date Electrical Installation Condition Report (EICR) to provide assurance that the premises are electrically safe.	Regulation 22(2)(a)	The inspection has been done we had to have a new circuit board which was fitted on the 18th of September we are just waiting for the Certificate I can forward it as soon as we receive it.	Practice Manager	1 month
4.	The practice fire risk assessment was basic and required review. A third-party assessment was subsequently carried out which identified several action points as high risk.	The registered manager must ensure actions identified in the fire risk assessment are suitably resolved in a timely manner, with evidence supplied to HIW when completed.	Regulation 22(4)(a)	We have found a carpenter. He hasn't started replacing the doors yet but will send evidence when it is all completed.	Practice Manager	2-3 months
5.	We found a bench seat in the downstairs surgery that was upholstered with a fabric material which was not wipeable and could hinder effective IPC measures.	The registered manager must arrange for the fabric seat covering in surgery 1 to be re-upholstered with wipeable material to enable effective cleaning.	Regulation 13(6)(b)(i)	We have found someone to re upholster it. We have had a price and are just waiting for them to call and take it away to do re-cover it.	Practice Manager	1-2 months

6.	The practice was unable to provide us with an infection prevention and control (IPC) audit that had been conducted within the last year.	The registered manager must conduct an audit of infection prevention and control and decontamination processes in line with Welsh Health Technical Memorandum (WHTM) 01-05.	Regulation 16(1)(a)	The WHTM Audit has been started but not completed yet, I had to wait for it to be sent as we are claiming CPD for it.	Practice Manager	1 month
7.	We found that the practice checked the emergency kit monthly instead of weekly.	The registered manager must ensure that checks of the emergency equipment are conducted weekly.	Regulation 13(2)(a)	We now check it weekly.	Practice Manager	Complete
8.	The practice had only one staff member appointed and trained as a first aid responder, which meant there was no suitable cover in their absence.	The registered manager must ensure sufficient staff are trained and appointed as first aid responders to ensure continuous cover when the practice is in operation.	Regulations 13(1)(b) & (17(3)(b)	We have another staff member booked in for November to take the course.	Practice Manager	2 months
9.	We did identify some omissions in the records including cancer screening, informed consent and X-ray clinical findings. There was no record made of patient language preference.	The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	Regulations 20(1)(a)(i) &(ii)	The dentist now makes a note of patients preferred language.	Practice Manager	Complete

10.	Most policies had not been signed by staff to confirm they had been read and understood, with only those identified as 'key' being signed and held in individual staff files.	The registered manager must ensure all policies are signed by relevant staff to confirm they have been read and understood.	Regulation 8	All policies have now been signed by the staff.	Practice Manager	Complete
11.	Most Disclosure and Barring Service (DBS) certificates for staff were over three years old and required updating.	The registered manager must ensure all staff have an enhanced DBS check renewed every three years to help ensure staff remain fit to work at the practice and provide HIW with evidence once completed.	Regulation 18(1)(a)	Most of the members of staff have now been applied for. Only 2 have come back I will send evidence once they have come back.	Practice Manager	Pending
12.	There were several versions of the complaint procedure with various timeframes for responses and contact details. No versions that referenced the NHS Wales, Listening to People process, nor contained reference to patient advocacy services.	The registered manager must review the various practice complaints procedures to provide a clear, consistent process.	Regulation 21(1)	This has now been done and a copy uploaded to you.	Practice Manager	Complete

13.	The practice did not have a complaints log or folder as complaints were rare.	The registered manager must ensure complaints log is maintained, to include details of investigations, outcomes and any subsequent actions taken.	Regulation 21(5)	We now have a complaints book.	Practice Manager	Complete
14.	The data protection policy did not indicate who the data protection officer was, while practice management appeared unsure who fulfilled this role.	The practice must ensure that a Data Protection Officer is appointed and identified within the data protection policy.	Regulation 13(1)(b) & Data Protection Act 2018, Section 69(1)	I didn't realise we didn't have a data protection officer. We are registered with ICO so will contact them for advice.	Practice Manager	1-2 months

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 White**

Job role: **Practice Manager**

Date: **25 September 2026**