

General Dental Practice Inspection Report (Announced)

Clifton Dental Care Practice, Cardiff
and Vale University Health Board

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Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

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 goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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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 Clifton Dental Care Practice, Cardiff and Vale University Health Board on 3 July 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors and a Dental Peer Reviewer. The inspection was led by a HIW Healthcare Inspector.

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 40 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Clifton Dental Care practice was committed to providing a positive experience for their patients. We observed staff treating patients in a polite, friendly, and professional manner both in person and on the telephone.

We invited patients to complete a HIW questionnaire and received 40 responses (some questions were skipped by respondents meaning that not all questions had 40 answers).

Overall, the respondents' comments were positive. All the respondents rated the service as either 'very good' or 'good'. Comments included:

“Friendly, efficient, always a professional experience here”

“All of the reception staff and dental staff were lovely, friendly and informative”

This is what we recommend the service can improve:

- Seek support on implementing the 'Active Offer' of Welsh
- Clarify access to translation services.

This is what the service did well:

- Good access to the building and adjustments for those with mobility difficulties
- Arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff
- The practice made efforts to provide patients with an appointment to be seen at a time suitable to them.

Delivery of Safe and Effective Care

Overall summary:

We found that Clifton Dental Care practice was well maintained and well equipped to deliver services and treatments to patients.

Dental surgeries were clean, well equipped and fit for purpose with well maintained equipment. There was a dedicated room for the cleaning and sterilisation (decontamination) of dental instruments.

We reviewed a sample of 10 patient records and found them to be completed well and saw that patient records were stored securely.

This is what we recommend the service can improve:

- Ensure all staff are trained in emergency resuscitation and receive training annually
- Provide signage to show location of emergency equipment.

This is what the service did well:

- The practice premises and clinical areas were well equipped and well maintained
- Good arrangements were in place for infection prevention and control, including a dedicated decontamination room
- Appropriate risk assessments and policies were in place to protect staff and patients.

Quality of Management and Leadership

Overall summary:

We found Clifton Dental Care practice to have good leadership and clear lines of accountability. A Practice Manager was in place and committed to providing a high standard of service.

Staff had access to appropriate training opportunities in order to fulfil their professional obligations.

This is what we recommend the service can improve:

- Ensure staff appraisals are undertaken annually
- All staff should understand their obligations under the Duty of Candour
- Establish a means of recording that staff have read and understood policies and procedures
- Implement a checklist to ensure appropriate checks are carried out when recruiting staff, to ensure their fitness to work.

This is what the service did well:

- A range of policies and procedures were available to staff to support them in their work roles
- There was a commitment to staff development, including using the 'British Dental Association (BDA) Good Practice' and 'Investors in people' schemes.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Some of the comments provided by patients on the questionnaires included:

" Always good dental care and staff always give good service"

" Very good staff, polite, always friendly and social, and demonstrate high levels of professionalism"

"The reception staff are always joyful and lovely to converse with"

Person Centred

Health Promotion

We saw that a good range of information was provided to patients both at the practice and on its website. Posters and leaflets were displayed giving useful information about the practice and oral health.

All patients that completed a HIW questionnaire agreed that staff explained oral health to them in a way they understood.

No smoking signs were clearly displayed, in accordance with current legislation to help prevent disease caused by second-hand smoke.

Dignified and Respectful Care

During the inspection we saw that doors to surgeries were closed during treatment to promote patient privacy and dignity. We also saw that windows to the front of the practice were either obscured or had reflective film installed for privacy.

The practice had closed circuit television (CCTV) cameras in the reception area and corridors, but not in treatment rooms, to enhance safety and security. Signage was displayed informing staff, patients and visitors of the use of CCTV. There was a CCTV Policy and a Privacy Impact Assessment for CCTV in place.

We were told that the surgeries or the staff room could be used should patients wish to have private conversations with staff.

The core ethical principles of practice, as set out by the General Dental Council (GDC) were displayed in public areas.

All 40 patients that completed a HIW questionnaire felt they were treated with dignity and respect.

Individualised care

All patients that responded to the HIW questionnaire said that there was enough information given to understand the treatment options available and said they were given enough information to understand the risks and benefits associated with those treatment options.

Timely

Timely Care

Staff told us that emergency treatment appointments were made available daily and we noted that normal opening hours for the practice meant that appointments outside the 9-5 working day were regularly available.

We saw that the practice opening hours and an out-of-hours emergency telephone number were clearly displayed outside the premises.

Staff told us that any delays in treatment were verbally communicated to patients.

The HIW questionnaire asked patients how easy it was to get an appointment at the practice when they needed one. All but one respondent who answered said it was 'very easy' (25/40) or 'fairly easy' (14/40). One answered 'not very easy'.

Equitable

Communication and Language

A total of five patients that responded to a HIW questionnaire stated that their preferred language was Welsh. When asked if they were actively offered the opportunity to speak Welsh throughout their patient journey, two responded 'yes', one responded 'sometimes' and two responded 'no'.

At the time of inspection, the practice employed two Welsh-speaking staff (one dentist and one therapist). There was no evidence that the 'Active Offer' of Welsh was being implemented in accordance with Welsh language standards.

We recommend that the practice seeks advice and support on how to implement the 'Active Offer'.

Some patient information was available bilingually, including the practice's patient information leaflet.

We found that staff were unclear about options available to deal with non-English speaking patients.

We recommend that the practice reviews what translation services can be provided and ensure that staff are aware of these.

Rights and Equality

We found that dental care and treatment was provided at the practice in a way that recognised patients' needs and rights.

The practice had a Patient Dignity and Respect policy and an Equality and Diversity Policy for Patients in place.

We were told that the practice manager was the designated diversity officer and had undergone training relevant to the role.

There was a ramp leading to the premises, making it accessible for patients. We were told that patients with mobility impairments were treated in the ground floor surgeries and arrangements made to ensure their dentist of choice had access to a ground floor surgery as required. We saw that a hearing loop was available to patients.

We were told that new patients were asked, in a private setting, for their preferred pronouns and that this was noted on their records.

Delivery of Safe and Effective Care

Safe

Risk Management

We found that the premises were clean, visibly well maintained and free from obvious hazards. The clinical facilities and public areas were suitable for the number of patients and services provided. Toilets were visibly clean with handwashing and drying facilities and sanitary disposal units. We noted that free sanitary products were made available to users.

We saw evidence of suitable arrangements to reduce fire risk including a risk assessment, fire extinguishers and alarms with annual service checks and signposted fire exits. We confirmed that all staff working at the practice had undergone fire safety training and saw evidence of this within the sample of staff files we reviewed.

Appropriate risk assessments were in place and the practice had a Business Continuity Policy and Disaster Recovery Strategy.

An Employer's Liability Insurance certificate and a Health and Safety at Work poster were displayed in the staff-only area.

Staff were provided with storage lockers and a portable screen was used in the staff room to provide a changing area.

Infection, Prevention, Control (IPC) and Decontamination

We found that the practice had appropriate policies and procedures for infection control, and a designated infection control lead. The surgeries were visibly clean and furnished to promote effective cleaning.

There were adequate arrangements for the disposal of waste and for the handling of substances subject to Control of Substances Hazardous to Health (COSHH). During the inspection we found that a clinical waste bin to the rear of the premises was unlocked. This was highlighted to staff and resolved immediately.

The practice had a dedicated decontamination room, as recommended in the Welsh Health Technical Memorandum (WHTM) 01-05 and satisfactory procedures for cleaning and sterilisation of dental equipment.

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

Nearly all respondents who answered a HIW questionnaire felt the setting was very clean (38/40) and infection and prevention control measures were evident (40/40).

Medicines Management

We found that there were adequate policies and procedures in place for medicines management. We were told adverse incidents involving medicines would be reported by staff at the practice using the Yellow Card scheme.

Whilst equipment and medicines for use in the event of an emergency were readily available at the practice, this was not clearly sign posted at the practice.

We recommend that additional signage be provided to state where the emergency equipment is located.

A check of the annual resuscitation training showed that most members of staff were overdue the training and this could increase the risk to patient safety. We confirmed that training was scheduled for later in the year, and that three members of staff had up-to-date training.

We recommend that action be taken to ensure all staff undergo basic life support training, including resuscitation training on an annual basis.

Safeguarding of Children and Adults

We saw written procedures in relation to safeguarding and these were readily available to all staff. The procedures provided clear guidance and relevant contact details for external bodies. A copy of the All Wales procedures (2008) was held and we advised that these had been replaced by the Wales Safeguarding Procedures (2019). During the inspection, the Wales Safeguarding Procedures application was downloaded and installed by the practice manager and shared with staff members.

We recommend that the NHS Wales flow chart on safeguarding be made available to staff.

Management of Medical Devices and Equipment

We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition.

All staff working at the practice, who were involved in the use of X-rays, had completed relevant training on this subject and saw evidence of this within the sample of staff files we reviewed.

We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment used. We also saw documentation showing the equipment had been subject to the required testing.

Some X-ray machines were seen to have undergone critical examination but reports and certificates were not available at the time of inspection.

The registered person must provide HIW with copies of the critical examination certificates for the radiographic equipment.

Effective

Effective Care

We found staff were clear regarding their work roles and responsibilities at the practice. We also found staff obtained relevant professional advice where required.

Patient Records

We reviewed a sample of dental care records for ten patients. There was a suitable system in place to help ensure records were safely managed and stored securely. We were told records were subject to a minimum retention period and this was in keeping with The Private Dentistry (Wales) Regulations 2017.

All the records we reviewed had suitable patient identifiers, such as the patient's name and date of birth and their dental history and medical history. In addition, the reason for attendance and any symptoms were recorded. We also saw evidence of full base charting, baseline basic periodontal examination (BPE), soft tissue examination, extra and intra oral examination and cancer screening. However, there was no facility to record a patient's language preference, but we were told that this could be put in place.

We recommend that patient's language preference be recorded.

Efficient

Efficient

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

The practice employed two dental therapists, a hygienist and ten dental nurses to work alongside the six dentists. This provided a good mix of skills and promoted efficient movement through treatment pathways.

We were told referrals to other healthcare professionals were made electronically, which provided an efficient system to ensure relevant information was shared.

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

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice was owned and operated by the principal dentist and the practice manager. Clear lines of reporting were described.

We were told that staff meetings were held regularly and minutes were recorded and shared to all staff.

There was a range of written policies readily available to staff to support them in their roles. The sample of policies we saw showed they had been subject to review, however no system was in place to record that staff had read and understood them.

We recommend that a record system be used to confirm staff have read and understood policies and procedures relevant to their role.

The practice had an up-to-date statement of purpose and patient information leaflet as required by The Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice and the patient information leaflet was also available in Welsh.

The regulations required that changes to the patient information leaflet be notified to HIW, but this had not been done.

The registered person must notify HIW of the updated patient information leaflet.

Workforce

Skilled and Enabled Workforce

We saw that the names and General Dental Council (GDC) registration numbers for all clinical staff were clearly displayed in the reception area. A suitable system was described for ongoing checks of the GDC registration of all clinical staff working at the practice.

We were told that dental nursing staff received in-house training to ensure the right skills were in place and that agency staff were not used.

An induction process and probationary period were used for new staff. We saw evidence that a protocol and checklist had been developed, but not yet implemented, to ensure appropriate checks were carried out when recruiting new staff to ensure their fitness to work in a dental practice.

The protocol and checklist to ensure new staff are fit to work should be implemented.

Records for three members of clinical staff were reviewed and we saw that all had a disclosure and barring service (DBS) certificate, evidence of indemnity insurance (where required), evidence of registration with the GDC and evidence of immunisations.

We were told that staff did not have annual appraisals and performance was managed on an ad-hoc basis.

The registered person should ensure that all staff have a regular appraisal.

Culture

People Engagement, Feedback and Learning

There was a patient suggestion box in the reception area. We were told that patient surveys were carried out twice a year, using paper copy questionnaires handed out to patients and that the timing was varied to promote a representative response.

We were told that any changes arising from patient feedback would normally be shared with patients using the noticeboards in the waiting areas.

The practice had a clear complaints procedure which was readily available to patients in public areas, in both Welsh and English. We also saw that the NHS 'Putting Things Right' process was displayed. The complaints procedure clearly indicated who to contact within the practice to raise an issue and contact details of external bodies including HIW.

We were told that if a complaint was received in writing, the practice manager would record the details and include a copy of the complaints procedure when acknowledging receipt. Further to an investigation, the practice aimed to respond to formal complaints within four weeks. Informal or verbal complaints were logged in a book. Staff told us that complaints were reviewed to identify any themes or recurring issues.

We saw that a Duty of Candour policy was in place and associated with the practice's policy on Adverse Incidents. The policy clearly set out roles and responsibilities, but we were told that no formal training had been given to staff.

The registered person should ensure that all staff are aware of the Duty of Candour and understand their responsibilities under it.

Information

Information Governance and Digital Technology

We saw that the practice used electronic systems to manage patient records. The practice used the online referral system to refer patients to other NHS bodies.

Learning, Improvement and Research

Quality Improvement Activities

We were told that the dental team complete the Quality Assurance Self-Assessment toolkit (QAS) annually. We saw evidence that clinical audits were carried out, relating to X-rays, clinical records, sharps, data protection, smoking cessation, and antibiotics. We also saw that the practice made changes further to service reviews and research.

Staff told us that clinicians at the practice carried out in-house peer reviews and that professional advice was sought from external bodies as required.

Whole Systems Approach

Partnership Working and Development

We were told that the practice engaged with external quality management systems, including NHS compass, QAS and the BDA good practice scheme.

Staff told us that they had reciprocal arrangements with another dental practice to ensure continuity of service in the event of an emergency.

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 summaries 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
A clinical waste bin to the rear of the premises was found to be unlocked.	Risk of potential exposure to clinical waste.	This was raised with the principal dentist during a tour of the premises.	The principal dentist immediately fetched the key and locked the clinical waste bin.
We reviewed safeguarding documents, and a copy of the All-Wales procedures (2008) was held. This has been replaced by the Wales Safeguarding Procedures (2019)	Potential risk of outdated safeguarding measures being taken.	This was discussed with the practice manager, and we advised that an application was available to download onto digital devices.	The practice manager immediately downloaded the application and shared the information with staff by electronic means.

Appendix B - Immediate improvement plan

Service: Clifton Dental Care

Date of inspection: 3 July 2023

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection.					

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: Clifton Dental Care

Date of inspection: 3 July 2023

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
There was no evidence of awareness of, or implementation of, the 'Active Offer' of Welsh to patients.	The registered person must provide HIW with details on actions taken to seek advice and support on how to implement the 'Active Offer'.	Standard: Equitable	After referring the the 'Active Offer' pack from Gov.Wales we are happy that we have all our literature and information pertinent to the practice on display in a bilingual format. Despite only 1 member of our team being able to speak Welsh we have never in all my time owning the practice (18 years) had a single person request communication in the Welsh language. Though as with all the different languages	Chris Pryde	Done

			spoken in our patient base we will always try to accommodate this (see below) if requested.		
There was a lack of clarity amongst staff about access to, and use of, translation services.	The registered person must clarify to HIW what arrangements are in place to provide translation when required, and that all staff are aware of these arrangements.	Standard: Equitable	We have one of not the most culturally diverse patient bases in our LHB. If we didn't have a way of successfully communicating with this diverse group of people then we would not be able to operate. The practice has operated in this area since 1952 and have a network of our own patients, patients family/friends and phone translation services that allow us to treat this diverse base to allow full consent processes to be followed. The staff could not believe that this has been raised as an issue.	Chris Pryde	Done
Patients' language preference was not	The registered person must provide HIW with	Standard: Equitable	This has been updated	Chris Pryde	Done

recorded in their medical notes.	details of actions to include patients' language preference in their records.				
Some staff had not received training on the Duty of Candour.	The registered person must provide HIW with details of actions taken to ensure all staff are aware of their responsibilities under the Duty of Candour.	Standard: Person-centred	All staff received an email from myself on 22/3/2023 with a link from Cardiff and Vale LHB to access the Duty of Candour training offered by Digital Learning Wales. We have confirmed all have done this.	Chris Pryde	Done
There was no system in place to record that staff had read and understood policies and procedures.	The registered person must provide HIW with details of actions taken to record that staff have read and understood policies and procedures relevant to their roles and responsibilities.	Standard: effective	At point of New Staff Induction certain policies and protocols are read through with said staff member and Practice Manager who then signs the induction form off. Policies are revisited during practice meetings	Jane Pryde	Done
The practice had not notified HIW that their statement of purpose and	The registered person must provide HIW with updated copies of their	The Private Dentistry (Wales) Regulations 2017, Regulation 7	I have uploaded these via Objective Connect to HIW	Chris Pryde	Done

patient information leaflet had been updated.	statement of purpose and patient information leaflet.				
Most members of staff were overdue for annual basic life support and resuscitation training and this could increase the risk to patient safety.	The registered person must provide HIW with details of actions taken to ensure all clinical staff have appropriate training in basic life support and resuscitation and to ensure their training is re-certified every 12 months.	The Private Dentistry (Wales) Regulations 2017, Regulation 8 (1) (q)31(3)(a)	As discussed on the day the Quality of Standards:Primary Dental Care document from the Resuscitation Council (2020) 3 (3) states 'Dental practitioners and other dental healthcare staff should update their knowledge and skills in resuscitation at least annually' We last undertook training 4/5/2022 and have retraining already booked through HEIW (31/5/23 via email) on the 19/10/23	Chris Pryde	Booked as mentioned
Insufficient signage to show the location of emergency equipment and medicines.	The registered person must provide HIW with details of actions taken to provide additional signage stating the	Standard: Efficient	As discussed during the inspection, all staff at the practice know exactly where the location of all emergency and first aid equipment is stored. We feel	Chris Pryde	See comment

	location of emergency equipment.		strongly that to signpost where emergency drugs are kept to the general public who will never be entrusted to use them, may lead to security issues. We have had issues of theft in the past and have a duty to consider the safety and security of all our staff.		
Staff should have easy access to up-to-date guidance about safeguarding and actions to take.	The registered person must provide HIW with details of actions taken to make flow charts on safeguarding (from Public Health Wales documents PHW 03/TP01 and PHW03/TOP02) available to staff.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)	All staff have up to date training in safeguarding and have actioned this several times this year for several patients. We have added the policies mentioned to our notice board in our staff room and have signed confirmation that all staff have read and understood them.	Chris Pryde	Done
A protocol and checklist for ensuring new staff had the appropriate documentation (such as	The registered person must provide HIW with details of actions taken to ensure that	The Private Dentistry (Wales) Regulations 2017, Regulation 18	A New Staff Member Checklist has been drafted and is used for all new employees. This was made	Jane Pryde	Done

employer references and certification from the DBS was drafted but not implemented.	appropriate checks are carried out when recruiting new staff, to ensure their fitness to work in a dental practice.		available at the time of inspection		
Staff did not undergo annual, formal appraisals.	The registered person must provide HIW with details of actions taken to ensure all staff have a regular appraisal.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(4)	Appraisals were carried out on a regular basis prior to the Covid pandemic, staffing issues (of which the LHB are fully aware) have prevented us from recommending them post pandemic. We fully intend to recommence appraisals in the near future.	Jane Pryde	See comments
Some X-ray machines were seen to have undergone critical examination, but reports and certificates were not available.	The registered person must provide HIW with copies of the critical examination certificates for the radiographic equipment when these are available.	The Private Dentistry (Wales) Regulations 2017, Regulation 8 (1) (d)	Copies have been sent to HIW through objective connect	Chris Pryde	Done

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): Chris Pryde

Job role: Practice Owner

Date: 13/9/2023