

General Dental Practice Inspection Report (Announced)

Madoc Dental Care, Llandudno

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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 Madoc Dental Care, Llandudno on 3 December 2024.

Our team for the inspection comprised of a HIW healthcare inspector and a dental 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. No questionnaires were completed by patients or their carers, and five were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Madoc Dental Care was committed to providing a positive experience for patients.

We observed staff greeting patients in a polite and friendly manner, both in person and on the telephone.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- Provide more dental health promotional materials for patients to take away
- Provide patients with out of hours emergency care.

This is what the service did well:

- Pleasant and welcoming environment
- Arrangements were in place to protect the privacy of patients, including designated areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:

We found that Madoc Dental Care was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The practice was well maintained and equipped to provide the services and treatments they are registered to deliver.

All areas were clean and free from any visible hazards.

There were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely.

This is what we recommend the service can improve:

- Ensure a handwashing sink is installed in the staff toilet on the second floor
- Ensure female hygiene bins are placed in all staff toilet areas
- Implement a more robust log for the medical emergency equipment and drugs
- Complete the quarterly X-ray equipment quality assurance audit and the quality improvement tool for Ionising Radiation.

This is what the service did well:

- Surgeries were clean, well equipped and fit for purpose
- Designated decontamination room
- Patient records were of a good standard.

Quality of Management and Leadership

Overall summary:

We found Madoc Dental Care to have good leadership and clear lines of accountability.

The day-to-day management of the practice was the responsibility of the practice manager, who we found to be very committed and dedicated to the role and the practice.

We saw that the staff team worked very well together and were committed to providing a high standard of care for patients.

Staff had access to appropriate training opportunities to fulfil their roles.

This is what we recommend the service can improve:

- Develop a training matrix
- Complete the ionising radiation toolkit, antibiotic prescribing, smoking cessation and the duty of care waste audits

- The registered manager is required to assess and monitor the quality of service as required by the regulations.

This is what the service did well:

- A range of policies and procedures were readily available to staff to support them in their work roles
- Staff, both clinical and non-clinical, worked very well together as part of a team
- Well maintained staff files
- All clinical staff had attended training relevant to their roles and were meeting the Continuing Professional Development (CPD) requirements.

3. What we found

Quality of Patient Experience

Person-centred

Health promotion and patient information

We saw 'No Smoking' signs within the practice confirming that the practice adhered to the smoke free premises legislation.

Price lists were also clearly on display in reception and the waiting areas.

There was little evidence of any dental health promotion materials around reception and the waiting areas for patients to read and take home. This meant that patients had limited access to information which could support them in caring for their own oral hygiene.

The registered manager must ensure that the waiting areas offer more dental health promotional materials for patients to take away.

The practice opening times were clearly displayed by the practice entrance. However, the out of hours emergency number or arrangements was not displayed. We were informed by the practice manager that out of hours emergency care was not provided by the practice. We informed the practice manager that they have a duty of care to provide patients with emergency out of hours care and that this should be clearly displayed at the practice.

The registered manager must ensure that patients are provided with out of hours emergency care and details are clearly displayed by the entrance.

A statement of purpose (SOP) and a patient information leaflet (PIL) was available for patients on request. The SOP included relevant information about the services being offered. However, we found that the SOP was not available on the practice's website.

The registered manager must ensure the statement of purpose is available on their website.

Dignified and respectful care

There were arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way. Doors to the surgeries were kept closed during treatments.

We found that the nine Principles, as set out by the General Dental Council (GDC), was displayed by the reception and waiting areas.

Individualised care

The practice had a patient information leaflet which contained all the information required by the regulations.

We found that treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

Timely

Timely care

We saw that staff made every effort to ensure that dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

Equitable

Communication and language

We were told there was one Welsh speaking member of staff working at the practice. If required, staff could access translation services to help them communicate with patients whose first language was not English.

Staff also informed us that they could make any information available in alternative formats if requested.

Rights and equality

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

We found there was good access to the building. Wheelchair users and patients with mobility issues could access the reception, waiting area, and one surgery located on the ground floor.

Delivery of Safe and Effective Care

Safe

Risk management

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be well maintained internally and externally. We saw that all areas were clean, tidy and free from obvious hazards. However, we found that staff did not have any storage facilities to store their personal items. Staff personal belongings were kept on chairs in the staff room, which could not be locked.

The registered manager must provide secure storage facilities, such as lockers for staff personal items.

Fire safety equipment was available at various locations around the practice and we saw that these had been serviced within the last 12 months. All staff had received fire training.

Emergency exits were visible, and a Health and Safety poster was displayed.

The practice had a range of policies and procedures, as well as risk assessments in place, such as, fire and health and safety. All risk assessments were current and regularly reviewed.

We were assured that the premises were fit for purpose and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

There was a business continuity plan in place to ensure continuity of service provision and safe care for patients.

Infection, prevention and control (IPC) and decontamination

The practice had a designated space for the cleaning and sterilisation (decontamination) of dental instruments. The facility was clean, well-organised, well equipped and uncluttered.

The decontamination arrangements were good. Staff demonstrated the decontamination process and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition

- Instruments were stored appropriately and dated
- There was ample personal protective equipment (PPE) to protect staff against injury or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

The procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

An infection control audit had been completed using the Health Education and Improvement Wales (HEIW) audit tool, which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclaves start and end of the day safety checks.

Each surgery had a cleaning checklist, and we saw that these had been regularly completed.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training. However, the policy required reviewing as it referred to England and not Wales. We received evidence immediately following the inspection confirming that the policy had been reviewed and updated.

We saw that the practice provided inhouse laundry facilities for washing staff uniforms. However, no documentation was available to evidence that the washing machine had any built-in backflow protection. This issue was dealt with immediately during the inspection and is referred to in Appendix A of this report.

There were appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for the majority of staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-

hazardous (household) waste. We saw that all waste had been segregated into the designated bags or containers in accordance with the correct method of disposal.

We noted that there was a female hygiene bin located in the patient's toilet. However, no female hygiene bins were provided in any of the staff toilets located on the ground or the second floor.

The registered manager must ensure female hygiene bins are placed in all staff toilet facilities.

We also noted that the staff toilet on the second floor did not have a handwashing sink and staff used the handwashing sink located in the staff kitchen.

The registered manager must ensure a dedicated handwashing sink is installed in the staff toilet on the second floor.

We were informed that any unused or expired medicines and emergency drugs were being hand delivered to the local pharmacy for safe disposal. However, no consignment notes were available to evidence that these had been safely disposed.

We recommend that a pharmaceutical waste bin is added to the practice hazardous waste contract for the safe disposal of unused and expired medicines and emergency drugs.

The registered manager must ensure that a pharmaceutical waste bin is provided for the safe disposal of any unused and expired medicines and emergency drugs.

Medicines management

There were procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had one trained first aider. We advise the registered manager to consider training additional first aiders to cover for any planned or unplanned absences of the appointed first aider.

The emergency drugs were stored securely. There was a system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we found that there were several items missing and the registered manager must ensure a more robust log is maintained. We found that there was no oropharyngeal airways size 0, no child self-inflating bag, no clear face masks for self-inflating bags, no paediatric high concentration mask and no paediatric defibrillator pads. We also found that the adult self-inflating bag was not kept in

its original packaging. These issues were dealt with immediately during the inspection and is referred to in Appendix A of this report.

The registered manager must ensure a more robust log is maintained.

We also noted that the oxygen cylinder was being kept at a different location to the emergency drugs and equipment. We recommend that the oxygen cylinder is kept with the emergency drugs and equipment. We received evidence immediately following the inspection confirming that the oxygen cylinder and the emergency drugs and equipment were located together, making them immediately available in the event of a medical emergency (patient collapse) at the practice.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

Safeguarding of children and adults

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who were vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults.

Staff told us that they felt able to raise any work-related concerns directly with the practice manager or the registered manager and were very confident that concerns would be acted upon.

We saw that the practice had a whistleblowing policy in place.

The practice manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

Management of medical devices and equipment

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were well organised, clean and tidy.

We saw that there was a Radiation Protection folder in place which contained the certificate of registration for ionising radiation. However, we found that the radiation certificate needed updating. We received evidence immediately following the inspection confirming that the radiation certificate had been updated.

We saw evidence of up-to-date ionising radiation training for all clinical staff.

We found that the practice had not undertaken any quarterly X-ray equipment quality assurance audit, nor had they used the HEIW's Quality Improvement Tool for Ionising Radiation.

The registered manager must ensure the practice undertakes quarterly X-ray equipment quality assurance audits and completes the HEIW's Quality Improvement Tool for Ionising Radiation.

We viewed the clinical facilities and found that they contained the relevant equipment. The surgeries were well organised, clean and tidy.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment. We saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective

Effective care

There were satisfactory arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the SOP and in policies and procedures.

We saw that the practice used Local Safety Standards for Invasive Procedures (LocSSIP's) to prevent the wrong site tooth extraction. In addition to the procedure, we recommended that a LocSSIP's flowchart was placed in all surgeries.

The registered manager must ensure that a LocSSIP's flowchart is placed in all surgeries.

Patient records

A sample of ten patient records were reviewed. Overall, there was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. However, some gaps were identified, for example, not all patients' medical histories were checked

(2/10), not all baseline Basic Periodontal Examination (BPE) were recorded (1/10) and no justification, views, frequency, clinical findings or quality grade for taking an X-ray were recorded (1/10).

All records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality.

Quality of Management and Leadership

Staff feedback

Staff who responded to the HIW questionnaire provided generally positive comments. All but one of the staff confirmed that the facilities and premises were suitable for their work. All staff confirmed that they felt the environment was appropriate in ensuring patients received the care they required. All but one of the staff who responded confirmed that there were suitably trained staff at the practice and the majority of staff also confirmed they had received an annual appraisal.

All staff felt that the care of patients was a top priority at the practice and were satisfied with the quality of the care and support they gave. All those who responded would recommend the practice as a good place to work and also agreed they would be happy for a friend or relative to receive the standard of care provided at the practice.

All staff confirmed that patient's privacy and dignity was maintained and that patients were always informed and involved in decisions about their care.

Leadership

Governance and leadership

We found good leadership and clear lines of accountability in place.

The day-to-day management of the practice was the responsibility of the practice manager who we found to be very committed and dedicated to the role.

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures. All policies and procedures contained an issue or review date ensuring that they were reviewed regularly and that practices were up to date.

There were appropriate arrangements for the sharing of information through practice wide team meetings. A breadth of relevant topics were covered during these meetings and minutes maintained.

All clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had current public liability insurance cover.

Workforce

Skilled and enabled workforce

All staff working at the practice had a contract of employment and there was an induction programme in place, which covered training and relevant policies and procedures. We also saw that staff appraisals had been undertaken.

Staff files contained the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. However, no training matrix was in place.

The registered manager should develop a training matrix to monitor staff compliance.

Culture

People engagement, feedback and learning

There was a written complaints procedure in place. This was available bilingually to all patients in the waiting area. Details were also included within the patient information leaflet and SOP. However, we found that the written complaint procedure did not contain Healthcare Inspectorate Wales's (HIW) name, address and telephone number as the registration authority. We received evidence immediately following the inspection confirming that the procedure had been reviewed and updated.

The practice manager informed us that any informal concerns were recorded in patients' medical records. We recommend any informal concerns are captured in a central log to enable any common themes to be identified.

The registered manager should ensure informal concerns are captured in a central log.

We discussed the mechanism for actively seeking patient feedback, which was done by providing patients with survey forms at the end of their treatment. Patients were also able to give feedback via social media. In addition, a comments box was located in the waiting room.

Learning, improvement and research

Quality improvement activities

It was evident that staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of patient records, X-rays, infection prevention and control and decontamination (compliance with WHTM 01-05), antibiotic prescribing and hand hygiene. However, we recommend that the practice considers utilising the HEIW website and the Clinical Audit Peer Review (CAPRO) funded improvement toolkits to further improve their audit processes. The practice should complete the following toolkits:

- Ionising radiation toolkit
- Antibiotic prescribing
- Smoking cessation toolkit
- Duty of care waste audit.

The registered manager must ensure the practice completes the ionising radiation toolkit, antibiotic prescribing, smoking cessation toolkit and duty of care waste audits.

Staff told us that peer review between clinical staff had been undertaken which contributed to the quality and safety of the care provided to patients. However, no record of these meetings were kept.

The registered manager must ensure any clinical peer review meetings are documented as evidence.

We were informed that the registered manager had not yet assessed and monitored the quality of service provision as required by The Private Dentistry (Wales) Regulations 2017.

The registered manager must arrange to assess and monitor the quality of service and provide HIW with a copy of the subsequent report.

We found the dental team to be proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

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 documentation was available to evidence that the washing machine had any built-in backflow protection.	This could increase the risk of inadequate backflow posing a health hazard.	We escalated the concern to the practice manager during our visit.	The practice manager immediately disconnected the washing machine and notified staff that the washing machine was no longer in use.
We found that there was no oropharyngeal airways size 0, no child self-inflating bag, no clear face masks for self-inflating bags, no paediatric high concentration mask and no paediatric defibrillator pads. We also found that the adult self-inflating bag was not kept in its original packaging.	This could increase the risk of patient safety in the event of a medical emergency.	We escalated the concern to the practice manager during our visit.	The practice manager immediately arranged for all replacement items to be ordered for next day delivery.

Appendix B - Immediate improvement plan

Service: Madoc Dental Care

Date of inspection: 3 December 2024

The table below includes any immediate 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
1. No immediate improvement plan was required for 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: Madoc Dental Care

Date of inspection: 3 December 2024

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. There was little evidence of any dental health promotion materials around reception and the waiting areas for patients to read and take home.	The registered manager must ensure that the waiting areas offer more dental health promotional materials for patients.	Private Dentistry (Wales) Regulation 8	In the process of designing and printing dental health promotion leaflets	Lisa Lovelady/ Stephanie Downes	To be completed by 28 th Feb 2025
2. There was no out of hours emergency care being provided for patients.	The registered manager must ensure that patients are provided with out of hours emergency care and details are clearly displayed by the entrance.	GDC	Our out of hours cover is NHS 111 service except for Christmas where we provide emergency clinics which times and details are displayed at the entrance	Stephanie Downes	Completed

3.	The statement of purpose was not published on the practice website.	The registered manager must ensure the statement of purpose is available on their website.	Private Dentistry (Wales) Regulation 5	Statement of Purpose is now showing on website	Karen Joyce	Completed
4.	There were no secure storage facilities for staff to store their personal belongings.	The registered manager must provide secure storage facilities, such as staff lockers for staff personal items.	Private Dentistry (Wales) Regulation 22	Lockers are being purchased	Karen Joyce	To be Completed by Feb 28 th 2025
5.	There was no female hygiene bins located in the staff toilet facilities.	The registered manager must ensure female hygiene bins are placed in all staff toilet facilities.	The Workplace (Health, Safety and Welfare) Regulations 1992	Bins were ordered immediately and now in place	Karen Joyce	Completed
6.	There was no dedicated handwashing sink in staff toilet on the second floor.	The registered manager must ensure a dedicated handwashing sink is installed in the staff toilet on the second floor.	Health and Safety Executive	Sink has been ordered and awaiting fitting	Karen Joyce	To be completed by Feb 28 th 2025
7.	There was no pharmaceutical waste bin for the disposal of unused and expired medicines.	The registered manager must ensure that a pharmaceutical waste bin is provided for the safe disposal of any unused and expired medicines and emergency drugs.	Environmental Protection Act 1990	Bin was ordered immediately and now in place	Karen Joyce	Completed
8.	A more robust log is required for the medical	The registered manager must ensure a more robust log is	Resuscitation Council UK	New emergency drugs list completed	Karen Joyce	Completed

	emergency equipment and drugs.	maintained for the emergency equipment and drugs.		template from I comply		
9.	The practice has not completed any quarterly X-ray equipment quality assurance audits or the HEIW's Quality Improvement Tool for Ionising Radiation.	The registered manager must ensure the practice undertakes quarterly X-ray equipment quality assurance audits and completes the HEIW's Quality Improvement Tool for Ionising Radiation.	Health Education and Improvement Wales	To be completed	Lisa Lovelady	To be completed by 28 th Feb 2025
10.	We found that the LocSSIP's flowchart was not on display in the surgeries to prevent the wrong site tooth extraction.	The registered manager must ensure that a LocSSIP's flowchart is displayed in all surgeries.	National Safety Standards for Invasive Procedures	Now on display in surgeries	Karen Joyce	Completed
11.	We found that the practice did not have a training matrix in place to monitor staff training compliance.	The registered manager should develop a training matrix to monitor staff compliance.	Private Dentistry (Wales) Regulation 17	Training matrix printed off I Comply and placed in Staff files	Karen Joyce	Completed
12.	We found that informal concerns were being recorded within patients' records.	The registered manager should ensure informal concerns are captured in a central log in order for any themes to be identified.	Private Dentistry (Wales) Regulation 21	Log book for informal concerns placed at reception	Karen Joyce	Completed

13.	We found that the practice had not completed the ionising radiation toolkit, antibiotic prescribing, smoking cessation toolkit or the duty of care waste audit.	The registered manager must ensure the practice completes the ionising radiation toolkit, antibiotic prescribing, smoking cessation toolkit and duty of care waste audit.	Health Education and Improvement Wales	Duty of care waste audit Remaining audits to be completed	Karen Joyce	Completed To be completed by 28 th Feb 2025
14.	We found that clinical peer review meetings were not documented.	The registered manager must ensure any clinical peer review meetings are documented as evidence.	Health Education and Improvement Wales	To be documented from now on	Stephanie Downes	Completed
15.	We found that the registered manager had not assessed and monitored the quality of service as required by the regulations.	The registered manager must arrange to assess and monitor the quality of service and provide HIW with a copy of the subsequent report.	Private Dentistry (Wales) Regulation 16	To be completed	Karen Joyce	To be completed by 28 th Feb 2025

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): Karen Joyce

Job role: Practice Manager

Date: 27/01/2025