

# General Dental Practice Inspection Report (Announced)

Trallwn Dental practice, Swansea  
Bay University Health Board

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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 Trallwn Dental practice, Swansea Bay University Health Board on 18 February 2025.

Our team for the inspection comprised of two HIW healthcare inspectors 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. A total of three questionnaires were completed by patients or their carers and six were completed by staff. Due to the low number of responses, only a limited amount of feedback and comments 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:

The feedback provided by patients was positive regarding the care and services provided by Trallwn Dental Practice. We found that staff were friendly and polite, and we observed patients being treated with dignity and respect. We found a suitable range of healthcare information available throughout the practice with a satisfactory amount displayed within reception areas.

The practice had an appropriate system in place to manage emergency appointments with slots being allocated into the dentist schedule. Appointments could be made by phone or in person with appropriate communication between staff and patients.

This is what the service did well:

- A wide range of useful information was available to patients
- The practice promoted the use of the Welsh language.

### Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and decorated to a good standard. Dental surgeries were clean, organised and fit for purpose. We saw a dedicated decontamination area with suitable systems in place for decontaminating re-useable dental instruments. All clinical equipment was found to be safe and well maintained. Clinical records were maintained to a suitable standard, however, we did resolve one concern on the day with regards to the robust recording of patient referrals.

The practice had appropriate safeguarding procedures in place to protect children and adults, with staff informing us they would feel confident raising any safeguarding concerns.

There were suitable policies and procedures for the management of medicines. We saw routine checks were carried out on emergency equipment and all staff were trained in emergency resuscitation.

This is what the service did well:

- The practice was clean and fit for purpose
- Evidence of regular checks on fire safety equipment.

## Quality of Management and Leadership

Overall summary:

We found the practice to be well led with a clear management structure in place. The practice manager was committed to providing a high standard of patient care with the support of the corporate body.

We saw staff records were complete and well maintained, with evidence of up-to-date training in line with regulatory requirements. All staff who responded to the HIW staff questionnaire said that they had a good work life balance. We saw evidence of staff inductions as well as annual staff appraisals.

The practice had a satisfactory process for collection of patient feedback and robust procedures were in place for continuous improvement through audits. The practice maintained a relationship with other healthcare services locally.

This is what the service did well:

- Training compliance was to a good standard
- We observed a supportive working environment and all staff feedback was positive.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

HIW issued a questionnaire to obtain patient views on the care provided by Trallwn Dental. In total, we received three responses from patients at this setting with the overall responses being positive. One patient told us:

*“All the staff especially the reception staff are always so friendly and go above and beyond for us. Very happy.”*

#### Person-centred

##### Health promotion and patient information

We saw a suitable amount of information, and advice was available for patients for maintaining a healthy lifestyle. Documents included information on alcohol or substance misuse, paediatric dental health as well as sepsis. The practice statement of purpose and patient information leaflet were both available for patients to review in English and Welsh. We observed the fees for NHS and private services clearly displayed in the patient waiting areas. The names and General Dental Council (GDC) numbers of practitioners were both on display. At the front door, the opening hours and emergency contact details were available for patients.

##### Dignified and respectful care

We found the practice provided patients with dignified and respectful care throughout their patient journey. Any patients wishing to have a confidential conversation with staff were offered the use of a side room to prevent their conversations being overheard. The reception area and waiting area were joined together, and staff informed us they did not repeat confidential information over the telephone. Clinical rooms had frosted windows on the ground floor and solid doors so patients could not be seen. One surgery did have a small window on the door, however, this was in an area of the practice which no patient would walk past. Staff signed a copy of the patient confidentiality policy to confirm they read and understood their responsibilities with regards to the protection of patient information. We noted the Nine Principles prepared by the GDC were on display at reception.

#### Timely



### **Timely care**

We found an appropriate system in place to manage the time of clinicians effectively and to ensure patients had a timely access to the care they needed. However, some patient feedback did note they struggled to access an NHS appointment when they needed one. One patient told us:

*“Long waitlist for check-up appointments.”*

This comment aligns with the feedback we received from staff regarding the availability of the NHS services they provide. Staff told us the waiting times for NHS treatments were higher than they would like due to reduced capacity. Although, it was noted the practice had recognised these capacity issues and recruitment was on going. A new clinician joined the practice a day prior to inspection and three additional new starters were all due to commence employment within the next six weeks. It was anticipated that patient waiting times would reduce as a result. Overall, we found staff were delivering as best a service they could in challenging circumstances and were responding to the needs of their patients.

Patients made appointments over the telephone or in person following their treatments. Staff informed us they rarely ran behind with appointments. However, where appointments did extend beyond the scheduled time, clinicians called reception to ensure patients were informed of delays. Where relevant, patients would also be informed of delays on arrival and offered alternative appointments.

We saw how patients were triaged over the telephone to ensure those with the most urgent needs were prioritised. Reception staff would consult with a clinician as part of the telephone triage process, as required. Staff confirmed the practice took part in the NHS 111 service to treat emergency NHS appointments in the health board area. We also saw slots in the diary each day to accommodate emergency appointments.

Staff told us that appointments were arranged in accordance with patient availability wherever possible, including arrangements to treat paediatric patients outside of school time.

## **Equitable**

### **Communication and language**

We saw supportive arrangements in place to enable effective communication between clinicians and patients. Language line was used, where needed, to

communicate with patients. Documents were available in different formats, with more specialised documents provided upon request by patients.

We found evidence the practice promoted the use of the Welsh language with patients. Documentation was available in both English and Welsh within the patient guide available at reception. Posters and other materials were also all available bilingually. Staff informed us that support from the local health board with regards to the implementation of the Active Offer was limited, but continued efforts would be made.

### **Rights and equality**

We saw evidence that the rights and equal treatment of individuals were actively supported. Suitable policies outlined the practice approach to upholding the rights of patients and staff. We saw staff undertook specific training on the prevention of discrimination and posters around the practice outlined their zero tolerance approach to harassment of any kind.

We noted risk assessments took place for staff operating display screens, and changes were made to the environment as a reasonable adjustment, where required. Additional adjustments were noted for those employees wishing to undertake prayer in a quiet space. Patients were actively supported with any additional needs while accessing the service, these included evacuation plans and assistance into the building.

The rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records, with a note placed on file to ensure all staff were aware of these preferences.

# Delivery of Safe and Effective Care

## Safe

### **Risk management**

We found the practice was in a good state of repair internally and was kept to a good standard to deliver safe and effective care to patients. The practice was set over two floors, with appropriately sized surgeries and waiting areas for the number of patients. Two surgeries had recently been refurbished and were finished to a high standard. All staff who responded to the HIW questionnaire told us the facilities available to them were appropriate to carry out their specific tasks. Respondents also said they felt the environment was appropriate for patients to receive the care they required.

The practice had level access to the ground floor and two downstairs surgeries to assist those with mobility difficulties. We heard telephone lines in working order and saw suitable changing areas with lockers available for staff. We saw the toilets for staff and patients were clean and properly equipped.

We found the practice dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We saw single use items were used where necessary.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Recent risk assessments for fire safety and health and safety had been conducted and were comprehensive. We saw evidence of checks taking place on both gas and electrical safety by contractors. Portable Appliance Testing had also recently taken place. All respondents to the HIW staff questionnaire said their practice encourages them to report near misses or incidents.

On review of the fire safety information and equipment, we found robust and comprehensive arrangements were in place. These included regular maintenance of fire safety equipment and clearly displayed fire safety and no smoking signs.

The practice Employer Liability Insurance certificate was on display in the patient waiting area the practice Health and Safety Executive poster was on display in the staff room.

### **Infection, prevention and control (IPC) and decontamination**

We found appropriate Infection Prevention and Control (IPC) policies and procedures in place to maintain a good level of cleanliness and a safe working

environment. Respondents to the HIW staff questionnaire said cleaning schedules were in place to promote regular and effective cleaning of the practice. We observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination.

All respondents to the HIW staff questionnaire confirmed their organisation implemented an effective IPC policy. Respondents also told us the practice environment allowed for effective infection control.

Occupational health services were available for all staff and appropriate risk assessments were in place to monitor the risk of harm from sharps injuries. Personal Protective Equipment (PPE) was routinely available for all staff, with hand hygiene procedures and signage all suitable. All respondents to the HIW staff questionnaire said they were aware of the occupational health support available to them. Respondents also said they were supplied with appropriate Personal Protective Equipment (PPE). All of these arrangements enabled safe care to be delivered to patients while ensuring staff safety.

We saw suitable measures in place to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room. We reviewed appropriate records of daily autoclave machine cycle checks and a routine schedule of maintenance. The training records we reviewed confirmed all staff had satisfactory training in place for the correct decontamination of equipment.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory. All practice waste was stored and disposed of correctly through a suitable waste disposal contract.

### **Medicines management**

We saw the arrangements in place for the management of medicines were appropriate. A suitable policy was in place for the safe handling, storage, use and disposal of medicines. We also saw the practice prescription pad was stored securely. The fridge designated for the storage of medicines was correctly managed, with temperature checks suitably logged.

We found comprehensive measures in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced satisfactory qualifications in cardiopulmonary resuscitation for all staff and there were a suitable number of first aiders. On inspection of the emergency equipment, we found all items were present, easily accessible and within their expiry dates. We noted routine checks took place on all emergency equipment.

### **Safeguarding of children and adults**

Satisfactory and up to date safeguarding procedures were in place to protect children and adults. The procedures incorporated the All-Wales Safeguarding Procedures, included contact details for local support services and identified an appointed safeguarding lead for the practice. Staff members were encouraged to download the All-Wales Safeguarding application for their mobile telephones.

The staff training records we reviewed indicated all staff were suitably trained in the safeguarding of children and adults. The staff we spoke with during the inspection were confident in identifying any safeguarding concerns, understood their safeguarding procedures and said they would feel supported if they were to raise a concern.

### **Management of medical devices and equipment**

We saw the medical devices and clinical equipment were safe, in good condition and fit for purpose. Appropriate arrangements were in place for servicing and the prompt response to system failure for all equipment. Reusable dental equipment was used in manner which promoted safe and effective care.

The staff we spoke with were confident in using the practice equipment and the training records we inspected confirmed they had all received suitable training for their roles. All the respondents to the HIW staff questionnaire said they had adequate materials, supplies and the equipment to do their work.

The practice radiation protection folder was up to date and comprehensive and the overall management of radiographic equipment was satisfactory. On review of patient records, we found the clinical notes for radiographic treatments to be fully complete. Clinicians indicated patients were suitably informed of the risks and benefits of radiation and we saw that radiation exposures were correctly captured within patient records. We noted the local rules were easily locatable in each surgery. The staff training records indicated all staff were trained to an appropriate level in radiography.

## **Effective**

### **Effective care**

We found staff made a safe assessment and diagnosis of patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance.

The clinical staff we spoke with demonstrated a clear understanding of their responsibilities whilst being aware of when to seek relevant professional advice, where necessary.

We found suitable processes in place to record patient understanding and consent to surgical procedures. We saw appropriate use of clinical checklists to prevent wrong tooth site extractions.

### **Patient records**

We reviewed a sample of ten patient records and found all records were being held in line with General Data Protection Regulations and overseen by a suitable records management policy. The records we reviewed provided a full picture of the care patients were being provided, including suitable recording of cancer screening, intra and extra oral checks, and base charting. However, we noted in two out of the three records where referrals had been made that locating the post-referral checks within the patient records was difficult. While we were assured no referrals had been missed from the records we reviewed, the processes could increase the risk of a referral being missed and a patient record may be incomplete. This could mean referrals which may be rejected or returned and be missed by clinicians, which could result in patients not receiving the care they need. To prevent any potential for missed referrals, the practice manager agreed an additional assurance measure on the day of the inspection to monitor all practice referrals weekly. The details of how this matter was resolved is outlined in Appendix A.

## **Efficient**

### **Efficient**

We found clinicians were delivering a satisfactory service for the needs of their patients in a suitable premises. Patients progressed through internal and external treatment pathways efficiently. We saw how these appointments were utilised effectively by an appropriate skill mix and a robust appointment and triage process.

# Quality of Management and Leadership

## Staff feedback

HIW issued a questionnaire to obtain staff views at Trallwn Dental and in total, we received six responses. Overall, the responses were positive with all staff saying they would recommend the setting as a good place to work and recommend their family attend this setting. Staff comments included:

*“Most welcoming and friendly environment for both patients and staff.”*

*“Proactive in recruiting. Hard working team.”*

## Leadership

### Governance and leadership

We found a clear management structure in place to support the effective running of the practice. The practice manager explained they felt supported to undertake their leadership role effectively, which included comprehensive support by their corporate body. The practice manager received clinical supervisory support by their corporate body and had arrangements to work with and receive help from other practices within their group. Staff meetings were held monthly and attended by all staff. On review of staff meeting minutes, we noted suitable disaster planning arrangements, health and safety, new starters and patient records.

The staff we spoke with were engaging, knowledgeable and supportive of one another. Staff told us they had confidence in managers and would know who to speak to, if they needed help or support.

A suitable online compliance tool was used to identify, record and manage the risks, issues and mitigating actions. The system was also used to monitor and update policies and procedures on a routine basis and communicate these changes to staff. HIW staff questionnaire respondents told us they would be treated fairly if they reported any concerns or incidents and that the practice takes action to ensure incidents do not reoccur.

## Workforce

### Skilled and enabled workforce

We noted a positive working environment at the practice and observed good staff working relationships. We also found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time. Respondents to

the HIW staff questionnaire all said the practice takes positive action on health and well-being and their current working pattern allows for good work life balance.

The use of agency staff at the practice was limited, however, the processes in place to manage agency staff were appropriate. These included robust checks of their professional registration, Disclosure and Barring Service (DBS) checks and full induction procedures.

We found comprehensive and supportive arrangements in place for induction and to enable all staff to remain trained to an appropriate level for their roles. These arrangements included time off given to staff to undertake training. All staff who responded to the HIW questionnaire told us they had appropriate training to undertake their role.

We reviewed a total of 6 out of 12 staff records and found full compliance with all mandatory training requirements. We also saw examples of good practice, with individual staff members completing relevant additional training above the mandatory expectations. A suitable digital system and robust support arrangements were in place to monitor compliance with staff training and enable staff to remain trained to an appropriate level for their roles.

The staff we spoke with during the inspection explained they would know what to do and who to speak to in the event of a concern over service delivery, treatment or management. A whistleblowing policy was in place to provide guidance on how staff can raise concerns.

Suitable arrangements were in place to monitor and maintain the professional obligations of those staff working at the practice from the commencement of their employment. All of the staff records we reviewed were fully complete, including up to date GDC registrations, Disclosure and Barring Service Enhanced checks and comprehensive pre-employment reference checks. Staff inductions were overseen by managers through an appropriate recruitment policy and a detailed induction checklist in a supportive manner for new staff members. We saw evidence that all appraisals took place annually for staff who had been in post for over a year. New staff all had their appraisals booked in for the year by the practice manager and a suitable system was in place to manage compliance of these.

## **Culture**

### **People engagement, feedback and learning**

A suitable system for the collection and review of patient feedback was in place. We saw a suggestion box in the waiting area and patients were also sent customer



service reviews to complete online post-treatment. Feedback was reviewed routinely by the practice manager and overseen by their corporate body. Responses to feedback were publicised within the reception area on a 'you said, we did' board, as well as online. We were advised that annual patient surveys were also conducted.

The complaints policy was fully aligned with NHS Putting Things Right and was advertised to patients in the waiting area. The complaints procedure for patients provided a point of contact when submitting a complaint. Any verbal complaints were logged and communicated to the complaints point of contact in a timely manner for resolution. The means of escalating a complaint were outlined within the patient complaint leaflet, including contact details for HIW and the patient advocacy service, Llais.

The staff we spoke with demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. Whilst there were no records of any recent complaints nor Duty of Candour incidents, we were assured the processes in place were robust.

## **Learning, improvement and research**

### **Quality improvement activities**

We found a proactive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, antimicrobial prescribing, healthcare waste as well as infection prevention and control audits. The practice also undertook the Maturity Matrix Dentistry to drive continuous improvements. The practice also audited other non-mandatory areas to enable shared learning and improve the delivery of safe care to patients.

## **Whole-systems approach**

### **Partnership working and development**

Staff explained how they maintained effective working relationships with their local health board and other primary care services, including their local pharmacy.

## 4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's [website](#).

## Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We noted in two out of the three records where referrals had been made that locating the post-referral checks within the patient records was difficult.	While we were assured no referrals had been missed from the records we reviewed, the processes could increase the risk of a referral being missed and a patient record may be incomplete. This could mean referrals which may be rejected or returned and be missed by clinicians, which could result in patients not receiving the care they need.	This was escalated by HIW to the practice manager.	To prevent any potential for missed referrals, the practice manager agreed an additional assurance measure on the day of the inspection to monitor all practice referrals weekly.

## Appendix B - Immediate improvement plan

**Service:** Trallwn Dental practice

**Date of inspection:** 18 February 2025

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 additional concerns were identified on this inspection.					

## Appendix C - Improvement plan

**Service:** Trallwn Dental practice

**Date of inspection:** 18 February 2025

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.	No additional concerns were identified on this inspection.					