

General Dental Practice Inspection Report (Announced)

Cwmbran Dental Care, Aneurin
Bevan 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 Cwmbran Dental Care, Aneurin Bevan University Health Board on 18 March 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 spoke to staff working at the service during our inspection. In total, we received 33 responses from patients and six responses from staff at this setting. Some questions were skipped by some respondents, meaning not all questions had responses. 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:

Patients provided very positive feedback about the care and service provided by the dental practice. All respondents to the HIW questionnaire rated the service as 'very good.'

We found that staff worked hard to treat their patients with kindness, dignity, and respect throughout the inspection with doors kept closed during treatments and consultations.

There was a good range of information available throughout the practice on notice boards and on the practice website. Patients said they had received enough information to understand treatment options, risks and benefits, and the cost of treatment.

Patients requiring emergency treatment could call at any time with the aim to be seen on the same day. Whilst we found the practice was unsuitable for wheelchair users, this was communicated to patients in the practice information leaflet.

This is what the service did well:

- Extended opening hours on Thursdays, and treatment on Saturdays by appointment
- Good options available to aid patients with vision and hearing impairment.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice was well maintained, clean and decorated to a good standard. Patient areas were uncluttered and free of hazards.

Suitable arrangements were in place to provide patients with safe and effective care and staff were clear regarding their work roles and responsibilities.

There was good compliance with regards to the use of X-ray machines, with evidence of safe arrangements in place for the use, maintenance and testing of the equipment.

There were suitable arrangements in place for the safe management of medicines. Equipment for use in an emergency was readily available and all in date.

We found appropriate arrangements in place for safeguarding of children and adults with a lead appointed and staff trained in the subject.

Patient dental records were detailed and easy to follow.

This is what we recommend the service can improve:

- To replace missing render on outer wall
- To repaint or consider replacing old metal windows in reception area.

This is what the service did well:

- Recommended checklists were being used to help prevent wrong tooth extractions
- The decontamination room was well organised with good processes demonstrated
- Good X-ray compliance with appropriate signage on surgery doors
- The practice had partnered with a nearby dental practices to provide emergency treatment cover.

Quality of Management and Leadership

Overall summary:

The registered manager was available for staff, and we found an effectively run practice with clear reporting lines for staff. Staff appeared supported in their roles with evidence of regular appraisals. All staff who responded to the HIW questionnaire said they would recommend the practice as a good place to work.

We found a good range of comprehensive and up-to-date policies and procedures in place that were easily accessible to staff and compliance with mandatory training and professional obligations was high.

We saw an appropriate recruitment process in place with necessary checks made to ensure staff were fit to work at the premises. We found evidence of a fully documented induction process which was signed off by senior management.

While we identified some improvements were needed, overall, we considered the practice to be very well managed.

This is what the service did well:

- A good scheme of clinical audits in place as part of the practice's quality improvement activity
- 'You said, we did' notice on display in patient waiting area informing patients of changes made as a result of their feedback.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 33 respondents rated the service as 'very good.'

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

"I have been a patient at this dental practice for years and have always been very happy with the service provided."

"Always a very good and friendly service. Will always cater for any issues or situations."

"A great dental practice. I would highly recommend."

"Have attended for 30 plus years. Consistently excellent care and pleasant staff."

Person Centred

Health Promotion

We saw lots of relevant healthcare information available in patient waiting areas including smoking cessation and diet advice. This consisted of leaflets and well organised notice boards. We saw information about treatment charges and how to raise a complaint were also on display. All information was also available on their website which we found easy to navigate.

The names and General Dental Council (GDC) registration numbers for the current dental team were clearly displayed. We saw signage displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with legislation.

Most respondents (32/33) who completed a HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand and most (30/33) said that staff had provided them with aftercare instructions on how

to maintain good oral health. The remaining respondents either skipped the questions or said it was not applicable.

Dignified and Respectful Care

Throughout the inspection we found staff were polite, friendly and treated patients with kindness and respect. A confidentiality agreement had been signed by all staff members.

We observed that surgery doors were closed when dentists were treating patients, and that windows either had frosted glass or were at a high level promoting patient privacy and dignity. The reception desk and waiting area were in the same room. We were told confidential discussions and phone calls could be taken in a spare surgery.

The GDC core ethical principles of practice were clearly displayed in the waiting area in both Welsh and English.

Most respondents (32/33) who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

Individualised care

Most respondents (32/33) who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available and said they were given enough information to understand the risks and benefits associated with those treatment options. Most respondents (28/33) said that the charges were made clear prior to commencing treatment although one respondent disagreed. One patient disagreed whilst the other four respondents said the question was not applicable in their case.

All respondents told us they had their medical history checked before treatment and most (32/33) felt they had been involved as much as they had wanted to be in decisions about their treatment.

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

“... all staff put you at ease and always very helpful with any advice.”

“I always feel at ease coming and always have all the information given to me during my appointment.”

Timely

Timely Care

We were told that reception staff inform patients should there be a delay in their appointment time. We were advised that the average waiting time between appointments was between two to three weeks depending on the nature of the treatment and length of appointment required.

We were told that patients who required emergency treatment could call at any time with the aim to see them usually on the same day. The practice answerphone contained the contact details for the principal dentist if treatment was out of hours on a weekday. Weekend emergency treatment requests were covered via a local dental rota system which was also contained on the answerphone message.

The practice opening hours were prominently displayed and could be seen from outside the premises. These included extended opening hours on Thursdays and Saturdays by appointment. The contact telephone number for patients to use should they require urgent dental care and treatment out of hours was also clearly visible. These numbers were also included within the patient information leaflet and on the practice website.

All respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one. Whilst most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, three respondents said that they did not. The practice may wish to reflect on how they may improve patient awareness of this service.

One patient who answered the HIW questionnaire commented:

“I have needed emergency treatment twice and each time it was given quickly and efficiently.”

Equitable

Communication and Language

We found written information displayed in the practice was predominantly available in English although signage was displayed should patients wish to view Welsh versions of documents or if they wanted to receive treatment through the medium of Welsh. The practice also had staff who could communicate and provide services in several other languages including Nepalese, Urdu and Punjabi. For other patients whose first language was not English, a multilingual language chart was available so they could point to their preferred language, to obtain an appropriate translation service.

The practice arranges appointments by telephone or in person at reception, ensuring patients without digital access could arrange treatment. There was no online appointment booking facility available.

We found information available in other formats such as large print and easy read. A magnifying glass and selection of bagged and sealed reading glasses of various prescriptions were available for patient use. We discussed options of using specialist fonts to aid patients who were dyslexic, while a hearing loop system was in place to assist patients with hearing difficulties.

Rights and Equality

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

We saw the practice had an up-to-date equality and diversity policy in place and that all staff had completed training in the subject. We saw evidence that staff had also completed diversity, learning disability and autism awareness training. We were assured that transgender patients' rights would be upheld with preferred names and/or pronouns recorded on patient records.

Most respondents (32/33) who completed the HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice. The remaining respondent skipped this question.

The practice was located on the first floor with access up two flights of stairs and no lift available. We considered the practice to be unsuitable for wheelchair users and found this was appropriately communicated to patients in the practice information leaflet. We found parking spaces next to the entrance were reserved for patients with impaired mobility and a call bell was installed at the bottom of the stairs to call for assistance. Handrails were available up the stairs and next to two steps near the treatment rooms, while grab rails were installed in the patient toilet.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the dental practice was well maintained with spacious, well-lit treatment rooms that had a consistent layout throughout. Internally, the environment was decorated and furnished to a generally good standard. However, we found the metal framed reception window showed signs of black mould that appeared to be historical. Externally we found a small area of render had been removed which could lead to an ingress of water into the property.

We recommend the registered manager arranges for:

- Window frames to be appropriately cleaned and repainted, or consider replacement
- The patch of missing external render to be rectified as soon as possible.

Patient areas were comfortable, uncluttered and free from hazards. We saw suitable arrangements for staff to change their clothes and store their personal possessions. A comprehensive up-to-date health and safety policy was in place and an approved health and safety poster was on display in the staff room. The employer's liability insurance was also displayed.

We found a business continuity policy with a list of procedures to be followed should it not be possible to provide the full range of services due to an emergency event such as electricity outage, flood, or a system failure. Up-to-date five yearly Electrical Installation Condition Report (EICR) and Portable Appliance Testing (PAT) records were available. A burglar alarm was installed with a maintenance contract in place.

We found the practice had a current fire equipment maintenance contract in place and that all fire extinguishers had been serviced within the last year. All staff at had completed fire safety training with a suitable proportion also trained as fire marshals. We saw evidence of weekly checks of fire safety equipment and regular fire drills, and that fire exits were suitably signposted. A fire risk assessment had been completed and recently reviewed.

Infection Prevention and Control (IPC) and Decontamination

We saw the treatment rooms were visibly clean and suitably furnished to enable effective cleaning. Suitable hand hygiene facilities were available in each surgery and in the toilets. We saw a cleaning schedule was in place to support effective

cleaning routines and that personal protective equipment (PPE) was readily available.

There was an appropriate up-to-date infection prevention and control policy with an appointed lead indicated. A separate policy for management of respiratory transmitted infections was in place, which included screening of patients prior to appointments and specific medical history questions. We found that the latest infection prevention and control (IPC) audit was conducted within the last year.

We saw that the practice had a sharps injury policy in place and that needlestick flowcharts were available in each surgery to provide a quick reference guide in the event of a sharps injury. The practice had arranged access to private occupational health services and all staff confirmed that they were aware of the availability of this support service.

We found the decontamination room was well organised with appropriate arrangements demonstrated for the decontamination of reusable dental instruments. Staff described a suitable system to safely transport instruments between the surgeries and decontamination room. We saw evidence of regular maintenance and periodic checks of the decontamination equipment. We noted there was only an outflow extractor installed and that the inflow of air was achieved when staff enter or leave the room. The practice may wish to consider how they may improve air in-flow as part of any future refurbishment work.

We saw a current contract was in place to safely transfer waste from the practice. Clinical waste produced by the practice was appropriately stored in a secure cupboard while awaiting collection. Suitable arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH).

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.

Medicines Management

We saw an appropriate medicines management policy was in place and that medicines were being stored securely and in accordance with the manufacturer's instructions. There were suitable processes in place for disposal of out-of-date medicines and emergency drugs. We saw that any medicines administered were recorded in the patient notes.

Adverse reactions involving medicines would be reported using the Yellow Card scheme. We saw signs displayed to remind patients to inform the practice of any changes in their medical history.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice and was based on current national resuscitation guidelines. We confirmed that staff working at the practice had completed resuscitation training within the last year.

We inspected equipment and medicines for use in the event of an emergency at the practice. A suitable system was in place for checking stocks and identifying when medicines and equipment need to be replaced. We confirmed all medicines were in date.

We saw evidence that oxygen cylinders had required service maintenance checks and that staff had completed training in their use. We inspected the first aid kit which was found to be appropriately stocked with all items in date. We found a sufficient number of appointed trained first aiders to ensure there was cover in the event of sickness and holidays.

Management of Medical Devices and Equipment

We found the dental surgeries were suitably equipped to provide safe and effective dental treatment. Clinical equipment appeared clean and in good condition.

We found documentation available to show arrangements were in place for the safe use of the X-ray equipment and that appropriate signage was displayed on each surgery door. We also saw documentation showing the equipment had been subject to the necessary maintenance and testing, and that a radiation risk assessment was in place.

We found clinical evaluations and justifications for each X-ray exposure were noted in patient records and that a quality assurance programme was in place in relation to X-rays covering dose levels and image quality. We saw that radiography audits had been completed.

We confirmed all staff who were involved in the use of X-rays had completed relevant training and saw evidence of this within the sample of staff files we reviewed.

Safeguarding of Children and Adults

We saw a suitable up-to-date policy was in place in relation to safeguarding and all staff in the practice had access to the latest All-Wales Safeguarding guidelines. The practice had a dedicated safeguarding lead appointed. Quick reference safeguarding flowcharts were available in each surgery and at the reception desk

for easy access in the event of a concern. These included the contact details for the relevant local safeguarding team.

Staff were appropriately trained and knowledgeable about child and adult protection and knew who to contact in event of a concern with wellbeing support available for staff via private occupational health providers.

Effective

Effective Care

We found there was sufficient trained staff in place at the practice to provide patients with safe and effective care. Staff were clear regarding their roles and responsibilities at the practice and we were assured that regulatory and statutory guidance was being followed when treatment was provided.

We saw the practice used recommended checklists to minimise the risk of wrong tooth extraction and that relevant professional advice was available to staff if required.

Patient Records

We were told that digital records were backed up to secure cloud based storage daily and that records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017. A suitable system was in place to help ensure patient records were safely managed. However, we found one drawer containing paper records would not lock. As this was in a secure area behind reception with controlled access, we did not consider this to be an immediate risk but raised this with senior staff who arranged for the records to be moved to another secure drawer during the inspection.

We reviewed the dental care records of six patients. Overall, we considered the quality of patient records to be very good. Each record had suitable patient identifiers with the reason for attendance including the symptoms recorded. All records reviewed contained the previous dental history and indicated that medical history was checked at each consultation. The records also showed evidence of treatment planning including options available, and that informed consent was obtained from patients prior to each treatment.

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for

the services provided. We considered there was good levels of communication between the team and other services to ensure referrals were dealt with promptly.

We considered the facilities and premises well equipped for the services being delivered and that clinical sessions were used efficiently. A short notice list was in operation to enable staff to back-fill cancelled appointments. We were encouraged that the practice had reviewed the waiting list for new patients and would consider additional clinical staff to cater to this demand.

Quality of Management and Leadership

Leadership

Governance and Leadership

There was a clear management structure in place, with the principal dentists responsible for the day-to-day management of the practice with the assistance of the lead nurse and wider practice team. We found the practice was well led with a clear commitment to providing a high standard of service. We noted a positive response to feedback both during the inspection and from patient comments.

There were suitable arrangements for sharing relevant information and urgent healthcare safety notices with the staff team including regular structured team meetings and emails. We saw detailed minutes of meetings were recorded and shared with staff who were absent to ensure they were kept up to date with work related matters.

We found a comprehensive range of written policies available to staff to support them in their roles. These had been subject to regular reviews and were signed by staff to confirm they had read and understood the contents. Appropriate processes were in place to notify staff of any updates.

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.

All staff who completed the HIW questionnaire said that they would recommend the practice as a good place to work and agreed that their current working pattern allowed for a good work-life balance. All agreed that they had fair and equal access to workplace opportunities, and felt the workplace was supportive of equality and diversity. All agreed that they had not faced discrimination within the workplace.

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

“Enjoyable place to work, policies followed correctly and patients well cared for.”

“All staff are involved in any changes within the practice and given a voice to be involved instead of just being told what to do! Feel very supported by both principals.”

Workforce

Skilled and Enabled Workforce

The practice team comprises of two dentists, three hygienists / therapists and four dental nurses. We considered the number and skill mix of staff was appropriate to deliver the dental services provided. We were told the practice used regular agency staff to cover staff leave and absence and saw detailed evidence of a system to check their competency and fitness to work at the practice. On the day of our visit, we found that the registered manager to be open and approachable to staff and there was a good team spirit among the staff.

All staff who answered the HIW questionnaire said there were enough staff to allow them to do their job properly and that they were able to meet the conflicting demands of their time at work. All staff also agreed that there was an appropriate skill mix at the practice.

The practice had an up-to-date recruitment policy which set out all the information and documentation that must be available in respect of staff working at the dental practice. We saw an in-depth induction process was in place that was fully documented and signed off by senior managers once completed. A practice whistleblowing policy was available for staff to guide them should the need arise.

We reviewed the personnel files of staff working at the practice. We saw all staff had a valid Disclosure and Barring Service (DBS) certificate, evidence of indemnity insurance, and where relevant, current registration with the General Dental Council (GDC). Evidence of Hepatitis B immunisations and other health screening records were present for all staff. We were told that compliance with workforce obligations were monitored by the practice management team.

We saw evidence of annual staff appraisals containing objectives that had been agreed between staff and management. Staff had attended training on a range of topics relevant to their roles within the practice, which was effectively monitored and allocated by the practice manager.

All staff who responded to the HIW questionnaire agreed that they had appropriate training to undertake their role and had an appraisal within the last 12 months.

Culture

People Engagement, Feedback and Learning

Arrangements were described for seeking feedback from patients about their experiences of using the practice including options to leave reviews on the practice website. A suggestions box was available to enable patients without

digital access to provide feedback anonymously. We saw evidence of regular patient survey campaigns.

We were told that feedback is regularly reviewed and discussed at team meetings. We saw that the practice informed patients of action taken as a result of feedback by displaying a 'You said, we did' notice on the reception counter.

We saw the practice complaints procedure displayed in the waiting area, which indicated which staff member was appointed to handle complaints and included details of other organisations that patients could approach for help and support. The procedure was clearly marked to indicate it was also available in Welsh and in large print. We reviewed the complaints folder and found the process was well documented and adhered to the timescales stipulated in the practice procedure.

Learning, Improvement and Research

Quality Improvement Activities

The practice had a clinical governance policy and a good scheme of audits in place as part of the practice's quality improvement activities. We were provided with several examples of completed audits with findings extracted and audits repeated where issues were identified. We found the Healthcare Education and Improvement Wales (HEIW) clinical audit of antibiotic prescribing was in process.

We were told that the practice was a Denplan Excel certified practice and BDA member and used a combination of industry recognised quality improvement tools and resources to help improve standards. We were told that a Maturity Matrix Dentistry (MMD) session was scheduled for May 2025.

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
There were no immediate concerns resolved during this inspection.			

Appendix B - Immediate improvement plan

Service: Cwmbran Dental Care

Date of inspection: 18 March 2025

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 non-compliance concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Cwmbran Dental Care

Date of inspection: 18 March 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
<p>We recommend the registered manager arranges for:</p> <ul style="list-style-type: none"> Window frames to be appropriately cleaned and repainted, or consider replacement The patch of missing external render to be rectified as soon as possible. 	<p>We recommend the registered manager arranges for:</p> <ul style="list-style-type: none"> Window frames to be appropriately cleaned and repainted, or consider replacement The patch of missing external render to be rectified as soon as possible. 	Regulation 22(2)(a) & (b)	<ul style="list-style-type: none"> The windows treated and repainted as an interim measure. Replacement windows scheduled Render repaired by landlord. 	<p>Ruth Collis</p> <p>Responsible Individual/Practice Principle</p>	<p>Completed 29.3.25</p> <p>12.6.25</p> <p>Completed 20.5.25</p>

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): Matthew Calder
Job role: Practice Manager/ Practice Principal
Date: 20/05/2025