

General Dental Practice Inspection Report (Announced)

Whitland Dental Co

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In writing:

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

Or via

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

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 Whitland Dental Co 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 invited staff to complete a questionnaire to tell us their views on working for the service. A total of 17 questionnaires were completed by patients or their carers and 4 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 received positive feedback from patients regarding their care journey at Whitland Dental Co. We found professional staff treating patients with dignity and respect. Supportive arrangements were in place to enable effective communications between patients and staff and patients told us they were given satisfactory information regarding the costs, risks and benefits of treatments. However, we were informed by some patients they would not know how to access urgent out of hours care.

All patients told us they found it easy to get an appointment when they needed one and the written comments provided by patients were all positive.

This is what we recommend the service can improve:

- The registered manager must improve the information available to patients regarding out of hours urgent dental care.

This is what the service did well:

- Reasonable adjustments were actively offered to patients and staff with disabilities
- Appointment management and emergency triage systems were robust
- All patient feedback was positive.

Delivery of Safe and Effective Care

Overall summary:

We saw robust policies and procedures were in place to uphold the health, safety and wellbeing of both patients and staff. It was noted refurbishments were ongoing at the practice, though it was still being maintained to a good standard to enable safe and effective care to patients. All areas of the practice were clean and organised, with satisfactory arrangements in operation for the safe decontamination of reusable equipment.

Surgeries and waiting areas were appropriately sized to meet the needs of staff and patients. Personal protective equipment was routinely available and used frequently when treating patients. Patient care was delivered in a safe and effective manner, however, we did see an area for improvement regarding tooth extraction checklists.

This is what we recommend the service can improve:

- The registered manager must put robust safeguards in place to prevent wrong tooth site extractions.

This is what the service did well:

- The environment was suitably maintained and cleaned in line with appropriate procedures
- Patient records were maintained to a good standard
- Safeguarding procedures were comprehensive and up to date
- Radiographic treatments were undertaken safely by trained staff.

Quality of Management and Leadership

Overall summary:

We found suitable management and leadership arrangements in place to enable the delivery of effective care to patients. All staff we spoke with were polite, knowledgeable and supportive of patients and each other.

The staff records we reviewed were fully complete and we saw good practice where staff completed training above the mandatory requirements. The procedures for raising concerns from patients or staff were both appropriate and met the expected standard.

We noted a proactive approach to quality improvement with all mandatory improvement activities routinely taking place. However, we saw an area to improve regarding clinical peer review.

This is what we recommend the service can improve:

- The registered manager should continue to ensure a robust schedule of clinical peer review takes place.

This is what the service did well:

- All staff feedback was positive
- The system for the collection and review of patient feedback was suitable.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care provided by Whitland Dental Co for the inspection in March 2025. In total, we received 17 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 17 responses. Overall, the respondents' comments were positive. Respondents stated the service provided was either 'very good' (15/17) or 'good' (2/17). Patient comments included:

"Excellent service, friendly and comforting. Professional and up to date staff and facilities."

"I am very nervous at the Dentist. I was really put at ease during my treatment."

"It must have been difficult taking over and renovating a practice at the same time. I have had to make repeated visits in the last year and have always received 1st class attention and treatment in spite of all the changes and improvements going on behind the scenes."

"Friendly, professional excellent service."

"Since it's been taken over, I feel as though I am getting better treatment, and it is easier to get an appointment."

Person-centred

Health promotion and patient information

We found information was available to patients to promote good oral health. Staff told us information was provided orally to patients following their appointments, particularly regarding smoking cessation and good brushing guidance. The practice reception area was in the process of complete renovation and the practice manager confirmed additional information for patients would be made available once this was complete. Toothpaste samples were provided to paediatric patients to promote good oral health.

The practice statement of purpose and patient information leaflet were both available for patients to review upon request. We observed the fees for private services were clearly displayed in the patient information book and online. The names and General Dental Council (GDC) numbers for clinical staff were displayed where they could be easily seen. We saw the opening hours and emergency contact details displayed on the exterior of the practice.

All patients who responded to the HIW questionnaire stated their oral health was explained to them in a manner they could understand. All except one of the respondents agreed they were given clear aftercare instructions on how to maintain good oral health.

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their time at Whitland Dental Co. The patient waiting area was away from where telephone calls were taken, which prevented phone calls being overheard. A self-service check-in process was in place, meaning no patient would be overheard when booking in to their appointment. Staff signed a copy of the practice data protection policy to confirm they read and understood their responsibilities in the protection of patient information.

The practice had solid surgery doors, which were kept closed during appointments, and we saw all surgeries had blinds. These measures protected patient privacy while in surgery. All staff responding to the HIW staff questionnaire stated the dignity and privacy of patients were always maintained. All patients who completed the HIW questionnaire said they felt listened to by staff during their appointment and that staff treated them with dignity and respect.

We noted the Nine Principles prepared by the GDC were on display at reception.

Individualised care

All respondents to the HIW patient questionnaire stated they were given enough information to understand which treatment options were available, including information on the risks and benefits. Respondents to the staff questionnaire confirmed patients were involved as much as they wanted to be in the decisions about their treatment, this was confirmed by what patients told us. Staff survey respondents also told us that the care of patients was a top priority for their practice.

All patients stated they were given information on how the setting would resolve any post-treatment concerns. All patients also agreed they were given suitable guidance on what to do in the event of an infection or emergency.

Timely

Timely care

We found a satisfactory appointment process in place to manage the time of practitioners appropriately. Patients made appointments over the telephone or in person post-treatment. Staff informed us they rarely ran behind with appointments. However, where appointments did extend beyond the scheduled time, staff ensured patients were informed of delays. Patients would be informed of delays prior to, or upon, arrival and offered alternative appointments, where necessary.

Staff told us that the clinician had different wait times between appointments but generally no patient waited longer than three months to be seen for a routine appointment. Appointments were arranged in accordance with patient availability wherever possible, including arrangements to treat school-age children outside of school time.

Patients responding to the HIW questionnaire indicated they found it 'very easy' (12/16) or 'fairly easy' (4/16) to get an appointment when they needed one.

Staff told us they triaged patients 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 or arrange for a clinician to call patients back. We also saw slots in the diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen in the event of an emergency. Nearly half of respondents (7/16) to the HIW patient questionnaire stated they would not know how to access out of hours dental services if they had an urgent dental problem.

The registered manager must improve the information available to patients regarding out of hours urgent dental care.

Equitable

Communication and language

We saw supportive arrangements in place to enable effective communication between the clinician and patients. Online translation tools were used, where needed, to communicate with patients whose first language was not English. Documents were available in different formats, with more specialised documents provided upon request by patients. Digital devices used to collect patient data were also able to be adjusted to meet patient needs.

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 an annual session on supporting equality and diversity. We also saw a robust zero-tolerance to harassment and discrimination policy in place.

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.

We saw a suitable means to support patients and staff with any reasonable adjustments required. This included a live transcription tool used for hard of hearing patients. An additional example included where a staff member suffering from a chronic illness was offered light duties. All of the patients who responded to the HIW questionnaire said the building was accessible.

Delivery of Safe and Effective Care

Safe

Risk management

We found a visibly tidy and organised practice which was in a satisfactory state of repair internally and externally. As noted elsewhere in this report, the practice was in the process of a full renovation therefore some areas did look unkempt but there were no visible hazards to patients. The practice was set over two floors, with a suitably sized waiting area for the for the number of patients. The practice had ramped access around the ground floor and a downstairs surgery to assist those with mobility difficulties. We heard telephone lines in working order and saw an instant messaging system was used for the clinician to communicate internally. Respondents to the HIW staff questionnaire confirmed they had access to the right systems they needed to provide good care to patients. Staff changing areas were suitable and had lockers available for staff. The practice had no current patient toilet, however, a local public toilet was clearly advertised to patients in the waiting area.

All staff survey respondents told us the facilities they had were appropriate for them to carry out their specific tasks. Respondents also said the environment was appropriate in ensuring patients receive the care they require.

Appropriate 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. We noted policies in place for ensuring the premises remained fit for purpose and for the management of risks. The dental equipment we inspected was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw that single use items were used where appropriate. 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. We saw evidence that checks had taken place on both gas and electrical safety by contractors. Portable Appliance Testing had also recently taken place.

The practice employer liability insurance certificate was on display and 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. All staff who responded to the questionnaire issued by HIW said cleaning schedules were in place to promote regular and effective cleaning of the practice. Respondents also said they had sufficient access to personal protective equipment (PPE) to support safe individual patient care. While on inspection, staff acknowledged as practice renovations were progressing this did make maintaining cleanliness challenging. However, all areas of the practice and equipment we saw were maintained to a suitable standard to allow for effective decontamination and cleaning. We also saw appropriate hand hygiene arrangements and signage were in place.

All of the patients who responded to the HIW questionnaire said they felt the practice was very clean. All of the respondents also indicated IPC measures were being appropriately followed. One patient said:

“Care taken on all visits.”

We saw satisfactory measures in place to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room. We reviewed comprehensive records of daily autoclave machine cycle checks and a routine schedule of maintenance. The staff we spoke with were clear about their individual responsibilities in relation to infection control measures and confirmed they had received appropriate training in their roles. The training records we reviewed confirmed all staff had appropriate training in place for the correct decontamination of equipment.

We found the process for the Control of Substances Hazardous to Health (COSHH) was robust. 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. 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 suitable qualifications in cardiopulmonary resuscitation for all staff and there were two trained 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 equipment to ensure they were ready to use, when needed.

Safeguarding of children and adults

Comprehensive 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. Safeguarding contact sheets and flow charts were also available to assist staff in the event of a safeguarding matter.

The staff training records we reviewed indicated staff were suitably trained in the safeguarding of children and adults. The staff we spoke with during the inspection demonstrated a satisfactory understanding of 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. Reusable dental equipment was used in manner which promoted safe and effective care. Appropriate arrangements were in place for servicing and the prompt response to system failure for all equipment. The staff we spoke with were confident in using the equipment and the training records we inspected confirmed they had received suitable training for their roles.

The practice radiation protection folder was up to date and comprehensive. On review of patient records, we found the clinical notes for radiographic treatments to be fully complete. Staff noted patients were suitably informed of the risks and benefits of radiation and we saw that radiation exposures were correctly captured within patient records. We saw 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. However, we did not see the use of clinical checklists to prevent wrong tooth site extractions. Additional measures such as wrong tooth site extractions are actively encouraged at all times to prevent harm to patients.

The registered manager must put robust safeguards in place 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 comprehensive picture of the care patients were being provided, including suitable recording of cancer screening, intra and extra oral checks, full base charting and soft tissue examinations.

We saw a suitable digital system was in place to ensure suspected oral cancer referrals were followed up in a timely manner.

Quality of Management and Leadership

Leadership

Governance and leadership

We found a clear management structure in place to support the effective running of the practice. The practice manager and principal both explained they felt supported to undertake their leadership roles effectively. Staff meetings were held monthly and attended by all staff. On review of staff meeting minutes, we noted suitable discussions around health and safety, infection control, staffing matters as well as emergency procedure reviews.

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.

An online compliance tool was used to suitable identify, record and manage the risks, issues and mitigating actions at the practice. The system was also used to monitor and update policies and procedures on a routine basis and communicate these changes to staff.

Workforce

Skilled and enabled workforce

We noted a positive working environment at the practice and observed good staff working relationships. All staff responding to the HIW questionnaire said they would recommend the practice as a good place to work. All respondents also said they would be happy with the standard of care provided here if a friend or relative needed dental care.

We found the system in place to ensure a suitable number of qualified staff were working at any one time was satisfactory.

We found comprehensive and supportive arrangements in place enabling all staff to remain trained to an appropriate level for their roles. We reviewed all four 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. All respondents to the HIW staff questionnaire said the practice encourages them to report incidents or near misses. All respondents all said they would feel supported if they did raise a concern and the practice would take action to ensure incidents did not happen again. A whistleblowing policy was in place to provide guidance on how staff can raise concerns. Being a family-managed business, any staffing concerns would be referred on to a human resources company to avoid any conflicts of interest.

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 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. Both dental nurses were new starters and had not been in post longer than one year, meaning full end of year appraisals had not taken place. However, we saw suitable evidence of interim appraisal having taken place.

Culture

People engagement, feedback and learning

A comprehensive system for the collection and review of patient feedback was in place. Patients were sent customer service reviews to complete online post-treatment, and an annual patient survey was completed. Feedback was reviewed weekly by the practice manager and feedback in team meetings. Responses to feedback were communicated in the patient newsletter.

The practice complaints procedure was suitable and a copy available in the patient information book at reception. Complaints were overseen by the practice manager and their contact details were noted in the complaint procedure. Verbal complaints were logged by staff and communicated to the practice manager 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 dental complaints service. While there were no complaints for us to review, we were assured by the procedures in place.

Learning, improvement and research

Quality improvement activities

We found a suitable 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.

This was a recently established single practitioner service, which meant formal, or informal, clinical review was not as routine as an already established or larger setting. In order to drive continuous improvement, with the support of other clinicians, the setting should continue their frequent and formal clinical peer review through their Denplan contract and seek other professional support, where it is needed. This will ensure best practice can be attained for patients by the service.

The registered manager should continue to ensure a robust schedule of clinical peer review takes place.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service: Whitland Dental Co

Date of inspection: 18 March 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 immediate concerns were identified on this inspection					

Appendix C - Improvement plan

Service: Whitland Dental Co

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
1. Nearly half of respondents (7/16) to the HIW patient questionnaire stated they would not know how to access out of hours dental services if they had an urgent dental problem.	The registered manager must improve the information available to patients regarding out of hours urgent dental care.	Private Dentistry (Wales) Regulations 2017, Section 13 (1) (a)	<ol style="list-style-type: none">1. Our Summer 2025 Newsletter will be available on our website blog and will be sent directly to our patients who have accepted marketing communications. An explanation and relevant links will be part of this publication.2. Clear instructions are now available in the following places:<ul style="list-style-type: none">• Our website: www.whitlanddental.co,	Dr Alexandra Davies	Completed on 2 nd May 2025 (Newsletter will be published in June 2025 but has already been drafted) (Patient information book and coffee table will

				<p>under the heading patient information > Promises, Expectations & Guidance > The Essentials.</p> <ul style="list-style-type: none"> • Our opening hours and contact details are on the front door and side window of the practice entrance. • Our patient information book which is in the patient lounge on the coffee table. <p>Our phone line: 01994 238 660, which has options for our opening hours, emergency appointments and out-of-hours care.</p>		be put back into reception after it has been painted at the end of May 2025).
2.	We did not see the use of clinical checklists to prevent wrong tooth site extractions. Additional measures such as wrong tooth site extractions are	The registered manager must put robust safeguards in place to prevent wrong tooth site extractions.	Section 13 (1) (b)	<ul style="list-style-type: none"> • A clinical checklist for dental extractions is now readily available within the extraction tools box. <p>The practice software now contains a digital template of the clinical checklist that is</p>	Dr Alexandra Davies	Completed on 2 nd May 2025.

	actively encouraged at all times to prevent harm to patients.			filled in before each extraction and is part of the clinical records.		
3.	This was a recently established single practitioner service, which meant formal, or informal, clinical review was not as routine as an already established or larger setting. In order to drive continuous improvement, with the support of other clinicians, the setting should continue their frequent and formal clinical peer review through their Denplan contract and seek other professional support, where it is needed. This will ensure best practice can be	The registered manager should continue to ensure a robust schedule of clinical peer review takes place.	Section 16 (1) (a)	<ul style="list-style-type: none"> • Since January 2025 Dr Alexandra Davies has actively been involved with two colleagues (who work for the HEIW and HIW), who currently peer review her professional and clinical development. • The practice is actively networking with other local practices and has informally agreed to audits/peer reviews in the future. • All staff have access to CPD and are actively encouraged to complete it in line with the GDC requirements. <p>Practice management software prompts staff to undertake audits in line with current guidelines.</p>	Dr Alexandra Davies	Ongoing since January 2025 (Audits have been taking place since September 2024).

attained for patients by the service.					
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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.

Name (print): **Dr Alexandra Davies**
Job role: **Registered Manager, Practice Owner & Principal dentist**
Date: **2nd May 2025**