

General Dental Practice Inspection Report (Announced)

Jamil Dental, Hirwaun, Rhondda
Cynon Taf

Inspection date: 07 May 2025

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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 Jamil Dental, Hirwaun, Rhondda Cynon Taf on 07 May 2025.

Our team for the inspection comprised of a HIW healthcare inspector and a dental peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 20 questionnaires were completed by patients and three were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that the staff at Jamil Dental were committed to providing a positive experience for their patients.

We observed staff treating patients in a polite, friendly and professional manner. A good range of information was provided to patients about the service and treatments provided.

All but one respondent to the HIW questionnaire rated the service as very good or good.

This is what we recommend the service can improve:

- Ensure the Statement of Purpose is correct and up to date.

This is what the service did well:

- Pleasant, well-maintained environment
- Useful information made clearly available to patients
- A large-print version of the patient information leaflet was readily available
- Patient feedback encouraged and acted upon.

Delivery of Safe and Effective Care

Overall summary:

Policies and procedures were in place to support safe and effective care. The practice was well maintained and organised. Dental surgeries were well equipped and fit for purpose.

Staff followed clear infection prevention and control procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice. There were robust procedures in place for the safe use of medicines and clinical equipment.

This is what we recommend the service can improve:

- Repair minor damage to plasterwork to enable effective cleaning
- Ensure patient records consistently include all required information
- Ensure that the HIW registration is up to date regarding the provision of conscious sedation.

This is what the service did well:

- The safeguarding leads had undertaken training at Level 3
- Clinical equipment was safe and maintained appropriately
- Robust measures were in place to ensure high standards of infection control

Quality of Management and Leadership

Overall summary:

We found that Jamil Dental had good leadership and clear lines of accountability. The owner and the practice manager demonstrated commitment to providing a high standard of care.

Staff records were well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and performance management.

There was a comprehensive range of policies and procedures in place. These were regularly reviewed and updated.

The practice made good use of electronic systems to support the management and improvement of the service.

This is what the service did well:

- Effective management of the surgery, as part of a group of practices
- Systems in place to ensure regular review of policies and procedures
- Robust systems and records for the recruitment and employment of staff.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, those patients who responded to the HIW questionnaire provided positive comments, with 18 out of 20 respondents rating the service as very good.

Patient comments included:

“Very friendly and professional.”

“I have been attending this practice for over 20 years and through the recent change in ownership. I feel comfortable in the familiar surroundings and all the team are very friendly, helpful and professional and support my additional needs.”

Person-centred

Health promotion and patient information

We saw a good range of leaflets and posters in the waiting areas and a comprehensive patient information folder was available. These informed patients about the service and treatments provided, how to maintain good oral health and dental hygiene and treatment fees.

The practice Statement of Purpose was available on the practice website and in the patient information folder. The Statement of Purpose had been updated to refer to a new Registered Manager, prior to this change being approved by HIW

The registered manager must ensure that the Statement of Purpose provided to patients is up to date and has been approved by HIW.

Copies of the patient information leaflet were readily available to patients as required by the regulations.

Pictures, names and roles of the clinical staff were on display in the waiting area.. General Dental Council (GDC) registration numbers for the staff were also on display.

All but one respondent to the HIW questionnaire said that staff explained their oral health clearly and all but two agreed that staff provided aftercare instructions on how to maintain good oral health.

Dignified and respectful care

Doors to surgeries were kept closed during treatment, and external windows were obscured to preserve patient privacy and dignity. Music was played in public areas which helped provide privacy to patients at reception.

Staff told us that patients wanting a private discussion would be taken to an available surgery.

Treatment prices were clearly available to patients in the waiting area and at the reception desk.

The nine core ethical principles of practice established by the General Dental Council (GDC) were displayed setting out what patients should expect from dental professionals.

The practice had up-to-date Employer's Liability Insurance. However, a copy of the certificate was not on display. This was addressed during the inspection with a certificate printed and put on display.

All but one respondent to the HIW questionnaire felt they were treated with dignity and respect.

Individualised care

We reviewed a sample of six patient records and confirmed that appropriate identifying information and medical histories were included.

All respondents to the HIW questionnaire who provided an opinion said that staff gave them enough information to understand which treatment options were available, and the risks and benefits of these.

Timely

Timely care

Staff told us that clinical staff working in surgeries would update reception staff about any delays. Patients would then be updated verbally and given the option to re-book their appointment if desired.

The practice opening hours were clearly displayed by the front door, in the patient information leaflet and on the practice website.

Patients could book appointments by phone, in person or submit an enquiry via the practice website.

Staff told us that emergency appointments were included in the daily schedule and prioritised based on patient symptoms and clinical need.

All but one respondent to the HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one. 8 out of the 19 patients who provided a response said they would not know how to access the out of hours service if they had an urgent problem. However, during the inspection we noted that the emergency contact number was clearly displayed outside the practice, in the patient information leaflet and on the practice website.

Equitable

Communication and language

Staff had access to translation services if required for non-English speaking patients. We were told that patients also made use of translation applications on their mobile phones.

The patient information leaflet was available in both English and Welsh.

Rights and equality

The practice had an employee handbook that included a comprehensive section about equality and diversity for both staff and patients. This included relevant legislation, protected characteristics, types of discrimination and actions to take to prevent discrimination.

Staff told us that preferred names and/or pronouns were recorded on patient records, which ensured that transgender patients were treated with respect.

Some adjustments had been made to accommodate patients with mobility difficulties. There was an accessible patient toilet on the ground floor that was fitted with grab handles and an emergency cord. However, both surgeries at the practice were on the first floor. This was clearly stated in the patient information leaflet and patients unable to use stairs would be referred to a more accessible practice.

There was a hearing loop at reception to aid patients with hearing difficulties. A large-print version of the patient information leaflet was readily available in the waiting area.

Delivery of Safe and Effective Care

Safe

Risk management

We found the premises to be clean, well-maintained, and free from obvious hazards.

A staff-only room used for call handling had pipework rising from the floor that could pose a trip hazard and we advised that this be addressed.

The registered manager must take action to remove the trip hazards in the call handling room.

There was an up-to-date building maintenance policy in place. We noted some minor damage to plasterwork that could hamper effective cleaning.

The registered manager must ensure that damaged plasterwork is repaired.

The practice had an appropriate Health and Safety policy which was supported by a comprehensive range of risk assessments. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

The practice had an up-to-date business continuity and disaster recovery policy which included emergency contact phone numbers.

We saw evidence of up-to-date Portable Appliance Testing (PAT), five-yearly electrical installation inspection and annual gas safety checks.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment in place. We advised that issues identified in the risk assessment should be put into an action plan to monitor progress. This was addressed during the inspection, with an appropriate action plan put in place.

Escape routes were clearly signposted, and we saw evidence of fire drills having taken place. We noted that a fire escape route to the side of the building was partially blocked by refuse bags from a neighbouring property. These were moved during the inspection to ensure a clear egress route was available.

Fire extinguishers were mounted and indicated appropriately. The type of extinguishers used did not require annual servicing during their 10-year lifespan.

Regular visual checks of the fire extinguishers were carried out by staff. We advised that the checklist used by staff should include more detail, to clarify what to look for and record findings. This was addressed during the inspection with the process being updated to include specific checks to be performed.

Staff had access to changing facilities and lockers for the secure storage for personal items. The mixed-gender patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit.

Infection, prevention and control (IPC) and decontamination

Arrangements were in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures and having a designated infection control lead. We found the practice to have an effective cleaning regime.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. The procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood by staff. Appropriate checks on decontamination equipment were carried out and recorded.

We checked a sample of four staff records and saw evidence that staff were suitably immunised against Hepatitis B.

We reviewed the arrangements for disposal of waste, including clinical waste, and found them to be appropriate.

All respondents who provided a response to the HIW questionnaire said that the practice was 'very clean' or 'fairly clean', and that infection prevention and control measures were evident.

Medicines management

There was a medicines management policy in place, and procedures for the safe use, storage and disposal of medicines.

The practice did not have a separate designated fridge for medicines. This was addressed during the inspection with an additional fridge ordered.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory with equipment and emergency drugs being in-date and regular checks carried out. We noted that the emergency drugs were stored in a room where the temperature could potentially impact their

efficacy over time. We advised that checks be carried out and the emergency drugs stored elsewhere if necessary.

The registered manager must monitor the temperature at the storage location for emergency drugs and review this against recommended storage conditions.

Staff confirmed that they had received training on the use of emergency oxygen as part of cardiopulmonary resuscitation (CPR) training. We recommended that staff also complete specific training on the safe use of oxygen cylinders, in line with a recent safety notice. This was addressed immediately after the inspection and training certificates provided to HIW.

We reviewed staff training records and saw evidence that staff had up-to-date training in CPR. Four members of staff were designated first aiders and had appropriate training.

Safeguarding of children and adults

Policies and procedures on safeguarding of adults and children were in place and available to all staff. These included a flowchart and external contact details. Staff were not aware of the Wales national safeguarding procedures. This was addressed during the inspection with the practice manager downloading the phone application and sharing this with staff.

We reviewed a sample of staff records and saw evidence of appropriate and up-to-date training in the safeguarding of children and adults. The safeguarding leads had undertaken training at Level 3, which we consider to be good practice.

Management of medical devices and equipment

We reviewed documentation about the use of X-ray equipment and found appropriate procedures and maintenance records to be in place. We reviewed staff training records and saw that all staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). Information about the benefits and risks of X-ray exposures was readily available to patients.

During the pre-inspection discussion it was found that the practice provided conscious sedation to patients. However, we noted that this service was not included in their conditions of registration with HIW. The practice immediately applied to add this service to its HIW registration and agreed to suspend treatment using conscious sedation until the outcome of their application.

At the time of inspection the application process was ongoing and sedation was not being carried out at the practice. However, we reviewed documentation about the

clinical use of sedation and found no issues of significant concern or risks to patient safety.

We found the facilities and equipment used for conscious sedation of patients to be safe and appropriate. Equipment and procedures were in place to monitor patients during sedation and deal with medical emergencies. Certificates provided during the inspection and immediately afterwards showed staff had received specialist training.

Effective

Effective care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients.

The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to minimise the risk of wrong site tooth extraction.

Patient records

Patient records were held electronically and in line with an appropriate Records Management policy.

We reviewed a sample of six patient records and found generally good and consistent recording of clinical information. We advised that signed medical histories and information about diet should be recorded routinely.

The registered manager must ensure that patient records include signed medical histories and information about diet.

Quality of Management and Leadership

Staff feedback

Three members of staff responded to the HIW questionnaire with comments being positive. The respondents felt they had appropriate staff numbers, training and facilities to provide care to patients and that care of patients was the top priority for the practice. All three respondents said they would recommend the practice both as a good place to work and recommend the service to friends or relatives.

Leadership

Governance and leadership

There were clear management structures in place and we saw a clear commitment to providing a high standard of service and a positive attitude to making improvements.

We were told that weekly staff meetings took place and monthly meetings for clinicians. These included staff from other practices in the group and minutes were shared electronically.

Annual appraisals were used to discuss staff performance along with the use of personal development plans.

We found that a comprehensive range of policies and procedures were in place and reviewed regularly. These were stored using an electronic system, making them available to staff. There were robust systems in place to ensure policies and procedures were kept up to date.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw policies and procedures detailing the recruitment process which included suitable fitness to work checks made on prospective employees. These checks included proof of identity, the right to work, qualifications and vaccinations and use of the Disclosure and Barring Service (DBS).

We reviewed a sample of staff records and saw evidence that staff were registered with the GDC, covered by professional indemnity insurance, and had appropriate vaccination against Hepatitis B. We also saw that DBS checks had been carried out.

Staff training requirements were actively monitored using an electronic system. We found there was good compliance with mandatory training requirements and the systems used were effective.

Culture

People engagement, feedback and learning

Patient feedback was actively sought with patient surveys carried out every six months. Patients were also able to provide feedback online and using a suggestion box in the waiting area.

Staff said that patient feedback was reviewed regularly with a report produced twice a year collating results and identifying actions and themes.

There was a 'you said, we did' poster in the upstairs waiting area showing actions that had been taken because of feedback.

There was a comprehensive complaints procedure in place which was readily available to patients. The procedure included appropriate timescales for response and how to escalate the issue if required.

Both verbal and written complaints were logged using a spreadsheet and included full details and any actions taken. Complaints were regularly reviewed to identify trends or lessons learnt.

Learning, improvement and research

Quality improvement activities

The practice had an up-to-date policy in place for clinical governance and quality assurance. The policy included a section on reporting and learning from incidents and outlined reporting requirements for different types of incidents.

We saw evidence of clinical and non-clinical audits taking place including smoking cessation, use of antibiotics, patient records and radiographic images.

The practice gathered feedback from staff both at team meetings and through anonymous electronic feedback forms.

We were told that an application had been made to use the maturity matrix development tool provided by Health Education and Improvement Wales (HEIW).

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
A fire escape route to the side of the building was partially blocked by refuse bags from a neighbouring property.	Obstacles in a fire escape route increase the risk to patients and staff in the event of a fire.	This was raised with the registered manager.	The items were moved during the inspection to ensure a clear egress route was available.
We recommended that staff complete specific training on the safe use of oxygen cylinders, in line with a recent safety notice.	Training on the safe handling of oxygen cylinders reduces the risk to patients and staff.	This was raised with the registered manager.	This was addressed immediately after the inspection and training certificates provided to HIW.
During the pre-inspection discussion it was found that the practice provided conscious sedation to patients. However, we noted that this service was not included in their conditions of registration with HIW.	Registration of sedation services with HIW is a legal requirement to ensure appropriate measures are in place to ensure patient safety.	This was raised with the registered manager.	The practice immediately applied to add this service to its HIW registration and agreed to suspend conscious sedation until the outcome of their application.

Appendix B - Immediate improvement plan

Service: Jamil Dental

Date of inspection: 07 May 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 non-compliance issues were identified during the inspection.					

Appendix C - Improvement plan

Service: Jamil Dental

Date of inspection: 07 May 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.	Some information in the practice Statement of Purpose had not been approved by HIW.	The registered manager must ensure that the Statement of Purpose provided to patients is up to date and has been approved by HIW.	The Private Dentistry (Wales) Regulations 2017, Regulation 7	We had not yet named Emily as she was still awaiting her interview with HIW. This has now been completed, and we have received the Notice of Decision naming Emily as the Registered Manager.	Emily Brown	2 Weeks
2.	A staff-only room used for call handling had pipework rising from the floor that could pose a trip hazard.	The registered manager must ensure that risk to staff is minimised, in relation to trip hazards in the call handling room.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	This room has now been converted into another surgery, and the works are expected to be completed by Friday.	Emily Brown	1 Week

3.	There was some minor damage to plasterwork that could hamper effective cleaning.	The registered manager must ensure that damaged plasterwork is repaired.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	These were very small chips that we have new repaired with filler, sanded and painted over for cleaning as advised.	Emily Brown	1 Week
4.	Emergency drugs were stored in a room where the temperature could potentially impact their efficacy over time.	The registered manager must monitor the temperature at the storage location for emergency drugs and review this against recommended storage conditions.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	We have implemented a digital thermometer in the drugs cabinet to monitor, this is a live device that sends readings to the owner and managers phone to continuously monitor. We use the same for our medical fridge and the inspectors were happy with this on the day.	Emily Brown	Already Done
5.	Signed medical histories and information about diet were not recorded routinely in patient records.	The registered manager must ensure that patient records include signed medical histories and information about diet.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	3 monthly audits for medical forms and diet advice added to all clinicians dental templates to also audit for consistency.	Emily Brown	On Going

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): Emily Brown

Job role: Registered Manager

Date: 10 July 2025