

General Dental Practice Inspection Report (Announced)

Llandudno Smiles Dental Practice,
Llandudno

Inspection date: 19 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 Llandudno Smiles, Llandudno on 19 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 18 questionnaires were completed by patients and 6 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 Llandudno Smiles dental practice were committed to providing a positive experience for their patients.

The premises were visibly clean, in a good state of repair and provided a pleasant environment for 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 respondents to the HIW questionnaire rated the service as 'very good' or 'good'.

This is what the service did well:

- Pleasant, well-maintained environment
- Good access for patients with mobility difficulties
- Patient feedback encouraged and acted upon.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and organised. Dental surgeries were well equipped and fit for purpose.

Staff followed clear 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:

- Carry out audits of patient records to ensure consistency.

This is what the service did well:

- The practice was well equipped and fit for purpose
- Robust measures were in place to ensure high standards of infection control
- Policies and procedures were in place to support safe and effective care.

Quality of Management and Leadership

Overall summary:

We found that Llandudno Smiles dental practice had good leadership and clear lines of accountability. The owners demonstrated a clear 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, updated and signed by staff.

This is what the service did well:

- Effective management of the surgery
- 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, the responses to the HIW questionnaire were positive. All respondents rated the service provided by the dental practice as 'very good' or 'good'. Patient comments included:

"Just amazing staff and amazing service."

"I would like to thank the team for their kindness!"

"Staff always friendly and personable, it's a very good practice with some very lovely people. My treatment has been exceptional."

Person-centred

Health promotion and patient information

We saw a range of leaflets and posters in the reception and patient waiting areas. These included information about the service and treatments provided. We saw printed information about smoking cessation and staff told us that they discussed diet and health during consultations. We recommended that additional materials about general and oral health should be made available in the waiting area. This was addressed immediately after the inspection and photographic evidence provided to HIW.

The practice Statement of Purpose and Patient Information leaflet were available at the premises and on the practice website. Information was displayed showing staff names, roles and General Dental Council (GDC) registration numbers. Pictures of the clinical staff were also on display.

All respondents to the HIW questionnaire said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.

Dignified and respectful care

We saw staff treating patients in a polite, friendly and professional manner. All respondents to the HIW questionnaire felt they were treated with dignity and respect.

The premises were decorated to be welcoming to patients, with refreshments, books and activities for children in the waiting area. 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 to promote privacy. An office behind reception was available for patients wanting a confidential discussion.

Treatment prices were clearly available to patients in the waiting area and at the reception desk. The nine core ethical principles of practice, as set out by the GDC were displayed setting out what patients should expect from dental professionals. The practice had up-to-date Employer's Liability Insurance and a copy of the certificate was on display.

Individualised care

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

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

Timely

Timely care

We were told that clinical staff informed reception of any delays so patients could be kept informed 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.

Staff told us that every effort was made to accommodate emergency appointments, with morning and afternoon sessions kept available daily. Emergency appointments were prioritised based on patient symptoms and clinical need.

All respondents to the HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communication and language

The patient information leaflet was available in both English and Welsh. We were told that some staff members spoke Welsh, Spanish and Romanian, and that other non-English speaking patients typically made use of translation applications on their mobile phones or brought family members to assist. However, the practice

should be mindful that one Welsh speaking respondent to the HIW questionnaire felt that they had not been actively offered the opportunity to speak Welsh throughout their patient journey. In addition, we did not see any evidence to indicate that the language preference of patients was being recorded within the sample of ten patient records we reviewed. We discussed this with staff who provided evidence immediately after the inspection that this had been added as a field in the patient records.

Rights and equality

We saw that the practice had an equality, diversity and human rights policy and a bullying, harassment and abuse policy. The policies referenced appropriate legislation and described protected characteristics. Both policies were up to date, dated and signed by staff.

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

The practice had completed a disability access audit and adjustments had been made to enable wheelchair users and patients with mobility difficulties to access the services. The practice was on the ground floor with level access throughout. Staff told us that notes were kept on patient records to assign patients with mobility difficulties to the surgery nearest the waiting area.

A portable ramp was available to aid wheelchair users over the small front door threshold if required and the patient toilet was accessible with grab handles fitted. A dexterity pen was available to help patients with arthritis to sign documents. Staff told us that they would book longer appointments as needed for disabled patients.

Delivery of Safe and Effective Care

Safe

Risk management

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

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

The practice had an appropriate health and safety policy which was supported by a comprehensive range of risk assessments. There was no policy in place for ensuring the premises were fit for purpose. However, staff described appropriate protocols for carrying out checks and arranging maintenance and repairs and we advised that a policy be put in place to document these. This was addressed immediately after the inspection with appropriate documents provided to HIW.

There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH). We noted that de-scaling tablets used for the coffee machine in the waiting area were stored in a low-level drawer. We advised that the tablets be moved to ensure children did not have access to them and this was addressed immediately during the inspection.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment in place. Escape routes were clearly signposted, and we saw evidence of fire drills having taken place. Fire extinguishers were mounted and indicated appropriately with evidence of regular servicing and maintenance. 'No smoking' signs were clearly displayed.

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

Staff had access to changing facilities and 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.

There were appropriate procedures in place for the disposal of waste. The clinical waste bin to the rear of the premises was locked and in a gated area. However, we advised that it be moved behind a second gate for additional security. This was addressed immediately during the inspection.

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. We found the decontamination room to be well designed and appropriately sized with clean and organised facilities enabling compliance to a good standard. The procedures for the 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.

All respondents 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. Designated fridges were used to store medicines with daily temperature checks carried out.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be appropriate with equipment and emergency drugs being in-date and regular checks carried out. The emergency equipment included gloves; however, we advised that best practice would be to also include eye protection and aprons. This was addressed immediately with the items added to emergency equipment during the inspection.

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR). Three members of staff were designated first aiders and first aid kits were well stocked and readily available.

Safeguarding of children and adults

Policies and procedures on safeguarding of adults and children were in place and available to all staff. These included flowcharts and external local contact details. We reviewed a sample of staff records and saw evidence of appropriate and up-to-date training in the safeguarding of children and adults. Staff were aware of the Wales Safeguarding Procedures and we saw that they had the mobile phone application in place.

Management of medical devices and equipment

During discussions prior to the inspection, we found that the practice used a laser for some treatments which had not been registered with HIW.

The registered manager immediately ceased treatments using the laser and applied to register the laser with HIW, prior to the inspection.

During the inspection we reviewed the arrangements in place for the laser and found that it was being used safely. Appropriate records were kept, local rules were in place, staff had up to date training, protective eyewear was available for both staff and patients and the device was suitably maintained. A contract was in place with a Laser Protection Advisor, with evidence of this being submitted to HIW immediately after the inspection.

We found appropriate procedures and maintenance records to be in place for the use of X-ray equipment. We reviewed staff training records and saw that 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 not readily available to patients. However, this was addressed during the inspection with an appropriate poster placed in the patient waiting area.

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 ten patient records and generally found good recording of clinical information. However, we identified that some information required more consistent recording, such as:

- Justification of radiographs
- Patient consent for X-ray imaging
- Reporting on radiograph quality, findings and frequency
- Basic Periodontal Examinations (BPE)

- Risk assessments on caries, periodontal, tooth surface loss and oral cancer
- Information about patient alcohol use and smoking, including smoking cessation advice.

The registered manager must

- Ensure that patient records are complete and include all relevant information in line with professional standards and guidance
- Ensure that audits of patient records be carried out to monitor the quality and consistency of patient records across the practice.

Quality of Management and Leadership

Staff feedback

Six members of staff responded to the HIW questionnaire. Comments were generally positive with regard to the environment, facilities and staffing levels. All respondents agreed that care of patients was the top priority for the practice and would recommend the practice as a good place to work. Half the respondents felt they had received appropriate training and half partially agreed, stating they would find additional training useful such as treatment coordinator and management training.

Staff comments included:

"This practice has a fabulous team who all look after each other and the patients to the highest standard. I am very proud to be a part of it"

"I thoroughly enjoy working at Llandudno smiles. It is a joy to get up and come to work every day."

Leadership

Governance and leadership

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

The practice held monthly team meetings and shared minutes with staff both on paper and electronically. We were told that daily huddles were also held to provide updates and share feedback.

Systems were in place to manage performance with dental nurses having appraisals every six months and clinicians undertaking annual peer reviews. We also saw evidence of staff having personal development plans.

We found that a comprehensive range of policies and procedures were available to staff to aid them in the service provision. There were robust systems in place to ensure policies and procedures were in place and 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 and checks made on prospective employees. The recruitment 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 DBS checks carried out.

Staff training requirements were actively monitored and there was good compliance with mandatory training requirements showing that the systems used were effective.

Culture

People engagement, feedback and learning

Patient feedback was actively sought with patients able to provide feedback online and using a suggestion box in the waiting area. Staff told us that following treatment patients received a text message with a link to provide online feedback and that the practice received a monthly summary and star rating based on these.

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.

We saw that both verbal and written complaints were logged including an overview section to identify any recurring themes.

Learning, improvement and research

Quality improvement activities

There were appropriate policies and procedures in place governing quality improvement activities.

We saw evidence of a range clinical and non-clinical audits taking place including healthcare waste, use of antibiotics, health and safety and disability access. Staff told us that an audit under the Denplan Excel accreditation scheme was scheduled for the month following the HIW inspection.

The practice gathered feedback from staff both at team meetings and by using feedback forms.

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
De-scaling tablets used for the coffee machine in the waiting area were stored in a low-level drawer.	Unsupervised children could access potentially harmful substances.	This was discussed with the Office Manager.	This was addressed immediately during the inspection, with the tablets moved to a secure location.
The clinical waste bin to the rear of the premises was locked and in a gated area. However, we advised that it be moved behind a second gate for additional security.	Public access to clinical waste should be minimised as much as possible.	This was discussed with the Registered Manager.	This was addressed immediately during the inspection.
Information about the benefits and risks of X-ray exposures was not readily available to patients.	Patients should be given information to understand the risks and benefits of treatments.	This was discussed with the Registered Manager.	This was addressed during the inspection with an appropriate poster placed in the patient waiting area.

Appendix B - Immediate improvement plan

Service: Llandudno Smiles

Date of inspection: 19 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 found during the inspection.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: Llandudno Smiles

Date of inspection: 19 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 clinical information was not being recorded consistently across the practice.	<p>The registered manager must:</p> <ul style="list-style-type: none">• Ensure that patient records are complete and include all relevant information in line with professional standards and guidance• Ensure that audits of patient records be carried out to monitor the quality and consistency of	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	Practice meeting was held with clinicians. It was agreed that they would record clinical information more consistently.	Practice Manager	A new audit will be done in three months to see improvement

		patient records across the practice.			
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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.

Service representative

Name (print): Carmen Gisca

Job role: Registered Manager

Date: 16 July 2025