Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Crescent Dental, Swansea Bay University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

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 Crescent Dental, Swansea Bay University Health Board on 25 June 2025.

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

During the inspection we invited patients 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 13 questionnaires were completed by patients and 8 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 noted the rights and equal treatment of individuals were actively supported by the practice and patients received individualised care. We found effective communication systems allowed patients to communicate with clinicians in a way which suited them. However, we did find improvements were needed with regards to the Active Offer of the Welsh language at the practice.

Patients were provided with dignified and respectful care throughout their patient journey. Robust policies and procedures ensured patients were treated fairly and staff undertook specific training to protect the rights of patient, as well as the prevention of harassment.

This is what we recommend the service can improve:

- The language and communication needs of patients must be recorded to help ensure they receive appropriate care
- More could be done to fully implement the Welsh Active Offer to patients.

This is what the service did well:

- Health promotion documents for patients were clear and informative
- All patient feedback we received was positive
- The practice focused on the timely delivery of patient care.

Delivery of Safe and Effective Care

Overall summary:
We found a visibly tidy and organised practice which appeared to be in a satisfactory state of repair internally and externally. Health and safety arrangements and fire precautions for the practice were appropriate, ensuring patients received safe care in a secure and well-maintained setting.

The procedures and the equipment for managing medical emergencies at the practice were managed correctly to help ensure patient safety. We saw first aid kits were all within their expiry dates and oxygen cylinders were serviced as required. All staff were trained in cardiopulmonary resuscitation and how to operate oxygen safely.

We found the practice dental equipment was in good condition and the procedures to ensure the correct decontamination and sterilisation of reusable equipment

within the practice decontamination room were robust. We did find two pieces of equipment in one surgery which were unable to be decontaminated effectively but these were resolved by the practice immediately following the inspection. In addition, we did not find standard X-ray exam written protocols were readily available in surgeries for staff.

This is what we recommend the service can improve:

- The registered manager should ensure written protocols for standard X-ray exams are readily available for staff in surgeries.

This is what the service did well:

- Safeguarding measures were comprehensive and routinely reviewed.

Quality of Management and Leadership

Overall summary:
The staff we spoke with were engaging, knowledgeable and supportive of one another. All staff feedback was positive and indicated staff were proud to work at the setting. Clear management structures helped support the effective running of the practice, enabling the best care to be delivered to patients.

Training and inductions were overseen by the practice manager, and we saw all staff had complete training and appraisal records. All staff told us they felt trained to undertake their roles effectively and that they had received an appraisal within the last 12 months.

Quality improvement activities were comprehensive and helped drive continuous improvement throughout the service. The practice maintained a relationship with other healthcare services locally.

This is what the service did well:

- The system in place for the collection of, and response to, patient feedback was robust
- Staff demonstrated a good understanding of their professional responsibilities regarding complaints and the NHS Duty of Candour
- We found full compliance with all mandatory training requirements and the records of staff professional obligations were also fully complete.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW patient questionnaire were positive. All respondents rated the service they received from this practice as either 'very good' or 'good'. Patient comments included:

> *"Since being with Crescent Dental my treatment has been far better than my previous practice and my oral care has very much improved."*
>
> *"I have only ever had really good experiences with the dental practice, they are always helpful, and the practice feels happy."*
>
> *"The ladies on reception are always smiling and helpful, the dentists make me calm."*
>
> *"Always very friendly and professional."*

Person-centred

Health promotion and patient information
Information and advice was available for patients regarding maintaining good oral health, smoking cessation and paediatric dental care. The practice statement of purpose and patient information leaflet were both up to date and available for patients to review in English and Welsh. The fees for NHS and private services were clearly displayed alongside the names and General Dental Council (GDC) numbers of practitioners. The opening hours and emergency contact details were clearly displayed outside of the practice.

Patients who responded to the HIW questionnaire told us they were given clear aftercare instructions on how to maintain good oral health (12/13). All except one of the respondents stated their oral health was explained to them in a manner they could understand.

Dignified and respectful care
We found the practice provided patients with dignified and respectful care throughout their patient journey. Most respondents (12/13) to the HIW patient questionnaire told us staff treated with them with dignity and respect. Overall, the

written feedback we received was complimentary of staff and their treatment of patients.

Staff informed us that no personal information was repeated over the telephone and the reception and waiting areas were separate, meaning patient information could not be overheard. The practice had surgery doors with frosted glass, which were kept closed during appointments. The windows for the practice were frosted which prevented patients being seen while being treated. These measures maintained the privacy of interactions between staff and patients.

A patient confidentiality policy was in place and all staff we spoke with understood their responsibilities with regards to the protection of patient information. We noted the nine core principles prepared by the GDC were on display at reception.

Individualised care
Most of the respondents to the HIW questionnaire stated they were given enough information to understand which treatment options were available (10/12), the costs of procedures (10/11) and information on the risks and benefits (9/11). All staff that responded to the HIW questionnaire felt that patients were involved as much as they wanted to be in the decisions about their treatment.

Most patients (7/9) stated they were given information on how the setting would resolve any post-treatment concerns. Most patients (7/10) also agreed they were given suitable guidance on what to do in the event of an infection or emergency.

Timely

Timely care
We found the appointment management process in place utilised the time of practitioners appropriately. Patients made appointments over the telephone or in person after their appointments. Staff informed us appointments rarely ran late but should an appointment extend beyond the scheduled time, clinicians told reception of any delays. Any delays to appointments would be communicated to patients in a timely manner and they would be offered alternative appointments, where requested.

We saw an appropriate patient telephone triage system in place to ensure those most in need of urgent care were prioritised. We saw time scheduled in the diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen. Staff confirmed the practice took part in the NHS 111 service to treat emergency NHS appointments in the health board area. Most of the patients responding to the HIW questionnaire (10/13) said

they would know how to access out of hours dental care if they had an urgent dental problem.

Staff told us each clinician had different wait times between appointments but generally no patient waited longer than four weeks for a routine appointment. Appointments were arranged in accordance with patient availability wherever possible and children would be prioritised to receive appointments at a time which best suited their educational needs. Respondents to the HIW patient survey indicated they found it 'very easy' or 'fairly easy' (12/13) to get an appointment when they needed one. One patient indicated they did not find it very easy.

Equitable

Communication and language
We saw supportive arrangements in place to help enable effective communication between clinicians and patients. Language line was used to communicate with patients when required. Some patient information was available in different formats, with more specialised information provided upon request by patients. However, in the sample of the nine patient records reviewed, we did not see any evidence to indicate that the language preference of patients was being recorded.

The registered manager must ensure language and communication needs of patients are recorded to help ensure they receive appropriate care.

We found evidence the practice promoted the use of the Welsh language with patients. One staff member was a Welsh speaker, and signs advised patients to inform staff of their language preference. Some practice documentation was available in Welsh such as the statement of purpose and complaints procedure. However, the information visually displayed or actively available for Welsh speaking patients was limited.

The registered manager should work with the health board to fully implement the Welsh Active Offer.

Rights and equality
We saw how the rights and equal treatment of individuals were actively supported by the practice. The practice had suitable policies in place promoting the rights of patients and staff. Staff were also encouraged to undertake specific training to protect the rights of patients and the prevention of harassment or discrimination. A zero tolerance to harassment policy and a patient expectations policy were both in place to safeguard staff from abusive behaviour.

Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees. This included a nurse being supported into an alternative role to meet their specific requirements.

We found the rights of patients were further upheld by allowing patients to choose their preferred pronouns, names and gender on their records. Pop-up notes were added to patient records to remind staff of patient name changes.

Delivery of Safe and Effective Care

Safe

Risk management
We found the building appeared to be in a good state of repair internally and externally, enabling safe and effective care to be delivered for patients. We found the dental equipment in use by the practice was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw single use items were used where necessary. All respondents to the HIW staff questionnaire said the environment was appropriate to help ensure patients receive the care they require. All respondents also said they had the appropriate facilities to carry out their roles effectively.

The practice was set over two floors, with five appropriately sized dental surgeries. The waiting room had a reasonable amount of seating for the number of patients visiting the setting. We heard telephone lines in working order and saw suitable changing areas with lockers available for staff. We saw the toilets for staff and patients were clean and properly equipped. However, the toilet was not suitable for those patients with mobility difficulties due to the access requirements of the building. A suitable nearby alternative was communicated to patients.

Policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Satisfactory risk assessments for fire safety and health and safety had been conducted, and we saw evidence of Portable Appliance Testing having recently taken place. All respondents to the HIW staff questionnaire said their practice encouraged them to report near misses or incidents.

We found robust and comprehensive fire safety arrangements were in place. These included regular maintenance and testing of fire safety equipment, alongside clearly displayed fire exit and no smoking signs.

The practice Employer Liability Insurance certificate and Health and Safety Executive poster were both on display in the staff areas.

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 respondents to the HIW staff questionnaire confirmed their organisation implemented an effective IPC policy. Staff said the practice

environment allowed for effective IPC and decontamination, with cleaning schedules in place to promote regular and effective cleaning of the practice.

While the practice equipment was generally kept in a good state of repair, we did find some areas of improvement in one of the downstairs surgeries. The arm which attached the X-ray machine to the wall in the surgery had paint peeling away from the metal. In this same surgery, the chair where patients were treated had cracked leather near the headrest area. These issues meant the two pieces of equipment were unable to be effectively decontaminated in the areas where there was damage. The practice responded robustly by repairing the paintwork on the arm that evening and purchased a cover for the cracked leather for the chair which arrived quickly. Staff informed us this surgery was due for imminent refurbishment, and we found no other areas of concern in the practice.

All patients who responded to the HIW questionnaire said the practice was either 'very clean' (12/13) or 'fairly clean' (1/13). All patients also confirmed IPC measures were taken by staff either all the time (12/13) or sometimes / partially (1/13). Patient comments included:

> *"It makes you feel confident seeing staff in medical clothing and always cleaning."*
>
> *"Don't notice any washing of hands only glove wearing"*

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

We saw suitable measures in place to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room. We reviewed appropriate records of daily autoclave machine cycle checks and a routine schedule of maintenance. Manual equipment cleaning took place under a magnifier, with all equipment sterilised in an autoclave. We saw twice daily cycle checks took place on the autoclave machine to ensure it was functioning correctly. The training records we reviewed confirmed all staff had satisfactory training in place for the correct decontamination of equipment.

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

Medicines management
We found the arrangements in place for the safe handling, storage, use and disposal of any medicines were robust. The fridge designated for the storage of medicines was correctly managed, with temperature checks logged appropriately.

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

Oxygen cylinders were appropriately serviced, and staff had been trained in their use.

Safeguarding of children and adults
Comprehensive and up to date safeguarding procedures were in place to protect children and adults which were all easily locatable in one safeguarding folder. The procedures incorporated the Wales Safeguarding Procedures, included contact details for local support services and identified a named safeguarding lead for the practice. Updates to safeguarding policies and procedures were communicated through the health board and through the practice expert membership of the British Dental Association. We saw all staff were trained in the safeguarding of children and adults.

Management of medical devices and equipment
We saw the medical devices and clinical equipment were in good condition and fit for purpose, which enabled safe care to be delivered to patients. Reusable dental equipment was used in a manner which promoted safe and effective care. The staff we spoke with were confident in using the equipment and respondents to the staff questionnaire all said they had adequate materials, supplies and equipment to do their work. Appropriate arrangements were in place for servicing and the prompt response to system failure for all equipment.

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. The staff training records indicated all staff were trained to an appropriate level in radiography.

We saw the local rules were available for staff to review. Written protocols were also in place for every type of standard X-ray exam. However, these were not readily available for staff when operating X-ray equipment.

The registered manager should ensure written protocols for standard X-ray exams are readily available for staff in surgeries.

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 in practice 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 procedures.

Patient records

We reviewed a total of nine patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations.

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. However, we did not see that patients provided a signed medical history form at every attendance, which was then countersigned by the dentist. Signed medical histories are to ensure no changes to the medical conditions of a patient would impact upon their care. The practice implemented a new system on their patient tablet devices for the collection of signed medical records the day following the inspection.

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

Efficient

Efficient

We found clinicians were committed to delivering a satisfactory service for the needs of their patients in a suitable premises. Patients progressed through internal treatment pathways efficiently and when being referred-in were dealt with in timely manner. We saw how appointments were utilised effectively by a team with an effective skill mix and robust appointment and triage process, alongside the appropriate use of cancellations.

Quality of Management and Leadership

Staff feedback

Overall, responses to the HIW staff questionnaire were positive. All staff said they would recommend the setting as a good place to work and would be happy with the standard of care provided if friends or relatives needed dental care at the practice.

Leadership

Governance and leadership
We found a clear management structure in place to support the effective running of the practice. The practice management team told us they felt supported to undertake their leadership role effectively. We saw staff meetings were held every month and attended by all staff. On review of staff meeting minutes, we noted suitable discussions around fire safety, triage procedures and patient feedback.

The staff we spoke with were knowledgeable and supportive of one another. A suitable system was used to identify, record and manage risks, issues and any mitigating actions. The practice manager communicated safety notices to staff and any relevant notices would be displayed.

All practice policies were all up to date and comprehensive, with any changes communicated to staff in an effective manner.

Workforce

Skilled and enabled workforce
We observed good staff working relationships and noted a positive working environment at the practice. Respondents to the HIW staff questionnaire all said the practice takes positive action on health and well-being and their current working pattern allows for good work life balance. Staff also said the team was the right size to allow them to do their jobs properly and that there was an appropriate skills mix at the practice.

We found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time. Comprehensive and supportive arrangements were also in place for the continuous professional development of all staff, including paid time given to staff to undertake training. All staff who responded to the HIW questionnaire told us they had appropriate training to undertake their role.

We reviewed a total of 6 out of 18 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 system was in place to monitor compliance with staff training and enable staff to remain trained to an appropriate level for their roles. This was reflected in staff feedback with all respondents saying they had received appropriate training to undertake their role.

A whistleblowing policy was in place to provide guidance on how staff can raise concerns. All respondents to the HIW staff questionnaire said they were encouraged to report concerns, and the practice would treat them fairly should they do so.

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 the staff records we reviewed were fully complete, including up to date GDC registrations, Disclosure and Barring Service enhanced checks and health screening documentation. We saw pre-employment reference checks were stored on file or appropriate risk assessments had taken place where these were missing. Staff inductions for new starters were overseen by managers through an appropriate recruitment policy and a detailed induction checklist. We saw evidence that all appraisals took place annually for staff who had been in post for over a year and all respondents to the staff questionnaire told us they had received an appraisal within the last 12 months.

Culture

People engagement, feedback and learning
A suitable system for the collection and review of patient feedback was in place. We saw feedback forms available at reception and in the waiting area. Patients were also encouraged to complete online feedback forms, and any new patients were sent feedback forms to complete. Feedback was reviewed routinely by the practice manager and discussed at practice meetings. Responses to feedback were publicised within the reception area on a 'you said, we did' board. One recent example of a response to patient feedback was a refresh of the exterior to the practice after a patient commented it had become to look unkempt.

The complaints policy for the practice was aligned with NHS Putting Things Right and was on display in the patient waiting area. The complaints procedure for patients provided a named point of contact when submitting a complaint. Any verbal complaints were logged at reception in a booklet and communicated to the complaints point of contact in a timely manner. The means of escalating a

complaint were outlined within the patient complaint leaflet, including the contact details for HIW and the patient advocacy service, Llais.

The staff we spoke with outlined a comprehensive understanding of their professional responsibilities regarding complaints and the NHS Duty of Candour. Whilst there were no records of any recent complaints nor Duty of Candour incidents, we were assured the processes in place were robust. Respondents to the HIW staff questionnaire said they knew and understood their role as part of the Duty of Candour and the organisation encouraged them to share with patients when something had gone wrong.

Learning, improvement and research

Quality improvement activities

We found a proactive and comprehensive approach to quality improvement, with all mandatory improvement activities being regularly undertaken. These included routine audits taking place on antimicrobial prescribing, patient records as well as infection prevention and control audits. The practice were British Dental Association 'Expert' members and completed routine quality improvement activity through this membership to help drive continuous improvements. These measures enabled shared learning and helped to improve the delivery of safe and effective care to patients.

Whole-systems approach

Partnership working and development

Staff outlined how they maintained effective working relationships with their local health board and other primary care services, including the local pharmacy. We saw an appropriate process in place to follow up on any referrals made to other service providers.

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: Crescent Dental Practice

Date of inspection: 25 June 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: Crescent Dental Practice

Date of inspection: 25 June 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.	In the sample of the nine patient records reviewed, we did not see any evidence to indicate that the language preference of patients was being recorded.	The registered manager must ensure language and communication needs of patients are recorded to help ensure they receive appropriate care.	Regulation 13 (1) (a) of the Private Dentistry (Wales) Regulations 2017	Automatic reminders have been set so any time a patients file is opened, a note flags to ask patient of language preference this is then recorded on the patient notes	Isobel Mcarthur Practice Manager	Completed
2.	Some practice documentation was available in Welsh such as the statement of purpose and complaints procedure.	The registered manager should work with the health board to fully implement the Welsh Active Offer.	Regulation 13 (1) (a) of the Private Dentistry (Wales) Regulations 2017	GDC regulations/ Reminders of change in Medication for patients/Putting things right (Simplified and standard) are all on	Isobel Mcarthur Practice Manger	Completed by practice but will remain ongoing as new

	However, the information visually displayed or actively available for Welsh speaking patients was limited.			display in patient areas already. All emergency signage is already in Welsh/English. No smoking signs throughout in Welsh/English also We have contacted the Health Board in regard to this and have received the delivering active offer pack.		information received
3.	We saw the local rules were available for staff to review. Written protocols were also in place for every type of standard X-ray exam. However, these were not readily available for staff when operating X-ray equipment.	The registered manager should ensure written protocols for standard X-ray exams are readily available for staff in surgeries.	Regulation 6, The Ionising Radiation (Medical Exposure) Regulations 2017	Written protocols for X-ray procedures are now available in each room located close to the operating X-Ray Equipment. These are practice and equipment specific and all staff have been trained.	Jennifer Berndt	Completed.

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): **Isobel Mcarthur**

Job role: **Practice Manager**

Date: **11.08.2025**