Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Charles Street Dental practice, Hywel Dda 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 Charles Street Dental practice, Hywel Dda University Health Board on 19 August 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 12 questionnaires were completed by patients and 3 were completed by staff. Feedback and some of the comments we received from patients appear throughout the report. Due to the lower number of staff responses, this feedback has not been included but has been considered.

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:
All patients rated the service they received as ‘very good’, and all feedback given about the practice and staff was positive. We saw evidence that the rights and equal treatment of individuals were actively supported and upheld, which matched the feedback we received from patients regarding the dignified care received throughout their patient journey.

We saw suitable arrangements in place to enable effective communication between clinicians and patients. We also found the processes to manage appointments and to triage patients requiring urgent care were satisfactory. All patients told us their oral health was explained to them in a manner they could understand, and we saw a suitable amount of oral health promotion information on display.

This is what the service did well:

- All patient feedback we received was positive
- All patients said they were involved as much as they wanted to be in the decisions about their treatment
- The practice focused on the timely delivery of patient care.

Delivery of Safe and Effective Care

Overall summary:
We found the practice was kept to a good standard to deliver safe and effective care to patients. Reusable dental equipment was in good condition and decontamination procedures were comprehensive. Fire safety and health and safety arrangements for the practice were all appropriate to ensure patients received safe care in a secure and well-maintained setting.

Personal protective equipment was used frequently and appropriately when treating patients and infection control procedures were suitable. All patients who responded to the HIW questionnaire said infection, prevention and control measures were always followed by staff and that the practice was ‘very clean.’

All emergency equipment at the practice was in place and within their expiry dates. All the staff records we reviewed showed staff were trained in cardiopulmonary resuscitation and first aid.

This is what the service did well:

- The environment was maintained to a good standard and kept clean
- Safeguarding measures were comprehensive and routinely reviewed
- Patient records provided a clear and comprehensive picture of the care provided to patients.

Quality of Management and Leadership

Overall summary:
The staff we spoke with were engaging, knowledgeable and supportive of one another. We noted a positive working environment at the practice and observed good staff working relationships. Staff told us they would know who to speak to if they needed help or support and would feel confident raising concerns.

Induction procedures were managed in a supportive manner for new staff members, and we saw evidence that all appraisals took place annually. In the records we reviewed, we found all staff members had completed their mandatory training, and staff were given time to complete training courses by managers.

We found a proactive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, radiographic quality, hand hygiene as well as infection prevention and control.

This is what the service did well:

- Clear management structures supported the effective running of the practice
- Fitness to work requirements were monitored effectively
- Pre-employment checks in staff files were 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 the practice as 'very good'. Patient comments included:

> *" Staff are always approachable and very helpful."*
>
> *"All staff are very friendly and knowledgeable [regarding] my treatments."*
>
> *"Always very pleased with the service that this dental surgery provides. Staff are all friendly, polite and helpful."*
>
> *"They are very polite and welcoming. They make you feel at ease."*

Person-centred

Health promotion and patient information
Patient information and posters containing advice and guidance were available regarding maintaining good oral health, oral cancer checks, smoking cessation and sepsis. The practice statement of purpose and patient information leaflet were up to date and available for patients to review on request. The fees for services were displayed alongside the names and General Dental Council (GDC) registration numbers of practitioners where they could be easily seen. The opening hours and emergency contact details were clearly displayed outside 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 respondents also said they were given clear aftercare instructions on how to maintain good oral health.

Dignified and respectful care
We found the practice provided dignified and respectful care to patients throughout their care journey. All respondents to the HIW patient questionnaire told us staff treated with them with dignity and respect, listened to them and answered their questions.

Staff advised us that no personal information was repeated over the telephone, and although the reception and one of the waiting areas were joined, we did not hear any patient information being discussed over the phone which could be overheard. The practice had solid surgery doors which were kept closed during appointments and the windows for the practice were frosted on the ground floor which prevented patients being seen while being treated. These measures maintained the privacy of interactions between staff and patients.

All staff had individual confidentiality agreements in place and a policy also outlined staff 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
All respondents to the HIW patient questionnaire stated they received enough information to understand which treatment options were available, and said staff explained what they were doing throughout their appointment. All patients said they were given information on how the setting would resolve any post-treatment concerns. Patients also told us the risks and benefits of their treatments were explained as well as the costs involved. Overall, all patients said they were involved as much as they wanted to be in the decisions about their treatment.

Timely

Timely care
Robust arrangements were in place to utilise the time of practitioners appropriately and to see patients in a timely manner. Patients were generally seen within four to six weeks for routine appointments or slightly longer for those patients under NHS care. Staff told us the practice opened later, on occasion, to accommodate the needs of their patients, with all appointments arranged in accordance with patient availability wherever possible. Respondents to the HIW patient survey indicated they found it ‘very easy’ to get an appointment when they needed one. One patient commented how staff were flexible around their working hours.

Patients made appointments over the telephone or in person after their appointment. Staff informed us appointments rarely ran late but should an appointment extend beyond the scheduled time, clinicians told reception of any delays. Patients would be contacted via telephone if the delays were known prior to arrival. We found the arrangements in place ensured any appointment delays would be communicated to patients in a timely manner, with alternative appointments offered, where requested.

We saw an appropriate patient telephone triage system in place to prioritise those most in need of urgent care. We saw time allocated in the practice diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen. An out-of-hours telephone number was provided for patients to contact the practice in the event of an emergency. All patients who responded to the HIW questionnaire said they were given clear guidance on what to do and who to contact in the event of an infection or emergency.

Equitable

Communication and language

We saw supportive arrangements in place to help enable effective communication between clinicians and patients. The staff we spoke with were fully aware of the importance in communicating with a patient in a language of their choice. All the patient records we inspected had patient language preferences recorded. 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.

We found evidence the practice promoted the use of the Welsh language. The language preference of patients was being recorded and practice documentation was routinely offered to Welsh speaking patients in Welsh.

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 equality and rights of both 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 aggression and violence policy and a harassment policy were both in place to safeguard staff from abusive behaviour.

All patients who responded to the HIW questionnaire said the building was accessible. Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees. This included a higher chair with arms for patient with mobility difficulties and alternate chairs for staff with musculoskeletal conditions. We found the rights of patients were further upheld by allowing patients to choose their preferred pronouns, names and gender on their records.

Delivery of Safe and Effective Care

Safe

Risk management
The building appeared to be in a satisfactory state of repair internally and externally, visibly tidy and finished to a high standard. The practice was set over two floors, with suitably sized waiting areas for the number of patients and the four surgeries. 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 and a suitable nearby alternative would be communicated to patients, where needed.

We found the dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw single use items were used where necessary.

Satisfactory policies and procedures were in place to support the health, safety and wellbeing of patients and staff, including in the event of an emergency. Electrical safety certificates were available for portable appliances and fixed wiring; certificates were also available for gas safety. We saw risk assessments for fire safety and health and safety had been recently conducted and were comprehensive.

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.

Infection, prevention and control (IPC) and decontamination
Infection, prevention and control (IPC) policies and procedures were in place to maintain a good level of cleanliness throughout the practice and enable safe care to be delivered to patients.

Personal protective equipment (PPE) was routinely available for all staff, with hand hygiene procedures and signage all suitable. Safety plus syringes were used to prevent needlestick injuries and staff told us they occasionally used loupes to aid their vision. We found appropriate risk assessments were in place to monitor the risk of harm from sharps injuries and occupational health services for staff were delivered through the health board. The staff we spoke with were confident of the

PPE arrangements in place. These arrangements enabled safe care to be delivered to patients while ensuring staff safety.

All patients who responded to the HIW questionnaire said the practice was 'very clean'. All patients also said IPC measures were being followed by staff, one patient said:

> *"It's always very clean and staff wear appropriate clothing. I also see the equipment being sterilised."*

We observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination. Procedures to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room were suitable. Manual cleaning and autoclave sterilisation took place. We reviewed appropriate records of daily autoclave machine cycle checks and testing, as well as a routine schedule of maintenance in line with current guidance. The training records we reviewed confirmed all staff had training in place for the correct decontamination of equipment.

All clinical waste was stored and disposed of correctly through a suitable waste disposal contract. The processes in place for the Control of Substances Hazardous to Health (COSHH) was satisfactory.

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 saw the practice prescription pads were stored securely in a locked cabinet.

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

Safeguarding of children and adults

Appropriate and up to date safeguarding procedures were in place to protect children and adults. The procedures referenced the Wales Safeguarding Procedures, identified a named safeguarding lead and included an easy-read flow chart containing the contact details for local support services. Updates to safeguarding policies and procedures were communicated through training, the

health board and the practice membership of Denplan. We saw all staff were trained in the safeguarding of children and adults.

All staff we spoke with explained they would know how to identify abuse, who to contact in the event of a safeguarding concern and would feel supported by the practice if they did so.

Management of medical devices and equipment
We found the medical devices and clinical equipment were in good condition and fit for purpose. We saw how these devices and equipment, alongside reusable dental equipment, were all used in a manner to promote safe and effective care. The staff we spoke with and observed during the inspection were confident in using the equipment and records confirmed all staff had received suitable training. Arrangements were in place for servicing and the prompt response to system failure for all the equipment we inspected.

The practice radiation protection folder was available online and copies of the local rules were readily available and fully complete. Clinicians outlined clearly in patient records the discussions held regarding the risks and benefits of exposure to radiation. Staff training records confirmed all staff had received suitable training for their roles in radiation exposures.

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. Copies of the British National Formulary (BNF) were available on all practitioner desktops to aid prescribing and prevent medication errors.

We found suitable processes in place to record patient understanding and consent to surgical procedures. We saw appropriate use of clinical checklists to prevent wrong tooth site extractions.

Patient records
We reviewed a total of eight 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 reviewed provided a comprehensive picture of the care provided to patients. The records included suitable recording of informed consent, full base charting, intra and extra oral checks as well as a contemporaneous account of the treatments provided.

Efficient

Efficient

We found clinicians were committed to delivering a comprehensive service that met the needs of their patients within suitable premises. Patients progressed through internal and external treatment pathways efficiently. Urgent referrals were appropriately recorded and followed up in a timely manner by clinicians. We saw how appointments were utilised effectively by staff with an appropriate skills mix.

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 management team told us they felt they had the right skills and knowledge to undertake their leadership roles effectively. Daily huddle meetings took place and formal staff meetings were held every month and attended by all staff. Where staff were unable to attend, they signed to say they had read the minutes taken. On review of staff meeting minutes, we noted suitable discussions around surgery checklists, quality improvement, emergency appointments and patient feedback.

A suitable system was used to identify, record and manage risks, issues and any mitigating actions. The practice manager communicated safety notices to staff in meetings and any relevant notices would be displayed.

All practice policies were held within a 'practice manual' so that they could be easily located. The policies we reviewed were up to date and comprehensive, and we saw how changes were communicated to staff in an effective manner.

Workforce

Skilled and enabled workforce

Overall, we found a positive working environment at the practice. The staff we spoke with were knowledgeable and professional, and the interactions we observed between staff showed strong support for one another. Induction procedures were overseen by the practice manager and the evidence we reviewed indicated that these procedures were robust. Appraisals were annual and managers explained a suitable process for the management of any performance issues.

We reviewed 5 records out of 16 staff members working at the practice. Within these records, we found 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 pre-employment reference checks. We saw robust monitoring systems in place to maintain the fitness to work requirements of all employees.

Staff records we reviewed evidenced full compliance with all mandatory training. All staff were given the time to undertake their training, and we were told that

staff were supported to complete additional training relevant to their roles which was evident in the records we reviewed. The practice manager had a suitable system in place to monitor training compliance.

The practice whistleblowing policy provided guidance to staff on how they could raise concerns. All the staff members we spoke with said they were confident to report concerns, and the practice would treat them fairly should they do so. Staff also said the practice would take action to ensure incidents did not happen again.

Culture

People engagement, feedback and learning

We found suitable arrangements in place for the collection and review of patient feedback. Surverys were available for patients in waiting rooms and patients were offered 'quick response' (QR) codes to scan and complete surveys online. Physical feedback forms were reviewed weekly and online forms were checked when they were received by practice management. Responses to feedback were publicised within the reception area on a 'you said, we did' board.

The complaints policy was fully aligned with NHS Putting Things Right procedures and was advertised to patients in the waiting area. The complaints procedure provided a named contact for patients to contact. Any verbal complaints were logged and communicated to the practice manager in a timely manner for resolution. The means of escalating a complaint were outlined within the patient complaint policy, including contact details for HIW and the patient advocacy service, Llais.

The staff we spoke with demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. We saw the practice policy was suitable and training was available to staff through the health board. Whilst there were no records of any recent complaints nor Duty of Candour incidents, we were assured the processes in place were robust.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, radiographic quality, hand hygiene as well as infection prevention and control audits. The practice had also undertaken the Maturity Matrix Dentistry in 2024 to help drive continuous improvements. We were told how the practice will soon become a member of Denplan Excel and commence additional routine quality improvement activities through that membership.

Whole-systems approach

Partnership working and development
Staff explained how they maintained good working relationships with other health system partners. These included the local GP and pharmacy. We saw an appropriate process in place to monitor and maintain incoming and outgoing referrals.

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: Charles Street Dental practice

Date of inspection: 19 August 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
No immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Charles Street Dental practice

Date of inspection: 19 August 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
The service is not required to complete an improvement plan.					