

# General Dental Practice Inspection Report (Announced)

MyDentist, Oxford Road, Hay on Wye

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In writing:

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

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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

## Our purpose

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

## Our values

We place people at the heart of what we do.

We are:

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

## Our goal

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

## Our priorities

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



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of MyDentist, Oxford Road, Hay on Wye on 07 October 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 six questionnaires were completed by patients. 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 MyDentist, Oxford Road, Hay on Wye 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.

The practice hosted annual events for local schoolchildren to promote dental hygiene, which was notably good practice.

All respondents to the HIW questionnaire rated the service as 'very good'.

This is what we recommend the service can improve:

- Provide more information to promote oral and general health.

This is what the service did well:

- Pleasant, well-maintained and welcoming environment
- Good provision made for patients with different needs
- Friendly and approachable staff.

### Delivery of Safe and Effective Care

Overall summary:

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

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised efficiently. A separate room was used for decontamination, which we considered to be good practice.

Patient records were of a notably high standard, with thorough and consistent recording of clinical information.

This is what the service did well:

- Clinical equipment was safe and maintained appropriately
- 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 the practice had good leadership and clear lines of accountability. The practice manager demonstrated commitment to providing a high standard of care and was well supported by the corporate group.

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, which 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 practice, supported by the wider corporate group
- Robust systems and records for the recruitment and employment of staff
- Established team of staff that worked well together.

### 3. What we found

## Quality of Patient Experience

### Patient feedback

Responses to the HIW questionnaire were very positive. Patients were satisfied with access to appointments, the cleanliness of the practice and overall standard of care provided.

Patient comments included:

*" Outstanding. I have had no issues, generally can book when needed. The refurbishment is lovely."*

*" Staff very nice and friendly. Always made to feel very welcome."*

*" Friendly staff and thorough care given."*

### Person-centred

#### Health promotion and patient information

We saw a range of leaflets and posters in the reception area promoting treatments available at the practice. We advised that more information be made available about health promotion, such as healthy eating and reducing alcohol consumption.

**The registered manager should ensure patients have access to information promoting general and oral health.**

The practice manager described how the practice worked with local schools to promote good dental hygiene through an annual event for Year 1 school pupils. We saw photographs of the most recent event, where pupils were engaged in sessions to identify sugary foods, learn toothbrushing techniques and understand the importance of dental hygiene. We considered this to be notably good practice.

Copies of the patient information leaflet were available on the practice website and provided to new patients. We found that copies of the patient information leaflet were not readily available at reception, however this was addressed immediately during the inspection with copies being printed.

‘No smoking or vaping’ signs were clearly displayed, showing that the practice complied with the smoke-free premises legislation.

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**

Surgery doors were kept closed during treatment and external windows in clinical areas were fitted with blinds to promote patient privacy. Music was played in the reception area to aid privacy, and staff told us that a separate room could be used if patients wanted a private discussion.

A computer monitor at the reception desk was fitted with a privacy screen to ensure confidential information was obscured from patients walking past the desk.

Treatment prices were made clearly available to patients on posters in the reception area. An up-to-date certificate of Employer's Liability Insurance was seen.

The nine ethical principles of the General Dental Council (GDC) code of standards were displayed on posters in the waiting area.

The names and GDC registration numbers of clinical staff were displayed both inside and outside the practice.

All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

### **Individualised care**

We reviewed a sample of ten 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 any delays to treatment would be conveyed verbally or by instant messaging, allowing reception staff to verbally update patients. Patients would be given the option to re-book their appointment if needed.

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

Staff told us that time to accommodate emergency appointments was built into the daily schedule and that emergency appointments were prioritised based on patient symptoms and clinical need.

Patients calling the practice out of hours would have their call re-directed to a member of staff, who would assess the level of urgency and arrange an appointment with the on-call dentist as necessary.

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**

Staff had access to telephone translation services, if required, for non-English speaking patients.

Staff at the practice spoke a range of languages and reception staff could provide written information in Welsh on request.

### **Rights and equality**

The practice had an equality and diversity policy in place, which included references to relevant legislation and protected characteristics.

Staff told us that preferred names and pronouns were recorded on patient records, to ensure transgender or non-binary patients were treated with respect.

We saw that provision had been made to accommodate wheelchair users and patients with mobility difficulties. There was level access from the car park, and all clinical areas were on the ground floor with level access throughout. The patient toilet was not specifically wheelchair accessible, but a grab handle was provided. We saw that patient records included notes to highlight to staff disabled patients or patients that would require assistance.

The reception area had various adjustments in place to aid patients, including chairs in the waiting area with arm rests to aid those with mobility issues, a hearing loop to aid patients with hearing difficulties and a magnifying glass to aid those with impaired vision. Large print materials could be printed on request.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found the premises to be well maintained and free from obvious hazards. A recent refurbishment was evident and provided patients with a pleasant and welcoming environment. The premises were visibly clean, tidy and free from clutter.

The practice had an appropriate Health and Safety policy, supported by risk assessments. We saw records of regular checks being carried out to monitor the condition of the premises and equipment. Staff told us that any issues identified were logged and passed to a central facilities team for action. There were appropriate arrangements for handling and storing materials subject to the Control of Substances Hazardous to Health (COSHH).

We saw evidence of up-to-date testing of portable appliances (PAT) and gas appliances and an up-to-date electrical installation condition report.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment and records of regular checks and servicing of fire safety equipment. Escape routes were clearly signposted, and we saw evidence of fire drills having taken place. Fire extinguishers had been checked and serviced regularly.

The practice had a comprehensive and up-to-date Business Continuity Plan which included contact details and emergency phone numbers.

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

There were suitable arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures and an effective cleaning regime.

As part of the recent refurbishment, the practice had installed a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. We found that the procedures for processing, decontamination and sterilisation were appropriate and well understood. Appropriate checks on equipment were carried out and recorded.

All respondents to the HIW questionnaire said that the practice was very clean and that infection prevention and control measures were evident.

### **Medicines management**

We reviewed the arrangements for medicines management and found robust and safe measures in place for the handling, storage and disposal of medicines.

There were appropriate procedures for the disposal of waste. A clinical waste bin was stored externally, which was locked and secured to the building ensuring that waste was stored safely.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory, with equipment being in-date and regular checks being carried out. Similarly, first aid kits were available and regularly checked.

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that two members of staff were trained first aiders.

### **Safeguarding of children and adults**

Up-to-date safeguarding policies and procedures were in place, available to all staff and staff were aware of the Wales Safeguarding Procedures. A separate 'was not brought' policy was in place and quick-reference flowcharts were available to staff. An example was provided where staff had identified a possible safeguarding issue and taken appropriate steps, demonstrating staff had a good understanding of the procedures.

The practice manager was the safeguarding lead. We noted that they had training to level two and advised that safeguarding leads should be trained to level three. This was addressed immediately with the appropriate training being carried out and certificates provided to HIW within 24 hours of the inspection.

### **Management of medical devices and equipment**

We found clinical equipment at the practice to be safe, in good condition and fit for purpose. We saw appropriate servicing records for equipment.

We noted that one certificate of pressure vessel testing was in date but appeared to have a minor error regarding the due date for further testing. This was investigated immediately and rectified, with a corrected certificate obtained from the testing body.

The practice had a well completed radiation protection file, with an inventory of X-ray equipment, records of maintenance and local rules in place. We reviewed staff training records and saw that relevant staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

## **Effective**

### **Effective care**

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients. Clinicians had good support from the corporate group, and we saw evidence of professional guidance and advice being followed.

Staff told us that peer review work was carried out between practices within the group, with clinical leaders providing advice and guidance.

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 found them to be notably well maintained. We saw evidence of thorough, comprehensive and consistent recording of clinical information. This included base charting, basic periodontal examination, soft tissue and extra and intra oral examinations, and cancer screening.

There was effective use of electronic systems, such as using a shared page for recording oral cancer referrals.

# Quality of Management and Leadership

## Leadership

### Governance and leadership

There were clear management structures in place, with the practice under the direction of an effective practice manager, supported by the corporate group. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

We saw evidence of monthly team meetings taking place, with minutes circulated to ensure all staff were kept up to date. We were told staff had regular one to one meetings, appraisals and personal development plans and saw evidence to this effect.

A comprehensive range of policies and procedures were in place and reviewed regularly. Staff signed and dated policies to show that they had read and understood them.

## 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. Some pre-employment checks were carried out by the practice and some by the corporate group. Checklists were used, which included proof of identity, the right to work, qualifications and vaccinations. We also saw that appropriate Disclosure and Barring Service checks had been carried out.

We were told that agency staff were not used. If additional staff cover was required, this was normally drawn from other practices in the corporate group which ensured that appropriate checks and training were in place.

We reviewed a sample of three staff records and saw evidence that staff were registered with the GDC, covered by professional indemnity insurance and had appropriate vaccination against Hepatitis B. There was very good compliance with mandatory training requirements and the systems used were effective.

Staff had good access to training through support from the corporate group, and continuous professional development was actively encouraged.

## Culture

### People engagement, feedback and learning

Patient feedback was actively sought, with patients sent a link after their appointment to complete an online survey. There were QR codes displayed at the practice encouraging patients to leave reviews online and on social media. A suggestion box and writing materials were also provided at the reception desk.

There was no mechanism in place to highlight actions that had been taken because of feedback, such as a ‘you said, we did’ poster. We recommended that the practice consider how to share updates with patients if their feedback had been acted upon.

**The registered manager should consider how to share updates with patients if their feedback had been acted upon.**

There was a comprehensive complaints procedure in place, with a poster displayed outlining the process to patients. Staff told us a copy of the procedure would also be provided on request. The procedure included appropriate timescales for responses and how to escalate the issue if required. This included reference to HIW; however, we noted that the contact details required correction. This was addressed immediately with an updated version of the procedure put in place during the inspection.

Complaints were regularly reviewed and staff told us that any issues or trends would be highlighted. Actions and lessons learnt from complaints were typically shared at staff meetings. In addition, a team at the corporate group reviewed complaints regularly and provided support.

## **Learning, improvement and research**

### **Quality improvement activities**

We found evidence of a good variety of both clinical and non-clinical audits being carried out regularly. These included health and safety, antimicrobial prescribing, healthcare waste and record keeping.

Staff described appropriate procedures for dealing with significant events and notifying external bodies as required. A good example was provided where an incident at the practice was reviewed, identifying improvements to the premises to enable a more effective response and how these improvements had been put in place.

## 4. Next steps

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

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

The improvement plans should:

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

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

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

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

## Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The practice manager was the safeguarding lead. We noted that they had training to level two and advised that safeguarding leads should be trained to level three.	Safeguarding leads should have appropriate training to ensure patients are suitably protected.	This was discussed with the practice manager.	This was addressed immediately with the appropriate training being carried out and certificates provided to HIW within 24 hours of the inspection.

## Appendix B - Immediate improvement plan

**Service:** MyDentist, Oxford Road, Hay on Wye

**Date of inspection:** 07 October 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 assurance or non-compliance issues were identified during the inspection.					

## Appendix C - Improvement plan

**Service:** MyDentist, Oxford Road, Hay on Wye

**Date of inspection:** 07 October 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. More information should be available to patients about health promotion.	The registered manager should ensure patients have access to information promoting general and oral health.	The Private Dentistry (Wales) Regulations 2017: Regulation 13	Leaflets on dietary advice, oral hygiene and smoking cessation are now available	Practice Manager	Completed
2. There was no mechanism in place to highlight actions that had been taken because of feedback.	The registered manager should consider how to share updates with patients if their feedback had been acted upon.	The Private Dentistry (Wales) Regulations 2017: Regulation 16	A 'you said, we did' poster has been implemented in the patient waiting area	Practice Manager	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):** Alison Price / Sarah-Jane Davies

Job role: Practice Manager / Regulatory Officer

Date: 03/11/2025