

General Dental Practice Inspection Report (Announced)

Smart Smiles Aberdare, Cwm Taf Morgannwg University Health Board

Inspection date: 07 October 2025

Publication date: 07 January 2026



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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 Smart Smiles Aberdare, Cwm Taf Morgannwg University Health Board on 07 October 2025.

Our team for the inspection comprised of two HIW healthcare inspectors 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 spoke to staff working at the service during our inspection. In total, we received 24 responses from patients and three responses from staff. Some questions were skipped by some respondents, meaning not all questions had responses. 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 staff worked hard to treat their patients with kindness, and respect throughout the inspection. Surgery doors were kept closed when treating patients to protect their dignity and privacy.

There was a limited range of patient information available throughout the practice which was addressed during the inspection. Emergency treatment and dental access slots were scheduled into each day.

The 'Active offer' was provided for patients to receive care in the Welsh language. The practice appeared to be well adapted for wheelchair users and patients with limited mobility.

This is what the service did well:

- Varied opening hours to provide flexibility to different patient groups
- Consideration for anxious patients with appointments arranged during quieter periods
- Good arrangements in place for patients with limited mobility.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice had been newly refurbished, was well maintained, and decorated to a good standard. Patient areas were uncluttered and free of hazards providing a safe environment to receive care.

There was good compliance with regards to the use of X-ray machines at the practice, while there were suitable arrangements in place for the safe management of medicines. Equipment for use in an emergency was readily available and all in date.

We found appropriate arrangements in place for safeguarding of children and adults with a lead appointed and staff trained in the subject.

Patient dental records were detailed and easy to follow.

This is what we recommend the service can improve:

- To ensure clinical waste bins are secured when awaiting collection

- To ensure safeguarding procedures also contain the contact details for the relevant adult safeguarding teams.

This is what the service did well:

- Newly refurbished surgeries with well-maintained equipment
- Recommended checklists were being used to help prevent wrong tooth extractions
- The decontamination room was well organised with good processes demonstrated
- Good X-ray compliance with appropriate signage on surgery doors.

Quality of Management and Leadership

Overall summary:

Smart Smiles Aberdare was an effectively run practice with a clear management structure. Staff appeared supported in their roles with evidence of regular appraisals. There was an appropriate recruitment process in place with relevant checks completed to ensure staff were fit to work at the premises.

We found a good range of up-to-date policies and procedures in place that were readily available for staff, while compliance with professional obligations was very good. There was good use of industry recognised quality improvement tools and resources to help improve standards, with further such activities scheduled.

Whilst we identified some improvements were needed, overall, we considered the practice to be well managed.

This is what we recommend the service can improve:

- To consider setting SMART objectives as part of staff annual appraisals
- To amend the complaints leaflets to align with the practice complaints policy.

This is what the service did well:

- Rotation of staff between practices to develop familiarity with the processes at each practice as well as encouraging shared learning
- Good level of compliance with mandatory staff training
- A good scheme of clinical audits in place as part of the practice's quality improvement activity
- Positive response to feedback with 'You said, we did' notices displayed to inform patients of changes made because of their feedback.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 24 respondents rated the service as 'very good.'

Some of the comments provided by patients on the questionnaires included:

"Excellent practice with a very relaxed atmosphere. Everyone seems comfortable with the services offered. Would definitely recommend the practice."

"First class. Polite, friendly, efficient and professional."

"All staff are very friendly and respectful from reception to dentist and dental nurse. Very professional."

Person Centred

Health Promotion

During the inspection we saw a limited amount of oral healthcare information displayed and felt there was scope for additional information such as smoking cessation, healthy eating and oral cancer. We found the complaints process and the private dental charges were displayed but located where they were not easily visible to patients. We raised these issues with the practice manager who arranged for additional information to be displayed and be more readily accessible during the inspection.

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice. Both documents were available on the practice website along with other useful service information.

The names of the dental team and their General Dental Council (GDC) registration numbers were clearly displayed, while signs were seen advising visitors that smoking was not permitted on the premises in accordance with legislation.

All respondents who completed the HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand.

Dignified and Respectful Care

During the inspection we observed staff treating patients with kindness and respect. There were two dedicated waiting areas for patients which were located away from the reception desk providing patients with some privacy when checking in. We were told that confidential discussions about treatments were held in the dental surgeries. A treatment co-ordinators room was currently under construction at the time of the inspection and could be used in future. A confidentiality policy was in place and had been signed by all staff members.

We saw that surgery doors were kept closed during treatments maintaining the privacy and dignity of the patients. Windows either had blinds or an opaque film covering to restrict the view into surgeries from neighbouring properties.

The GDC nine core ethical principles of practice were clearly displayed in the waiting area.

All respondents who completed the HIW patient questionnaire felt they were treated with dignity and respect at the practice.

Individualised care

All respondents who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available and the risks and benefits associated with those options. Most respondents agreed that charges were made clear prior to commencing treatment.

All respondents said they had been involved as much as they had wanted to be in decisions about their treatment, that their medical history was checked before receiving treatment and that staff had answered their questions.

Timely

Timely Care

We were told that reception staff informed patients if there are any delays to their appointment time and give patients the option to reschedule if necessary. We were advised that waiting times between treatments ranged from one to three weeks depending on the treatment and dentist availability.

The practice opening hours were displayed on the door into reception and on the practice website. These included varied opening and closing times to provide flexibility for patients, with the practice making efforts to allot afterschool

appointment times to children and quieter periods for anxious patients. The contact telephone number for patients to use should they require out of hours treatment was also displayed. However, the automated door prevented visitors from easily reading this information. We discussed relocating the information to the window panel next to the doorway.

We were told that emergency treatment and dental access slots were diarised into each daily programme. Emergencies were prioritised using a triage flowchart available to reception staff, while emergencies on Saturdays could be covered via the wider Smart group of practices.

Most respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one, although two respondents disagreed. Similarly, most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, while three respondents said they did not.

Equitable

Communication and Language

We saw a notice in the patient waiting area promoting the Active Offer of providing a service in Welsh. We were told that patients were asked their language preference when they registered, which appeared as a pop-up on the practice computer system to notify staff. Written information displayed in the practice was available in Welsh and English. For patients whose first language was not English, an appropriate translation service was available.

Whilst an online booking facility was available, appointments could also be arranged by telephone or in person at reception, ensuring patients without digital access could arrange treatment.

We were told information could be converted other formats such as large print while a spare set of reading glasses were also available. A hearing loop system was installed to assist patients with hearing difficulties.

Rights and Equality

We found dental care at the practice was provided in a way that recognised the needs and rights of patients. The practice had an up-to-date equality and diversity policy in place, and we saw that staff had completed training in this subject. We were assured that the rights of transgender patients would be upheld with preferred names and pronouns indicated within patient records.

Most respondents who completed the HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice. However, one patient said they felt they had been discriminated against because of their age.

The registered manager must provide HIW with details of action taken to address discrimination at the practice.

The practice was located over two floors with four surgeries on the ground floor and a further two on the first floor. These included a variety of specialised dental chairs including knee-break and bariatric chairs for increased accessibility. We considered the ground floor of the practice to be well adapted for wheelchair users with ramps and handrails into the reception, an automated door, level flooring and a fully accessible patient toilet which was decorated to a high standard.

Delivery of Safe and Effective Care

Safe

Risk Management

We found the dental practice was in the process of a complete refurbishment with staff going to lengths to keep disruption to services to a minimum and keeping patient areas clean, comfortable and free of hazards. Areas that were completed were spacious, well-lit and decorated to a high standard with a consistent layout to the surgeries.

We saw that the health and safety risk assessment and associated policies were subject to regular reviews as the refurbishment works progressed. Similarly, we saw an up-to-date buildings maintenance policy was in place to help ensure the premises always remain fit for purpose. A business continuity policy was in place with a set of procedures to be followed were it not possible to provide dental services due to an emergency event or disaster.

There were suitable facilities for staff to change their clothes with lockers available for staff to safely store their personal belongings. A current employer's liability insurance was displayed as required.

We were shown up-to-date Portable Appliance Testing (PAT) records and a valid annual gas safety certificate. As the refurbishment work included a staged re-wiring of the practice, an Electrical Installation Certificate (EIC) was pending.

The practice had a current fire equipment maintenance contract in place, and we saw that all fire extinguishers had been serviced within the last year. All staff had completed fire safety training with several also trained as fire marshals. We saw evidence of weekly alarm checks and that regular fire drills were conducted. We saw that a fire risk assessment was in place and continually under review during the refurbishment works. We noted that fire exits were clearly signposted while being constantly under review.

Infection Prevention and Control (IPC) and Decontamination

There was an up-to-date infection prevention and control policy which included the name of the appointed leads. We saw the surgeries were visibly clean and suitably furnished to enable effective cleaning. Schedules were in place to support effective cleaning routines, while personal protective equipment (PPE) was readily available for staff use. Suitable hand hygiene facilities were available in each surgery and in the toilets, although we noted the handwash protocols were very

small and difficult to read. We also noted that plugs were in handwash basins contrary to guidance in the Welsh Health Technical Memorandum 01-05.

We recommend the registered manager removes plugs from handwash basins in accordance with the Welsh Health Technical Memorandum 01-05.

There was a designated decontamination room which was well organised. Staff described a suitable system to safely transport instruments between surgeries and the decontamination room. We observed good processes for the cleaning and decontamination of reusable dental instruments. We were provided with evidence that regular maintenance and periodic checks of the decontamination equipment had been completed.

We saw a current contract was in place to safely transfer waste from the practice. Clinical waste produced by the practice was stored in locked bins while awaiting collection. However, we found that the gate securing this area was damaged preventing it from being locked.

The registered manager must ensure clinical waste bins are secured when awaiting collection.

We reviewed staff files and found that all staff working at the practice had completed the required infection prevention and control training.

Medicines Management

There was an appropriate medicines management policy in place containing suitable processes for the safe handling, storing and disposal of medicines. We found that medicines administered were clearly recorded and were told that concerns about any adverse reactions would be notified via the Yellow Card scheme.

We were told that a text was sent to remind patients to inform the practice of any changes in their medical history. This was repeated on the medical history form that patients completed before each appointment.

We inspected the arrangements in place to deal with medical emergencies and found these to be satisfactory. Emergency drugs and equipment, including oxygen, were regularly checked, available and in date. We confirmed that all staff had completed resuscitation training within the last year.

We found the first aid kit was stocked with the appropriate items and that there were sufficient trained first aiders to ensure cover during staff absence.

Management of Medical Devices and Equipment

We found all surgeries were suitably equipped to provide safe and effective dental treatment. Equipment appeared clean, in good condition and fit for purpose.

We reviewed the documentation relating to the safe use of the X-ray equipment and found this to be appropriate. Local rules were readily available in each surgery, and we saw that the X-ray equipment had been subject to the required maintenance and testing. Appropriate signage was displayed on each surgery door. Whilst notices were displayed in surgeries to inform patients of the risks and benefits of dental X-rays, we discussed also displaying a copy within the waiting areas to enable patients more opportunity to read this information.

We confirmed all staff who were involved in the use of X-rays had completed the necessary training.

Safeguarding of Children and Adults

An up-to-date policy was in place in relation to safeguarding of children and vulnerable adults. However, whilst this included the contact details for the local child safeguarding team, relevant details were missing in relation to vulnerable adults. We saw that quick reference safeguarding flowcharts were available in each surgery for easy access in the event of a concern.

The registered manager must ensure safeguarding procedures also contain the contact details for the relevant adult safeguarding teams.

All staff were appropriately trained and knowledgeable about child and adult protection and all had access to the latest Wales Safeguarding Procedures via the online app. There was a dedicated safeguarding lead appointed who was able to provide support to staff in the event of a safeguarding concern. We were told that further support was available for staff via an external provider, which was paid for by the practice.

Effective

Effective Care

We found there was enough trained staff in place at the practice to provide patients with safe and effective care. Staff were aware of their responsibilities, and we were assured that statutory guidance was being followed when providing treatment. The practice used recommended checklists to minimise the risk of wrong tooth extraction.

Patient Records

We found a suitable system was in place to help ensure patient records were managed securely. Senior managers told us that computer systems were backed up as appropriate and that patient records were retained in accordance with the Regulations.

We reviewed a sample of eight dental care records for a range of patients. Overall, we considered patient records to be generally well written with appropriate radiographs, diagnosis and treatment options recorded. Where relevant, there was evidence that oral cancer screening had been carried out while informed consent was noted on all records we reviewed. We found patient language preference options were recorded on patient pop-up notes by the reception team.

Efficient

Efficient

The number of dental surgeries and clinical sessions provided by the dentists appeared to meet the needs of its patients. The practice also employed both therapists and hygienists to provide additional care options and enhance patient experience. We were told that new patients were given direct access to see the hygienist.

Staff told us that slots were planned in the diary daily depending on how many dentists were available to allow for same day emergency treatment. A short notice list was in operation to utilise any cancelled appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership

There was a clear management structure at both the practice and within the wider group. The practice manager was responsible for the day-to-day running of the practice with the assistance of the lead nurse and wider practice team. We were told that the staff rota was prepared in advance and involved rotation of staff between practices to develop familiarity with the processes at each practice as well as encouraging shared learning. We felt the practice was well led with a clear commitment to providing patients with a high standard of service. We observed senior managers to be open and approachable to staff.

Suitable arrangements were in place for sharing information and urgent safety notices with staff. We saw evidence of regular staff meetings with copies of minutes shared with any staff who were unable to attend.

We found a comprehensive range of written policies that had been subject to regular reviews and updates. All policies had been signed by staff to confirm they had read and understood the contents.

Staff who completed the HIW questionnaire said that they would recommend the practice as a good place to work and agreed that the practice takes positive action on staff health and well-being.

Workforce

Skilled and Enabled Workforce

The practice had an up-to-date recruitment policy which set out the requirements in respect to the employment of staff at the practice. We reviewed staff files and found evidence that appropriate checks were carried out including proof of identity, qualifications and Disclosure and Barring Service (DBS) checks. Where some long serving employees did not have references, we discussed including a risk assessment within their files to demonstrate how the practice has considered their suitability for the role.

We saw that a suitable induction process was in place to ensure new staff were aware of practice procedures and competent in their role. All clinical staff had completed training on a range of topics relevant to their roles within the practice. We considered mandatory training compliance to be good and was monitored by the practice manager. A review of staff files indicated that staff had annual

appraisals although these lacked clear objectives to encourage their personal development.

All staff who answered the HIW questionnaire said there was an appropriate skill mix at the practice. However, one staff member said that they had not had an appraisal within the last 12 months.

We recommend that the registered manager:

- **Considers setting SMART (Specific, Measurable, Achievable, Realistic/ Relevant, Time-bound) objectives for each staff member as part of their annual appraisal process**
- **Put in place a process to ensure all staff have an appraisal in a timely manner.**

Culture

People Engagement, Feedback and Learning

Arrangements were described for seeking feedback from patients about their experiences of using the practice including automated questionnaires after each appointment and a comments section as part of the patient medical history check form. We were told that feedback is reviewed and discussed at team meetings.

There was a positive response to feedback that we provided during the inspection, and we saw that this commitment was extended to patient comments with 'You said, we did' notices displayed in the waiting areas.

We reviewed the complaints procedure that was held within the practice policy folder. This included details of other organisations that patients could approach for support or if dissatisfied with the response. The name of the person appointed to handle complaints was indicated. However, the complaints leaflets that were available in reception were found to contain a different name.

The registered manager must ensure the complaints leaflets to align with the practice complaints policy.

We saw the practice had a Duty of Candour policy and that staff had completed training in this subject.

We reviewed the complaints folder and found each complaint was documented and adhered to the timescales stated in the practice procedure. We were told that complaints and concerns were analysed and that common themes had been identified and addressed as a result.

Information

Information Governance and Digital Technology

The practice used suitable computer systems to manage patient records and staff training records. We saw appropriate policies in place that set out the arrangements for safely handling patient information.

We found suitable processes in place for recording and reporting patient safety incidents. These would be discussed at staff meetings to ensure shared learning across the team and inform reviews and improvement plans where necessary.

Learning, Improvement and Research

Quality Improvement Activities

We found a good scheme of audits in place as part of the practice's quality improvement activity. We were provided with examples that had been completed recently including infection control, health and safety and radiograph audits.

The practice used industry recognised quality improvement tools and resources to help improve standards, and we were informed that a further Skills Optimiser Self-Evaluation Tool (SOSET) programme was already scheduled.

Whole Systems Approach

Partnership Working and Development

Whilst the practice was not part of a wider healthcare cluster, we were told that the practice had good working relationships with other primary care services in the local area. This helps ensure better co-ordinated healthcare for patients and the wider community.

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 summaries 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
There were no immediate concerns resolved during this inspection.			

Appendix B - Immediate improvement plan

Service: Smart Smiles Aberdare

Date of inspection: 07 October 2025

The table below includes any immediate non-compliance 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 non-compliance concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Smart Smiles Aberdare

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
One patient who responded to the HIW questionnaire said they felt they had been discriminated against because of their age.	The registered manager must provide HIW with details of action taken to address discrimination at the practice.	The Equality Act 2010	Completed staff training refresher on equality and diversity	G. Thomas	Completed
Plugs were found in the handwash basins in surgeries.	We recommend the registered manager removes plugs from handwash basins in accordance with the Welsh Health Technical Memorandum 01-05.	WHTM 01-05 Paragraph 6.11	All plugs in the handwash basins have been removed from all surgeries	G. Thomas	Completed
The gate securing the waste storage area was damaged	The registered manager must ensure clinical waste bins are	Regulation 15(1)	We have booked in a company to repair the fault to the side	G. Thomas	December 2025 for the gate

preventing it from being locked.	secured when awaiting collection.		gate. All clinical waste bins are secured whilst waiting for the repairs.		
Relevant local contact details for safeguarding vulnerable adults were missing from the safeguarding policy.	The registered manager must ensure safeguarding procedures also contain the contact details for the relevant adult safeguarding teams.	Regulation 14(1)(c)	Adults safeguarding contact information has been updated in all relevant documents	G. Thomas	Completed
Staff files indicated that staff had annual appraisals although these lacked clear objectives to encourage their personal development. One staff member indicated that they had not had an appraisal in the last 12 months.	We recommend that the registered manager: <ul style="list-style-type: none"> • Considers setting SMART (Specific, Measurable, Achievable, Realistic/ Relevant, Time-bound) objectives for each staff member as part of their annual appraisal process 	Regulation 17(4)	Now using SMART objectives. Staff to have appraisals every 12 months or when needed	G. Thomas	Completed

	Put in place a process to ensure all staff have an appraisal in a timely manner.				
The complaints procedure indicated the name of the person appointed to handle complaints. However, the complaints leaflets that were available in reception were found to contain a different name.	<ul style="list-style-type: none"> The registered manager must amend the complaints leaflets to align with the practice complaints policy. 	Regulation 21(1)	Complaints poster now situated throughout the practice with updated contact details.	G. Thomas	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): G. Thomas

Job role: Practice Manager

Date: 28/11/2025