

General Dental Practice Inspection Report (Announced)

Deintyddfa Glandwr, Pwllheli

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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 Deintyddfa Glandwr, Pwllheli on 18 November 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 13 questionnaires were completed by patients and three were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Deintyddfa Glandwr was committed to providing a positive experience for patients.

All patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

We observed staff greeting patients bilingually and in a polite and friendly manner, both in person and on the telephone.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- There was good disabled access to the building. Wheelchair users and individuals with mobility issues could access one surgery located on the ground floor, the reception, waiting area and toilet facilities
- Fully bilingual service offered with staff identifying themselves as Welsh speakers
- Suitable arrangements in place to protect the privacy of patients, including designated areas for patients to have private conversations with staff
- Treating patients in a caring and friendly manner within surgeries that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:

We found that Deintyddfa Glandwr was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The staff team demonstrated a strong focus on patient care and showed clear dedication to providing a high-quality service.

Measures were in place to ensure the safety and wellbeing of staff and visitors. The premises were well-maintained, free from hazards, and equipped with serviced equipment. Current risk assessments included fire, environment, and health and safety.

Infection prevention and control (IPC) arrangements were robust, supported by a formal policy. Cleaning schedules were adhered to, and staff had access to personal protective equipment and hand sanitiser. Procedures were established to minimise and respond to sharps injuries, and clinical staff had received Hepatitis B immunisation. All staff had completed mandatory IPC training.

A dedicated decontamination (cleaning and sterilising) area was available and the procedures in place for the decontamination and storage of dental instruments complied with current best practice.

Appropriate safeguards were in place to ensure X-ray equipment was operated safely and correctly.

Cardiopulmonary resuscitation (CPR) training was provided to all staff, and emergency drugs and equipment were securely stored and regularly checked.

There was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

The dental team were knowledgeable, professional and demonstrated their awareness of how to access relevant advice and guidance when required.

This is what the service did well:

- The practice had been designed and furnished to a high standard
- The practice premises was visibly well maintained, clean and free from obvious hazards
- Dental surgeries were clean, well equipped and fit for purpose
- Good clinical records maintained
- Effective arrangements were described and demonstrated in relation to safeguarding.

Quality of Management and Leadership

Overall summary:

We found staff provided good leadership, and there were clear lines of accountability. A strong ethos and positive culture were present, and staff aimed to provide a high standard of patient care.

The day-to-day management of the practice was the responsibility of the practice manager, who we found to be very committed and dedicated to the role and the practice.

We found that the registered manager had assessed and monitored the quality of service as required by the regulations.

We saw that the staff team worked very well together and were committed to providing a high standard of care for patients.

Feedback from the staff survey was positive, indicating satisfaction with patient safety and care standards. Staff reported involvement in decision-making and confidence in suggesting improvements.

Staff had access to appropriate training opportunities to fulfil their roles, and all staff had received a staff appraisal. We saw evidence that all members of the team had a suitable Disclosure and Barring Service certificate in place.

Information governance and digital technology arrangements were adequate, ensuring patient confidentiality and compliance with General Data Protection Regulations (GDPR) 2018.

This is what the service did well:

- Excellent staff facilities
- A range of policies were readily available to staff to support them in their roles
- Well maintained staff files
- Good staff induction process in place
- All clinical staff had attended training relevant to their roles and were meeting their Continuing Professional Development (CPD) requirements.

3. What we found

Quality of Patient Experience

Patient feedback

All patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

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

"Very good support."

"Go out of their way to help with any problem I have, at all levels, at all times. No complaints. All Excellent."

"Always helpful."

"Treated well throughout."

Person-centred

Health promotion and patient information

Dental health promotion material was available which meant patients had access to information which could support them in caring for their own oral hygiene.

We saw 'No Smoking' signs throughout the building confirming that the practice adhered to the smoke free premises legislation.

Price lists were clearly on display in the reception area and also available to patients on the website.

All patients who completed a questionnaire told us that the dental team had given them aftercare instructions on how to maintain good oral health.

Dignified and respectful care

There were suitable arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.

All patients who completed a questionnaire stated they felt that staff at the practice treated them with dignity and respect. One patient told us:

“Have always been treated with dignity and patience.”

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way. Doors to the dental surgeries were kept closed during treatments to preserve patient privacy and dignity.

We found that the nine core ethical principles of practice, as set out by the General Dental Council (GDC), were displayed by reception.

Individualised care

All patients stated that they felt the dental team helped them to understand all the available options for treatment when they needed it. All patients also told us that things were always explained to them during their appointment in a way they could understand.

All patients who answered also told us that their medical histories were checked before treatment. We saw evidence to confirm that the medical history of patients was checked and recorded within the sample of patient records we viewed.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options. All patients also agreed that the costs were made clear to them before treatment.

We found that treatment planning and options were recorded within the sample of patient records we viewed. This confirmed patients were being provided with information which enabled them to make an informed decision about their treatment.

Timely

Timely care

We saw that staff made every effort to ensure dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients (10/13) who completed the questionnaire said it was very easy to get an appointment when they needed one, and three patients told us it was fairly easy.

Emergency arrangements were available should patients require urgent out of hours dental treatment. Contact information was displayed by the main entrance,

provided on the answer phone message, practice website and the patient information leaflet. Most patients (8/13) who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and five told us they did not know.

Equitable

Communication and language

Most staff working at the practice were Welsh speakers, which helped to meet the needs of Welsh speaking patients in the local community. We were also told that the practice would endeavour to provide information to patients in their preferred language and format.

We were also told that, if required, staff could access translation services to help them communicate with patients whose first language was neither English nor Welsh.

The practice had a range of patient information available, including a complaints policy and a patient information leaflet, which contained all the information required by the regulations.

Rights and equality

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

We found there was good access to the building. Wheelchair users and patients with mobility impairments could access the reception, large waiting area, two surgeries and toilet facilities.

Delivery of Safe and Effective Care

Safe

Risk management

Suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be very well maintained internally and externally. We saw that all areas were very clean, tidy and free from obvious hazards.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training. Emergency exits were visible, and a Health and Safety poster was displayed.

The practice had a range of policies and procedures, as well as risk assessments in place, such as fire and health and safety. All risk assessments were current and regularly reviewed.

We were assured that the premises were fit for purpose, and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

There was a business continuity plan in place to ensure continuity of service provision and safe care for patients in the event of an emergency or disaster.

Infection, prevention and control (IPC) and decontamination

We observed all areas of the service to be visibly clean, and all patients felt the practice was 'very clean'.

The practice had designated space on the ground floor for the cleaning and sterilisation (decontamination) of dental instruments. The facility was very clean, well-organised, well equipped and uncluttered.

Procedures for the cleaning, sterilisation, and storage of instruments were found to be consistent with current best practice guidelines. Staff demonstrated the decontamination process, and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated

- There was sufficient personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

An infection control audit had been completed using the Health Education and Improvement Wales (HEIW) audit tool, which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was being used to record the autoclave start and end of the day safety checks.

Each surgery had a cleaning checklist, and we saw that these had been regularly completed.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

There were appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags and containers in accordance with the correct method of disposal.

Medicines management

There were suitable procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had two full time trained first aiders.

The emergency drugs were stored securely. There was a system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). We were informed that all staff received appropriate training on how to use oxygen cylinders as part of their annual cardiopulmonary resuscitation (CPR) training.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

Safeguarding of children and adults

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults. The practice manager was the nominated safeguarding lead and had completed level three training.

Staff told us that they felt able to raise any work-related concerns directly with the practice manager or the registered manager and were very confident that concerns would be acted upon.

We saw that the practice had a whistleblowing policy in place.

Management of medical devices and equipment

We viewed the clinical facilities and found that they contained the relevant equipment. The surgeries were very well organised, clean and tidy.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment and regular image quality assurance audits of X-rays were completed.

We also saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective

Effective care

There were satisfactory arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

Patient records

A sample of ten patient records were reviewed. Overall, there was evidence that excellent clinical records were being maintained, demonstrating that care was being planned and delivered with the safety and wellbeing of patients in mind. All

records were individualised and included appropriate patient identifiers and reasons for attendance. The records were clear, legible, and of good quality.

However, language preferences were not always being recorded. This was discussed with the practice manager, and evidence was provided immediately following the inspection to confirm that these details are now being captured.

Quality of Management and Leadership

Staff feedback

Staff who responded to the HIW questionnaire provided positive responses.

All staff who responded confirmed that the practice employed suitably trained staff and that they can manage the competing demands of their role. All staff confirmed they had received an annual appraisal.

All staff agreed that the care of patients was a top priority and that they were satisfied with the quality of the care and support provided. All staff who responded would recommend the practice as a good place to work and agreed they would be happy for a friend or relative to receive the standard of care provided at the practice.

All staff confirmed that patient's privacy and dignity was maintained and that patients were always informed and involved in decisions about their care.

Leadership

Governance and leadership

We found good leadership and clear lines of accountability in place.

The day-to-day management of the practice was the responsibility of the practice manager who we found to be very committed and dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the practice manager and/or the registered manager and they all felt well supported in their roles.

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures. All policies and procedures contained an issue and/or review date ensuring that they were reviewed regularly and that practices were up to date.

There were appropriate arrangements for the sharing of information through practice wide team meetings. A breadth of relevant topics was covered during these meetings and minutes maintained.

All clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had current public liability insurance cover.

Workforce

Skilled and enabled workforce

The practice manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

All staff working at the practice had a contract of employment and there was an induction programme in place, which covered training and relevant policies and procedures. We also saw that staff appraisals had been undertaken.

Staff files contained the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The registered manager confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

Culture

People engagement, feedback and learning

There was a written complaints procedure in place. This was available to all patients in the waiting area. Details were also included within the patient information leaflet, statement of purpose and practice website.

We discussed the mechanism for actively seeking patient feedback. Patients were able to give feedback via social media, a QR code and verbally at reception. In addition, a comments box was also available in the waiting area.

Learning, improvement and research

Quality improvement activities

It was very evident that staff at the practice were seeking to continuously improve the service provided. We were given examples of various audits conducted as part of the practice's quality improvement activity. These included audits of patient records, X-rays, infection prevention and control and decontamination (compliance with WHTM 01-05), clinical waste, waiting times, access, health and safety and patient feedback.

We were told that peer review of clinical staff takes place every six months, and continuous clinical discussions and support occur via social media groups.

We found the dental team to be proactive, knowledgeable, and professional, demonstrated their understanding on where and how to access advice and guidance. We also saw that the registered manager was in the process of assessing and monitoring the quality of service as required by the regulations and we were provided with a copy of the annual return immediately following the inspection.

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: Deintyddfa Glandwr, Pwllheli

Date of inspection: 18 November 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 improvement plan was required for this inspection.					

Appendix C - Improvement plan

Service: Deintyddfa Glandwr, Pwllheli

Date of inspection: 18 November 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. No areas for improvement were identified during this inspection.					