

# General Dental Practice Inspection Report (Announced)

The Hawkins Practice, Swansea Bay  
University Health Board

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

## Our purpose

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

## Our values

We place people at the heart of what we do.

We are:

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

## Our goal

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

## Our priorities

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



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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 The Hawkins Practice, Swansea Bay University Health Board on 25 November 2025.

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

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. A total of 12 questionnaires were completed. We also spoke to staff working at the service during our inspection. 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:

Patients reported a positive experience at The Hawkins Practice, with most rating the service as 'very good' and finding it 'very easy' to secure appointments. The environment was described as 'very clean', and patients felt involved in decisions about their care. Interactions between patients and staff were observed to be respectful and all respondents to the HIW patient survey 'strongly agreed' or 'agreed' that they were treated with dignity and respect.

A range of health promotion information was available to patients. Key information documents were available in English and Welsh and practice information could be provided in large print on request.

#### This is what we recommend the service can improve:

- remove an outdated plaque and ensure that all publicly visible information accurately reflects the current dental team.
- ensure patient privacy within the ground floor surgery by preventing visibility from outside the building during treatments.

#### This is what the service did well:

- Staff were welcoming and helped patients to feel at ease
- The practice provided a range of health promotion information relevant to oral health and other health topics
- Facilities had recently been updated.

### Delivery of Safe and Effective Care

#### Overall summary:

The practice was well-equipped with robust risk management and infection control procedures in place. A robust cleaning schedule and suitable decontamination facilities supported effective cleaning routines. Staff were aware of actions to take in the event of an emergency and with respect to safeguarding.

Suitable sharps equipment was used but further risk assessment and updates to procedures were required to fully protect staff and waste management contractors.

Patient records were kept electronically within a secure system and were generally considered to be appropriate and in-line with standards, though some areas for

improvement were identified. Clear pathways were in place for referrals into and out of the practice, including appropriate follow-up arrangements.

**This is what we recommend the service can improve:**

- Complete further risk assessment for syringe use and ensure sharps containers are properly managed
- Ensure the Radiation Protection file contains all required information
- Ensure a copy of the initial medical history, signed by both dentist and patient, is present in patient records.

**This is what the service did well:**

- Comprehensive health and safety, business continuity and medicines management policies were in place and which staff were aware of
- All equipment suitable to its intended purpose and either new or fully maintained.

## **Quality of Management and Leadership**

**Overall summary:**

We found a clear management structure was in place and staff told us they felt positive about the culture modelled by the new dental leadership. A ‘You said We did’ sign was displayed in the waiting area reporting on actions the practice had taken in response to feedback regarding the accessibility of appointments and the building.

Completion of all required mandatory training was evident and staff were also offered additional training opportunities. Appropriate induction and appraisal processes were in place as well as arrangements to ensure the professional obligations of registered dental professionals were maintained. We noted that the practice proactively engaged with external performance and quality assurance dashboards for both NHS and private service provision.

**This is what we recommend the service can improve:**

- Ensure all policies and procedures include version control, are regularly updated and personalised to the practice.
- Routinely obtain two references for new staff and complete risk assessments for existing staff with missing references.
- Undertake regular Disability Access audits and implement any additional reasonable adjustments identified.

**This is what the service did well:**

- A positive team culture within the practice with enabled ease of communication between staff and management and for patient views to be listened to and acted upon
- Staff files showed evidence of induction, appraisal, and ongoing professional development.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Overall, responses to the HIW patient questionnaire were positive. Most respondents rated the service they received from this practice as ‘very good’ and felt it was ‘very easy’ to get an appointment. All respondents rated the practice as ‘very clean’.

All respondents knew how to contact out-of-hours dental services in case of urgent problems and felt suitably involved in making decisions regarding their care.

Patient comments praised the staff and service provided. Comments included:

*“ Very welcoming and informative. Made me feel very at ease having treatments.”*

*“Can’t fault the service provided.”*

*“Exceptional care...Happy patient.”*

#### Person-centred

##### Health promotion and patient information

Information leaflets relevant to oral health promotion, as well as other more generic topics such as flu vaccination, were displayed within the waiting area. Clear information explaining the importance of regular dental visits was provided on the website.

We found relevant information regarding NHS and private dentistry charges displayed within the waiting area.

The names and General Dental Council (GDC) numbers of the dental professionals were displayed in the waiting area, in the patient information leaflet and on the website. However, we noted that a plaque for a previous dental surgeon was still in place outside the practice.

**The registered manager must remove the outdated plaque and must ensure that all publicly visible information accurately reflects the current dental team.**

### **Dignified and respectful care**

All discussions we observed between practice staff and patients were respectful. Measures were in place to prevent conversations between reception staff and patients from being overheard in the waiting area. All respondents to the HIW patient questionnaire 'strongly agreed' or 'agreed' that they were treated with dignity and respect. We saw a confidentiality agreement in place which had been reviewed and signed by staff.

Dental surgeries were fitted with suitable solid doors to ensure patient privacy during consultations and treatment. However, we noted that the downstairs surgery did not have a window covering which meant patients receiving treatment could be seen from the staff parking area outside.

**The registered manager must take steps to ensure patient privacy within the ground floor surgery by preventing visibility from outside the building during treatments.**

We noted the nine core principles prepared by the GDC were displayed within the patient waiting area.

### **Individualised care**

Patients could make appointments via telephone, email, or in person. Appointments could be requested at times that suited the patient. Out-of-hours contact details were displayed outside the practice, within the Statement of Purpose published on the practice website and was provided on the practice answerphone.

## **Timely**

### **Timely care**

We found the practice provided routine, urgent and emergency dental care. Criteria were in place to help reception staff with initial triage to understand patient need and appropriate appointment timescales. Triage was fully documented to enable dental professionals to understand patient need and reprioritise if needed.

We were informed that treatments would be booked individually or as a complete course as prescribed by dental professionals and agreed by patients. The practice provided email and phone reminders to support patients in keeping scheduled appointments. Reminder conversations were also used to confirm patients were not experiencing respiratory or other temporary illnesses to support infection prevention and control.

Staff informed us that should appointments run late patients would be notified in a timely manner and offered an alternative appointment if required.

## **Equitable**

### **Communication and language**

We saw key documents, including the nine GDC principles, HIW registration, practice patient information and Statement of Purpose, and signposting to emergency contact numbers and Putting Things Right procedures provided in both English and Welsh.

We were told that two members of staff could speak Welsh. A 'Iaith Gwaith' sign was displayed within the waiting area. We suggested that staff who could speak Welsh also wear badges to highlight this to patients. Staff reported they were aware that health board support was available for delivery of the Active Offer. A language line would be used to assist communication with patients if required and routine recording of language preference within patient records would enable additional support for communication to be arranged ahead of appointments.

Practice information was written in plain language but printed in small format only. We were informed that large print copies could be provided on request. We discussed that a hearing loop could also be a helpful resource within the practice.

### **Rights and equality**

We found that equality, diversity and inclusion were promoted through practice policies and relevant staff training.

Practice facilities had recently been updated with fully level access throughout the ground floor, a large ground floor surgery, and grab rails within toilet. A ramp was available to the front entrance. However, one patient felt this was too steep for them to manage independently. The practice also identified that space constraints prevented the toilet from being accessible for wheelchair users. Seating available within the waiting area was considered suitable for a range of needs and in sufficient number.

We observed that medical history conversations were discreetly approached by reception staff and posters reminded patients to supply this information to ensure appropriate dental care. We were told that any changes of name, pronoun, or other personal details would also be recorded in the patient notes to inform communication.

# Delivery of Safe and Effective Care

## Safe

### **Risk management**

We found the practice premises to be clean, secure and in a good state of repair both internally and externally. We heard patients providing positive feedback regarding recent renovations.

A comprehensive health and safety risk assessment, business continuity plan and building maintenance policies were in place. Staff reported to know what they would do in the event of an emergency.

A suitable policy for the Control of Substances Hazardous to Health was in place. This was fully implemented by the end of the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We viewed documents indicating that electric, gas and fire safety equipment were either new or with valid, in-date safety checks. We saw evidence of regular fire drills and in-house testing of fire detection equipment. Fire doors were newly fitted and in a suitable condition to help maintain safety should a fire occur, and fire escape routes and instructions to follow in the event of a fire were clearly displayed.

We saw that a Health and Safety Executive poster and the practice Public and Employer Liability Insurance certificates were appropriately displayed.

### **Infection, prevention and control (IPC) and decontamination**

We found that appropriate IPC policies and procedures were in place, and that a robust cleaning schedule supported effective cleaning routines. Decontamination facilities were suitable and machinery serviced as required. Staff had completed appropriate IPC and decontamination training.

We observed appropriate dental equipment was used by the practice and that this was in good condition and sufficient in number to allow for decontamination between uses. Sterile instruments were individually bagged and kept in drawers. The appropriate disposal of single use burs was confirmed.

Suitable sharps equipment was used and staff were aware of how to access health board occupational health services should they sustain a needlestick injury. However, a risk assessment for the specific type of syringes used was required.

**The registered manager must complete a risk assessment for the specific type of syringes used within the practice**

We observed that staff were not signing sharps disposal containers at assembly and locking. Sharps disposal containers were also not attached to a wall during use.

**The registered manager must ensure clear procedures for the use and disposal of sharps are available and implemented to protect staff and waste management contractors.**

### **Medicines management**

We noted a suitable medicines management policy at the practice. Prescription pads and medicines were kept secure. Records were maintained of all medicines ordered, administered and disposed of. The medication storage fridge temperature was checked on a daily basis and a back-up fridge was available should the temperature be outside of the acceptable range.

We saw that emergency drugs met national guidelines. Emergency items were routinely checked. However, there was no clear face mask in size 0 for use with the self-inflating bag. This was ordered by the practice by the end of the day. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

The oxygen cylinder in place was also of a smaller size than generally recommended.

**The registered manager must contact their oxygen supplier and ensure they have the required size supplied.**

We saw evidence that staff had completed appropriate training to respond to medical emergencies and suitable local procedures were in place. Two members of staff were trained in First Aid and rotas would generally ensure at least one of these were on site each day. All First Aid kit items were in date.

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

Staff were clear about their responsibilities should they identify a safeguarding concern for one of their patients. The practice safeguarding policy and procedure were based on the Wales Safeguarding Procedures. A designated safeguarding person had been appointed and staff had completed suitable safeguarding training for their roles.

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

We saw that clinical equipment available at the practice was appropriately serviced or new. Contracts were in place with a Radiation Protection Advisor and a Medical Physics Engineer. However, the radiation protection file was incomplete, requiring documents to be collated and further audit activity to be completed to provide comprehensive Ionising Radiation (Medical Exposure) Regulations quality assurance.

**The registered manager must ensure that:**

- A comprehensive radiation protection file is maintained, including documents specifying duty holders and roles and responsibilities, a risks and benefits document for patients, room layouts and in-house quality assurance programmes
- The annual Health Education and Improvement Wales (HEIW) IR(ME)R audit is implemented.

### **Effective**

#### **Effective care**

We were told that professional, regulatory and statutory guidance was followed within the delivery of dental services. Dental practitioners used informal networking opportunities to benchmark practice and seek support and we encouraged such links to continue to be developed.

Local Safety Standards for Invasive Procedures checklists were used to help prevent wrong site tooth extraction.

#### **Patient records**

We reviewed a total of seven patient records during our inspection. Records were kept electronically within a secure system and were generally considered to be appropriate and in-line with standards. However, some areas for improvement were identified:

- A copy of the initial medical history, signed by both dentist and patient was not generally present
- Alcohol and tobacco use and health promotion advice provided in relation to alcohol was not fully documented
- Reason for attendance required documenting for routine appointments. This was completed in relation to emergency appointments.
- Internal referrals to dental therapists did not include full details of patient need and treatment instructions.

**The registered manager must ensure that patient records are complete and include all relevant information in line with professional standards and guidance.**

Clear pathways were in place for referrals into and out of the practice, including appropriate follow-up arrangements.

## **Efficient**

### **Efficient**

Staff told us that recent updates to equipment and the range of treatments offered enabled more efficient and varied service delivery in response to what patients wanted. The introduction of an app for rota and absence planning had assisted operational delivery.

# Quality of Management and Leadership

## Leadership

### Governance and leadership

We found a clear management structure in place at the practice. The practice had only opened in 2024 under the current ownership and dental leadership, taking over from a prior well-established practice. Staff told us that they felt positive about recent changes introduced and the environment and culture modelled by the management team.

We looked at minutes of staff meetings and were told these took place regularly as required. A range of operational and team-building topics had been discussed over recent months and the meeting was also used as a forum for team training. Attendees had signed to confirm meeting notes and we suggested that the designation of attendees is also provided on the notes for clarity regarding the roles of those present, for example, financial partners.

We were told that the practice was exploring the completion of an HEIW sustainability tool. We also suggested that a team development tool could be timely to complete in the near future now that the new practice was becoming established.

The Statement of Purpose provided appropriate details of the practice and staff. However, version control was unclear on the Statement of Purpose and other policies and procedures we reviewed. This could lead to staff and patients being unclear about the most up-to-date information on the practice.

**The registered manager must ensure that the Statement of Purpose and other policies and procedures are updated to include version number, update history and next review date, date of publication, and the practice details.**

## Workforce

### Skilled and enabled workforce

We observed good staff relationships and noted a positive working environment at the practice. A comprehensive Whistleblowing and Underperformance policy was in place and staff reported to be confident they could appropriately raise concerns should they need to.

We reviewed the practice recruitment policy and four staff files to establish compliance with professional obligations and mandatory training. The recruitment

policy was comprehensive. However, despite the recruitment policy outlining the requirement for references for to be obtained before employment commenced these were frequently missing from staff files.

**The registered manager must ensure that two references are routinely gained for new members of staff and risk assessments completed for current employees with less than two references recorded.**

Arrangements were in place to ensure the professional obligations of registered dental professionals were maintained, with all relevant staff having up to date GDC registration and professional indemnity insurance. Appropriate Disclosure and Barring Services certificates and health and vaccination screening were also recorded.

We saw that appropriate induction, appraisal and reflective professional development was completed for all staff relevant to their role. Completion of all required mandatory training was evidenced within the staff files viewed and staff told us they were also offered additional training opportunities to enable the practice to develop its treatment offer.

## **Culture**

### **People engagement, feedback and learning**

We found that the practice regularly gathered feedback through patient informal conversations, surveys and online reviews. A 'You said We did' sign was displayed in the waiting area reporting on actions the practice had taken in response to feedback regarding the accessibility of appointments and the building. Staff told us it was important to them to maintain a good relationship with patients and listen to their ideas.

We were informed that no formal complaints had been received. However, appropriate complaints procedures were in place and staff reported they felt able deal with concerns and escalate complaints to the registered manager. Clear reporting arrangements regarding Duty of Candour (DoC) were also in place with the health board and staff had received appropriate DoC training.

## **Information**

### **Information governance and digital technology**

We found that the practice managed and protected information in ways that complied with the data protection legislation. Staff we spoke with were aware of information governance requirements but also who to share information with if required for patient and public safety.

## Learning, improvement and research

### Quality improvement activities

We saw that a range of audits had been recently undertaken to assess the quality of aspects of clinical and operational service delivery. However, the Disability Access audit was overdue and completion of this would enable the practice to confirm whether there are any reasonable adjustments that could be made in the environment additional to those already in place.

**The registered manager must ensure that regular Disability Access audits are undertaken within the practice and any additional reasonable adjustments identified from this are implemented.**

## Whole-systems approach

### Partnership working and development

We were told a cluster arrangement was in place with other local dental practices to ensure emergency cover was available to patients out-of-hours and in the event of staff sickness.

We were informed that the practice was developing its treatment offer to patients with mentoring from external dental professionals underpinning the acquisition of new skills.

We noted that the practice proactively engaged with external performance and quality assurance dashboards for both NHS and private service provision.

## 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
Policy for the Control of Substances Hazardous to Health not fully implemented.	Hazardous substances accessible to patients.	Discussed with Registered Manager.	Policy for the Control of Substances Hazardous to Health was fully implemented by the end of the inspection.
No clear face masks for self-inflating bag in size 0 within emergency medical equipment.	Equipment not available suitable to responding to medical emergencies for all patients.	Discussed with Registered Manager.	Registered Manager ordered a size 0 mask.

# Appendix B - Immediate improvement plan

**Service:** The Hawkins Practice

**Date of inspection:** 25 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 concerns were identified on this inspection.					

## Appendix C - Improvement plan

**Service:** The Hawkins Practice

**Date of inspection:** 25 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. Not all publicly visible information accurately reflects the current dental team.	Removal of outdated plaque and confirmation that all publicly visible information accurately reflects the current dental team.	Health and Care Quality Standards (2023) - Information	New sign ordered and old sign removed as requested.	Jack Hawkins	By 09/02/2026
2. Downstairs surgery window not covered which meant patients receiving treatment could be seen from the staff parking area outside.	Ensure patient privacy within the ground floor surgery by preventing visibility from outside the building during treatments.	Private Dentistry (Wales) Regulation 15 (1) - Privacy & Dignity	Vinyl privacy frosting applied to the windows to match other surgeries.	Jack Hawkins	Completed 13/01/2026
3. No risk assessment in place regarding the use of the specific type of	A risk assessment must be completed for the type of syringes used.	Health and Care Quality Standards (2023) - Safe	Risk assessment completed	Tracy Hardwick	Completed 13/01/2026

	syringes used within the practice.					
4.	Sharps disposal containers not signed on assembly and locking or attached to a wall during use.	Clear procedures for the use and disposal of sharps to be available and implemented.	Health and Care Quality Standards (2023) - Safe	Infection control updated to include that sharps boxes must be signed when ensembled and sealed. Ordered safe sharps for the sharps boxes to be attached to the wall.	Tracy Hardwick	By 05/02/2026
5.	Oxygen cylinder in place a smaller size than generally expected.	Correct size oxygen cylinder to be in place.	Health and Care Quality Standards (2023) - Safe; Private Dentistry (Wales) Regulations (2017) - Regulation 31	Extra cylinder ordered	Tracy Hardwick	Delivered on 19/02/2026
6.	Radiation protection file incomplete.	Radiation protection file to be complete including documentation regarding	Ionising Radiation (Medical Exposure)	Radiation file and QAS completed.	Tracy Hardwick	26/11/2025

		duty holders and roles and responsibilities, room layouts and in-house quality assurance programme	Regulations (2017) - Schedule 2	Room layouts provided.		
7.	Annual Health Education and Improvement Wales (HEIW) IR(ME)R audit not undertaken.	Annual Health Education and Improvement Wales (HEIW) IR(ME)R audit to be undertaken.	Ionising Radiation (Medical Exposure) Regulations (2017) - Schedule 2	IR(ME)R Audit all completed.	Tracy Hardwick	Completed 15 <sup>th</sup> December 2025
8.	Improvements needed to record keeping practices.	Records must be complete and include all relevant information in line with professional standards and guidance	Health and Care Quality Standards (2023) - Person Centred	Templates amended to include details required	Jack Hawkins	Already completed
9.	Version control unclear on Statement of Purpose and other policies and procedures.	Statement of Purpose and other policies and procedures to include version number, update history, next review date, date of publication, and practice details.	Private Dentistry (Wales) Regulations (2017) - Regulation 7	All policies updated to reflect version details and other relevant information.	Tracy Hardwick	Completed 15 <sup>th</sup> December 2025
10.	References not routinely gained for new members of staff.	Two references must be routinely gained for new members of staff and risk assessments completed for existing staff with less	The Private Dentistry Wales Regulations (2017) - Regulation	Recruitment plan amended to include 2 references.	Tracy Hardwick	Completed 12/01/2026

		than two references contained within their staff files.	18(2)(e) & Part 1(3) of Schedule 3	Risk assessments done on existing staff and placed in their files.		
11.	Disability Access audit expired.	Regular Disability Access audits to be undertaken and any additional reasonable adjustments identified implemented.	Health and Care Quality Standards (2023) - Person Centred	All updated No adjustments to be made.	Tracy Hardwick	Completed 12/01/2026

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): TRACY HARDWICK**

**Job role: PRACTICE MANAGER**

**Date: 20/01/2026**