

General Dental Practice Inspection Report (Announced)

Brynteg Dental, Swansea

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 Brynteg Dental, Swansea within the Swansea Bay University Health Board area on 09 December 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 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 1 questionnaire was completed by a member of staff. Feedback and some of the comments we received from patients appear throughout the report. Due to the low number of staff responses, feedback and comments have not been included.

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

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

This is what the service did well:

- All patient feedback was positive
- Patients were treated in a dignified and respectful manner
- The practice focused on the timely delivery of patient care.

Delivery of Safe and Effective Care

Overall summary:

We found a visibly tidy and organised practice which appeared to be in a satisfactory state of repair internally and externally. Health and safety arrangements and fire precautions for the practice were appropriate, ensuring patients received safe care in a secure and well-maintained setting.

We found appropriate infection prevention and control (IPC) policies and procedures in place to maintain a good level of cleanliness throughout the practice. However, we did note hand drying equipment was missing from one surgery and the decontamination room, while the measures in place to mitigate and record the risk of needlestick injuries also needed improvement.

We saw areas for improvement with regards to the stock control of medicines and the temperature checks of the medicine fridge. In addition, we saw areas to improve with the quality of patient records.

We found the practice dental equipment was in good condition and the equipment for use in an emergency was also present and within expiry dates.

This is what we recommend the service can improve:

- Robust systems to be put in place for the monitoring of medicines and the medical fridge
- The equipment used for X-rays must be suitably maintained and grading should take place by appropriately trained staff
- Records should be comprehensive and kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

This is what the service did well:

- Safeguarding measures were comprehensive and routinely reviewed
- The environment was maintained to a good standard and clean.

Quality of Management and Leadership

Overall summary:

We noted a positive working environment at the practice and the interactions we observed between staff showed strong support for one another. Staff told us they would know who to speak to if they needed help or support and would feel confident raising concerns.

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

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

This is what the service did well:

- The system in place for the collection and review of patient feedback was effective
- Clear management structures supported the effective running of the practice.

3. What we found

Quality of Patient Experience

Patient feedback

Overall responses to the HIW patient questionnaire were positive. All respondents rated the service they received from the practice as either ‘good’ or ‘very good’. Patient comments included:

“I have been coming to the practice for many years. The girls spoil me and [Staff member] is excellent.”

“Excellent patient care. Very happy.”

“I have been coming to this practice for many years and would not go anywhere else.”

Person-centred

Health promotion and patient information

Patient information and posters containing advice and guidance were available regarding maintaining good oral health, treating cold sores, smoking cessation and adverse effects of medicines. The practice statement of purpose and patient information leaflet were up to date and available for patients to review on the practice website. The fees for services were displayed alongside the names and General Dental Council (GDC) registration numbers of practitioners where they could be easily seen. The opening hours and emergency contact details were clearly displayed on the outside of the practice.

All patients who responded to the HIW questionnaire said they were given clear aftercare instructions on how to maintain good oral health. All respondents also stated their oral health was explained to them in a manner they could understand.

Dignified and respectful care

We found patients were provided with dignified and respectful care during their patient journey. All respondents to the HIW patient questionnaire told us staff treated them with dignity and respect and felt that they listened to them and answered their questions. Patient comments regarding their treatment by staff included:

“All staff members are welcoming.”

“The staff and dental team at Brynteg are wonderful. They make every visit seamless, and no problem / issue is too much. Thank you Brynteg!”

Respondents also said staff explained what they were doing through the appointment, and that they were involved as much as they wanted to be in decisions about their treatment.

The practice had solid surgery doors which were kept closed during appointments and the windows for the practice were frosted to prevent patients being seen while being treated. These measures maintained the privacy of interactions between staff and patients. In addition, staff advised us that no personal information was repeated over the telephone, and although the reception and waiting area was joined, we did not hear any patient information being discussed over the phone which could be overheard. The practice manager’s room was used when confidential conversations or telephone calls needed to take place.

The practice had a confidentiality policy in place outlining staff responsibilities with regards to the protection of patient information. We noted the nine core principles prepared by the GDC were on display at reception.

Individualised care

All patients responding to the HIW questionnaire stated they were given enough information to understand which treatment options were available and information on the risks and benefits. All patients said the costs were made clear to them before treatment and clear guidance was given on what to do in the event of an infection or emergency. All respondents also said they were given information on how the setting would resolve any post-treatment concerns.

Timely

Timely care

We found the appointment management process in place utilised the time of practitioners appropriately. Patients made appointments over the telephone or in person after their appointment. Staff informed us their private patients rarely ran behind with appointments, but their NHS provision did fall behind from time to time. We were told this was due to a variety of factors, which included complexity of care and clinician availability. Where appointments extended beyond their scheduled time, clinicians told reception of any delays to inform patients. Staff would contact patients via telephone if the delays were known prior to arrival. We found the arrangements in place ensured any appointment delays would be communicated to patients in a timely manner, with alternative appointments

offered, where requested. Respondents to the HIW patient questionnaire indicated they found it 'fairly easy' (3/13) or 'very easy' (10/13) to get an appointment when they needed one. Appointments were arranged in accordance with patient availability wherever possible.

We saw an appropriate patient telephone triage system in place to prioritise those most in need of urgent care. We saw time allocated in the practice diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen. One patient responding to the HIW questionnaire said:

“Excellent service provided. Seen me on the day. I'm always fitted in on the day.”

An out-of-hours telephone number was provided for patients to contact the practice in the event of an emergency. We saw the service took part in the NHS Emergency Access service. All respondents to the HIW questionnaire said they would know how to access out of hours dental care if they had an urgent dental problem.

Equitable

Communication and language

We saw suitable arrangements in place to enable effective communication between clinicians and patients. Language line was used, where needed, to communicate with patients whose first language was not English. Documents were available in different formats, such as easy read, with more specialised documents provided upon request by patients. Patients were sent medical history forms online prior to their appointments. Those patients without digital access were provided these forms on paper.

We found strong evidence the practice promoted the use of the Welsh language. Documentation was available in both English and Welsh, where possible. Staff informed us the health board were available to support with the implementation of the Welsh 'Active Offer' for patients. We saw staff wearing 'Iaith Gwaith' badges to encourage patients to speak Welsh without having to ask for a Welsh speaker. During our inspection, we noted conversations between staff and patients through the medium of Welsh.

All respondents to the HIW patient questionnaire who indicated their language preference as Welsh said they were actively offered the opportunity to speak Welsh throughout their patient journey. Respondents also said they felt

comfortable using the Welsh language and that healthcare information was available to them in their preferred language.

Rights and equality

We saw how the rights and equal treatment of individuals were actively supported by the practice. The practice had suitable policies in place promoting the equality and rights of both patients and staff. Staff were also encouraged to undertake specific training to protect the rights of patients and the prevention of harassment or discrimination. One staff member was a mental health first aider and used their skills to aid patients and staff in work. A zero tolerance to aggression and violence policy and a harassment policy were both in place to safeguard staff from abusive behaviour.

Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees. This included lowering the desk at reception during a recent refurbishment and supporting patients requiring assistance in and out of the practice due to the steps from the street up to the setting. We found the rights of patients were further upheld by allowing patients to choose their preferred pronouns, names and gender on their records.

Delivery of Safe and Effective Care

Safe

Risk management

We found a visibly tidy and organised practice which appeared to be in a good state of repair internally and externally. The practice was set over two floors, had three surgeries and a joined reception / waiting area which was suitably sized to accommodate the number of patients. We heard telephone lines in working order and saw staff generally communicated between surgeries and reception using a messaging system. Staff changed in the toilets or staff kitchen area and there was suitable storage for staff personal belongings. We saw the toilets for staff and patients were clean and properly equipped. However, the toilet was not suitable for those patients with mobility difficulties, and suitable nearby alternatives were communicated to patients, where needed.

Satisfactory policies and procedures were in place to support the health, safety and wellbeing of patients and staff, including in the event of an emergency. Portable appliance and fixed wire testing certificates were both available, alongside gas safety certificates. We saw risk assessments for fire safety and health and safety had been recently conducted and were comprehensive.

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

We saw robust and comprehensive fire safety arrangements were in place. These included regular testing and maintenance of fire safety equipment, clearly displayed fire exit and no smoking signs. The practice Employer Liability Insurance certificate and Health and Safety Executive poster were both on display.

Infection, prevention and control (IPC) and decontamination

We found appropriate infection prevention and control (IPC) policies and procedures in place to maintain a good level of cleanliness throughout the practice. All patients who responded to the HIW questionnaire said the practice was 'very clean'.

Personal protective equipment (PPE) was routinely available for all staff, with suitable hand hygiene signage in place. However, we did note paper towel dispensers were missing from surgery one and the decontamination room. Reaching for a paper towel with wet hands could potentially contaminate the other towels.

The registered manager must ensure all clinical areas are fitted with appropriate paper towel dispensers

All respondents to the HIW staff questionnaire felt IPC measures were being followed by staff, one patient said:

“I saw staff wearing face masks.”

Appropriate occupational health arrangements were in place for staff, and we saw the practice sharps protocol was on display. However, we saw the practice was not currently using safety plus syringes, nor did we see a current risk assessment in place to reduce the risk of needlestick injuries. Therefore, we could not be assured the risk to individuals from sharps injuries was being sufficiently controlled or assessed.

The registered manager must review the current arrangements in place for the safe handling of sharps in order to prevent needlestick injuries.

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

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

Medicines management

The overall arrangements in place for the management of medicines were suitable. However, on review of stock control arrangements, we did not see evidence of a system in place for the practice antibiotics. In addition, we found one pot of the cement used for fillings to be out of date in surgery two. We instructed the practice to dispose of this item. Working without a stock control system could potentially lead to out-of-date stock being used on a patient.

The registered manager must implement a robust stock control system for medicines and dental materials.

On inspection of the fridge designated for the storage of medicines, we saw it was recording a reading of -14 Celsius. Usual operating temperature for a medicine fridge is around 2 - 8 degrees Celsius. We advised staff the medicines being stored in the fridge may therefore not be usable due to this temperature anomaly. Storing medicines outside the standard range can invalidate their effectiveness and could be ineffective or harmful should they need to be used.

The registered manager must implement a medicines fridge temperature monitoring system.

We found appropriate measures in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced satisfactory qualifications in cardiopulmonary resuscitation for all staff and there were a suitable number of first aid trained staff. Oxygen cylinders were appropriately serviced, and staff had been trained in their use. On inspection of the emergency equipment, we found all items were present, easily accessible and within their expiry dates. We noted routine checks took place on all emergency equipment.

Safeguarding of children and adults

Appropriate and up to date safeguarding procedures were in place to protect children and adults. The procedures referenced the Wales Safeguarding Procedures, identified a named safeguarding lead and included an easy-read flow chart containing the contact details for local support services. Updates to safeguarding policies and procedures were communicated through training and via the health board. We saw that staff had access to the Wales Safeguarding Procedures mobile application and that all staff were trained in the safeguarding of children and adults.

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

Management of medical devices and equipment

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

On review of the radiographic equipment in use at the setting, we found some areas which required improvement. In surgery one, we found:

- The serial number of the X-ray machine did not match the testing certificate issued by their provider
- The dose levels for the X-ray machine appeared to be low for the exposures being conducted
- The exposure button for the X-ray machine was in the hallway between the front door and the reception area. This increased the risk for potential accidental exposures.

In addition to those areas for improvement identified above, we also found the system in place for X-ray processing required improvement. We found there were scratches on some of the phosphor plates we reviewed, and we did not find an identification system in place for each plate. We also saw the screens used for reading X-rays had not been calibrated to read radiographs.

We also found X-ray image grading was being completed by trainee dental nurses with no documented supervision by clinicians nor a registered nurse.

The mismanagement of radiographic equipment can cause harm to patients, staff or visitors.

The registered manager must ensure:

- All equipment used in the radiographic process is suitably maintained, calibrated and correctly overseen
- X-ray image grading takes places by appropriately trained staff.

The issues pertaining to radiographs which we have identified above would normally be resolved during the discussions between the radiation protection supervisor and the radiation protection advisor. However, we understood that these conversations were not routine.

The registered manager must ensure the radiation protection supervisor and the advisor are in routine contact to comprehensively assess the on-site equipment.

Effective

Effective care

The clinical staff we spoke with demonstrated a clear understanding of their responsibilities whilst being aware of when to seek relevant professional advice, where necessary.

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

Patient records

We reviewed a total of five patient records during our inspection. The records were being held in a secure digital system in line with the General Data Protection Regulations.

Each record we reviewed noted the reason for attendance, initial medical history, full base charting, soft tissue examinations and intra and extra oral checks. However, some of the records were missing information to enable a comprehensive picture of the care and treatments received. We found the following areas which required improvement:

- We did not see oral cancer screening checks recorded as being completed in three records
- We did not see details of referrals being recorded within two applicable patient notes
- We did not see evidence any patient referrals had been followed up in a timely manner
- One patient record did not include reference to a radiograph which had been taken. We saw authorisation had not been noted on this record nor another for a radiograph to be taken. Dosages and durations of exposures had not been recorded in any of the records we reviewed
- We saw infrequent grading of radiographs in the records we reviewed
- Smoking cessation advice was not recorded as being provided in the applicable records we reviewed. Within one of the patient notes, it also suggested the patient was not a smoker, despite this being stated in the latest medical history form
- Language choices for patients were not recorded in any of the notes we reviewed.

The registered manager must ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

Efficient

Efficient

We found clinicians were committed to delivering a comprehensive service that met the needs of their patients within suitable premises. However, we did note the service struggled to recruit to open vacancies to ensure the service was fully staffed. Patients progressed through internal and external treatment pathways

efficiently. We saw how appointments were utilised effectively by staff with an appropriate skills mix.

Quality of Management and Leadership

Leadership

Governance and leadership

We found a clear management structure in place to support the effective running of the practice. The practice management team told us they felt they had the right skills and knowledge to undertake their leadership roles effectively. The management team at the practice benefitted from the support of a wider corporate team to help run the service effectively. Weekly huddle meetings took place and formal staff meetings were held every month and attended by all staff. On review of staff meeting minutes, we noted discussions around risk management, patient satisfaction and practice performance.

A suitable system was used to identify, record and manage risks, issues and any mitigating actions. We saw that Medicines and Healthcare products Regulatory Agency (MHRA) notices or Welsh Government safety notices were discussed in staff meetings and any relevant notices would be displayed.

All practice policies were managed through an online compliance system and were easily located. The policies we reviewed were up to date and comprehensive, and we saw how changes were communicated to staff in an effective manner.

Workforce

Skilled and enabled workforce

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

We reviewed five records out of nine staff members working at the practice. Within these records, we found suitable arrangements were in place to monitor and maintain the professional obligations of those staff working at the practice from the commencement of their employment. The staff records we reviewed included up to date GDC registrations, Disclosure and Barring Service Enhanced checks and pre-employment reference checks. However, we did note some staff only had one reference check on file. We advised the registered manager that any future appointments must have two references or the attempts made to gain a reference be documented. A risk assessment was in place to capture and assess

the risks of missing employment information. We saw a robust online monitoring system in place to maintain the fitness to work requirements of all employees.

The staff records we reviewed evidenced full compliance with all mandatory training. All staff were given the time to undertake their training, and we were told that staff were supported to complete additional training relevant to their roles which was evident in the records we reviewed. The practice manager had a suitable system in place to monitor training compliance through their corporate systems.

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

Culture

People engagement, feedback and learning

We found suitable arrangements in place for the collection and review of patient feedback. A suggestion box was available at reception for patients and surveys were sent out post-appointment for patients to complete. Patients were also encouraged to complete online reviews, where possible. Patient feedback was reviewed routinely by practice management, including a weekly check of the suggestion box and corporate oversight of online reviews. Responses to feedback were publicised within the reception area on a 'you said, we did' board. One example provided to us by staff of where they improved their service as a direct result of negative patient feedback was in relation to the general condition of the setting which resulted in significant renovations and now improved feedback from patients.

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

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

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, clinical waste, manual handling, radiographic quality as well as infection prevention and control audits. The practice had attempted to undertake the Maturity Matrix Dentistry in 2025 to help drive continuous improvements. However, we were told they had been struggling to receive a response from the audit provider, Health Education and Improvement Wales (HEIW). We encouraged the practice to continue their attempts so that the audit tool could be completed.

Whole-systems approach

Partnership working and development

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

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Brynteg Dental, Swansea

Date of inspection: 09 December 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: Brynteg Dental, Swansea

Date of inspection: 09 December 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. We noted paper towel dispensers were missing from surgery one and the decontamination room. Reaching for a paper towel with wet hands could potentially contaminate the other towels.	The registered manager must ensure all clinical areas are fitted with appropriate paper towel dispensers.	Regulation 13 (2) of the Private Dentistry (Wales) Regulations 2017	Paper towel dispenser now placed in the surgery and old dispenser in de- con changed	Karen Tighe Registered manager	Completed
2. We saw the practice was not currently using safety plus syringes, nor did we see a current risk	The registered manager must review the current arrangements in place for the safe handling of sharps	Regulation 13 (5)	Safety plus syringes ordered, risk assessment updated to include safety plus syringes	Karen Tighe Registered manager	Completed

	assessment in place to reduce the risk of needlestick injuries. Therefore, we could not be assured the risk to individuals from sharps injuries was being sufficiently controlled or assessed.	in order to prevent needlestick injuries.				
3.	We did not see evidence of a stock control system in place for the practice antibiotics. In addition, we found one pot of the cement used for fillings to be out of date in surgery two. We instructed the practice to dispose of this item. Working without a stock control system could potentially lead to out-of-date stock being used on a patient.	The registered manager must implement a robust stock control system for medicines and dental materials.	Regulation 13 (4)	New qualified nurse has implemented a new stock control procedure for antibiotics and practice stock; new logbooks are monitored on a weekly basis.	Karen Tighe Registered manager	Completed

4.	<p>On inspection of the fridge designated for the storage of medicines, we saw it was recording a reading of -14 Celsius. Usual operating temperature for a medicine fridge is around 2 - 8 degrees Celsius. We advised staff the medicines being stored in the fridge may therefore not be usable due to this temperature anomaly. Storing medicines outside the standard range can invalidate their effectiveness and could be ineffective or harmful should they need to be used.</p>	<p>The registered manager must implement a medicines fridge temperature monitoring system.</p>	<p>Regulation 13 (4)</p>	<p>Fridge thermostat fixed and temperatures are correct and checked daily.</p>	<p>Karen Tighe Registered manager</p>	<p>Completed</p>
5.	<p>On review of the radiographic equipment in use at the setting, we found</p>	<p>The registered manager must ensure:</p> <ul style="list-style-type: none"> • All equipment used in the radiographic process is 	<p>Regulation 13 (2)</p>	<p>Manufacturer informed that the incorrect serial</p>	<p>Karen Tighe Registered manager</p>	<p>Awaiting new paperwork from manufacturer</p>

<p>some areas which required improvement. In surgery one, we found:</p> <ul style="list-style-type: none"> • The serial number of the X-ray machine did not match the testing certificate issued by their provider • The dose levels for the X-ray machine appeared to be low for the exposures being conducted • The exposure button for the X-ray machine was in the hallway between the front door and the reception area. This increased the risk for potential accidental exposures. 	<p>suitably maintained, calibrated and correctly overseen</p> <ul style="list-style-type: none"> • X-ray image grading takes places by appropriately trained staff. 		<p>number was put on the inspection report. New issue test document to be sent</p> <p>Dose level checked by RPA and was happy with dose.</p> <p>Isolator switch is always switched off unless in use, the key is stored in a safe place when a session of radiography is not actively being carried out.</p> <p>New Phosphor plates ordered and stickers placed to identify them per surgery.</p>	<p>with correct serial number.</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
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<p>In addition to those areas for improvement identified above, we also found the system in place for X-ray processing required improvement. We found there were scratches on some of the phosphor plates we reviewed, and we did not find an identification system in place for each plate. We also saw the screens used for reading X-rays had not been calibrated to read radiographs.</p> <p>We also found X-ray image grading was being completed by trainee dental nurses with no documented supervision by</p>			RPA advised that new qualified nurse supervises trainee nurse in documenting and grading.	Completed
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	clinicians nor a registered nurse.					
6.	The issues pertaining to radiographs were identified during our inspection would normally be resolved during the discussions between the radiation protection supervisor and the radiation protection advisor. However, we understood that these conversations were not routine.	The registered manager must ensure the radiation protection supervisor and the advisor are in routine contact to comprehensively assess the on-site equipment.	Regulation 13 (8)	RPA and RPS have been notified	Karen Tighe Registered manager	Completed
7.	Some of the patient records we reviewed were missing information to enable a comprehensive picture of the care and treatments received. We found the following areas which required improvement:	The registered manager must ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.	Regulation 20 (1)	Oral cancer screening has now been added instead of soft tissue screening. New drop-down column added to software to implement recording of referrals	Karen Tighe Registered manager	Completed Completed Completed

<ul style="list-style-type: none"> • We did not see oral cancer screening checks recorded as being completed in three records • We did not see details of referrals being recorded within two applicable patient notes • We did not see evidence any patient referrals had been followed up in a timely manner • One patient record did not include reference to a radiograph which had been taken. We saw authorisation had not been noted on this record nor 			<p>New drop-down column also added to software to implement recording of referrals as with the follow up folder in managers office</p> <p>All dental surgeons have been informed software has been updated to include authorisation, dosage and exposure.</p> <p>New software updated</p> <p>All dental surgeons have new drop-down boxes on software which they must fill in and provide smoking cessation where necessary.</p> <p>Language choice was recorded on patient</p>		<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
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<p>another for a radiograph to be taken. Dosages and durations of exposures had not been recorded in any of the records we reviewed</p> <ul style="list-style-type: none">• We saw infrequent grading of radiographs in the records we reviewed• Smoking cessation advice was not recorded as being provided in the applicable records we reviewed. Within one of the patient notes, it also suggested the patient was not a smoker, despite this being stated in the latest medical history form			medical history, now also recorded on check in notes.		
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| <ul style="list-style-type: none">• Language choices for patients were not recorded in any of the notes we reviewed. | | | | | |
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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): Karen Tighe
Job role: Registered practice manager
Date: 21/01/2026