

General Dental Practice Inspection Report (Announced)

Toothopia Dental Practice, Betsi
Cadwaladr University Health Board

Inspection date: 09 December 2025

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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 Toothopia Dental Practice, Betsi Cadwaladr University Health Board on 09 December 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 nine questionnaires were completed by patients and two 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 that the staff at Toothopia were committed to providing a positive experience for their patients.

The premises provided a pleasant environment for patients. We observed staff treating patients in a polite, friendly and professional manner. A good range of information was provided to patients about the service and treatments provided.

Appropriate measures were in place to ensure patients were able to easily access both routine and emergency care.

This is what we recommend the service can improve:

- Implement the 'Active Offer' of Welsh.

This is what the service did well:

- Pleasant, well-maintained and welcoming environment
- Useful information made clearly available to patients
- Friendly and approachable staff.

Delivery of Safe and Effective Care

Overall summary:

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

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

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

This is what the service did well:

- Clinical equipment was safe and maintained appropriately
- Robust measures were in place to ensure high standards of infection control
- Policies and procedures were in place to support safe and effective care.

Quality of Management and Leadership

Overall summary:

We found that the practice had good leadership and clear lines of accountability. The principal dentist was the practice owner and demonstrated commitment to providing a high standard of care.

Staff records were well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and performance management.

There was a comprehensive range of policies and procedures in place, which were regularly reviewed and updated.

The practice made good use of electronic systems to support the management and improvement of the service.

This is what the service did well:

- Effective management of the practice
- Robust systems and records for the recruitment and employment of staff
- Established team of staff that worked well together.

3. What we found

Quality of Patient Experience

Patient feedback

Nine patients provided responses to the HIW questionnaire with comments being generally positive. All but one of the respondents rated the service as ‘very good’ or ‘good’. All those who responded were satisfied with the cleanliness of the practice and felt they were treated with dignity and respect. One respondent felt that clarity on their treatment costs and aftercare guidance could have been better.

Patient comments included:

“Very friendly and helpful, put you at ease and able to get urgent appointments same day when applicable.”

“Both dentists are very easy going, very relaxed, experienced and professional at all times.”

Person-centred

Health promotion and patient information

There was a good range of information available at the practice promoting healthy living and good oral health. There were posters and leaflets about various topics including smoking cessation, healthy eating and oral cancer awareness. A display cabinet showed various types of soft drinks and how much sugar they contained to raise awareness to patients.

Copies of the patient information leaflet were readily available at the reception desk. The practice had an up-to-date statement of purpose and we advised that a copy should be made available on the practice website. This was resolved immediately after the inspection with the website updated accordingly.

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

All but one of the respondents to the HIW questionnaire said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.

Dignified and respectful care

Surgery doors were kept closed during treatments and external windows in clinical areas were fitted with obscured glass and blinds to promote patient privacy.

The front door was kept locked to restrict access to the practice with patients using the doorbell and being greeted by reception staff. We observed staff greeting patients in a friendly and professional manner and checking whether they had any symptoms of respiratory illness on arrival.

There was a door to the reception area that could be closed to give additional privacy and allow patients to discuss any matters in private.

Treatment prices for both NHS and private treatment were made clearly available to patients on posters in the reception area and waiting rooms. An up-to-date certificate of Employer's Liability Insurance was also displayed.

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

The names, roles and GDC registration numbers of the dentists and therapist were displayed outside the practice. The patient information leaflet included the names, roles and GDC registration numbers of all the staff involved in patient treatment.

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

Individualised care

We reviewed a sample of ten patient records and confirmed that appropriate identifying information and medical histories were included.

All respondents to the HIW questionnaire said that staff gave them enough information to understand which treatment options were available and all but one agreed they were given enough information about the risks and benefits of the options.

Timely

Timely care

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

We were told that reception staff would verbally update patients if there was any delay to their appointment and offer to re-book if necessary.

Staff told us that time to accommodate emergency appointments was built into the daily schedule of each dentist and that emergency appointments were prioritised based on patient symptoms and clinical need. A cancellation list was used to ensure effective use of appointments.

Telephone numbers to access emergency care out of hours for both NHS and private patients were available outside the practice, in the patient information leaflet and on the practice website.

All but one of the respondents to the HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communication and language

We were told that two members of staff could speak Welsh with patients if that was preferred. The practice had a well-established team and good knowledge of their patients and communication requirements. Patient language preference was noted in their records.

We saw a range of patient information provided in both English and Welsh.

Staff were not aware of the 'Active Offer' scheme and we recommended they seek support from the local health board to implement the scheme, as appropriate to the needs of their patients.

The registered manager should seek advice and support from the local health board to implement the 'Active Offer' of Welsh.

Rights and equality

The practice had an equality, diversity and human rights policy in place, which included references to relevant legislation and protected characteristics. The practice also had a disability and discrimination policy.

We saw that a disability access audit had been carried out and provision had been made to accommodate wheelchair users and patients with mobility difficulties.

Patients with specific needs had this noted in their records. A car park to the rear of the building was made available as necessary and a portable ramp used to enable access to the premises. Disabled patients had access to the reception desk,

a waiting room and a surgery on the ground floor with level access. The patient information leaflet made accessibility arrangements clear to patients and advised them to contact reception staff to discuss specific needs.

The patient toilet was not accessible for disabled patients. Staff told us they advised patients to use nearby facilities if required. We recommended that the patient information leaflet be updated to make this clear to patients and this was addressed during the inspection.

Staff told us that preferred names and pronouns were recorded on patient records.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice to be well maintained and free from obvious hazards. The premises were visibly clean, tidy and free from clutter.

The practice had policies in place relating to 'Health and Safety' and 'Ensuring the quality and suitability of facilities and maintenance of equipment'. There were appropriate arrangements for handling and storing materials subject to the Control of Substances Hazardous to Health (COSHH).

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

We reviewed documents relating to fire safety and saw records of fire drills and regular checks and servicing of fire safety equipment. Escape routes were clearly signposted with exits to both the front and rear of the building. Fire extinguishers of various types were appropriately mounted and signposted and had been checked and serviced regularly.

There was a detailed fire risk assessment in place that was reviewed annually. As the risk assessment was carried out by in-house staff we recommended that external advice be sought. Immediately after the inspection the registered manager arranged for a visit from the North Wales Fire and Rescue Service (NWFRS), which confirmed that an in-house assessment was acceptable in this instance. NWFRS did not carry out a full inspection but did identify some recommendations, including upgrading doors to two areas and ensuring the basement ceiling and door provided sufficient fire resistance.

The registered manager must review and update the fire risk assessment in line with recommendations made by NWFRS in their letter dated 18 December 2025.

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

Staff had access to changing facilities and secure storage for personal items.

The mixed-gender patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit. Staff had access to a separate toilet.

Infection, prevention and control (IPC) and decontamination

There were suitable arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures and an effective cleaning regime. There was a member of staff designated as the infection control lead.

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

All respondents to the HIW questionnaire felt that the practice was very clean and that infection prevention and control measures were evident. One patient commented:

“I have on a number of occasions witnessed all equipment being cleaned down. Staff put on gloves etc in front of you so that you know they have not touched anything else.”

Medicines management

We reviewed the arrangements for medicines management and found robust and safe measures in place for the handling, storage and disposal of medicines. Prescription pads were seen to be stored securely.

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

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory, with equipment being in-date and regular checks being carried out. Similarly, first aid kits were available and regularly checked. We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that two members of staff were trained first aiders.

Safeguarding of children and adults

Up-to-date safeguarding policies and procedures with quick-reference flowcharts were in place and available to all staff. Staff were aware of the Wales Safeguarding Procedures and had access to the mobile phone application.

Staff had up to date training in the safeguarding of both adults and children. The principal dentist was the safeguarding lead and had appropriate training to level three.

Management of medical devices and equipment

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

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

Effective

Effective care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients. Staff told us how they obtained and followed professional guidance and advice. As a small practice, clinicians carried out informal, in-house peer review work.

The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to minimise the risk of wrong site tooth extraction.

We saw clear evidence that the practice invested in updating equipment to provide a high standard of care. The principal dentist had recently completed training in endodontics and equipped the practice with relevant equipment.

Patient records

Patient records were held electronically and in line with an appropriate records management policy.

We reviewed a sample of ten patient records and found them to be kept to a notably high standard. We saw evidence of thorough, comprehensive and consistent recording of clinical information. This included base charting, basic periodontal examination, soft tissue and extra and intra oral examinations, and cancer screening.

We had one recommendation relating to the prescribing of antibiotics, where more detail could be recorded about the dosing regimen and courses issued over five days rather than seven, in line with current guidelines.

The registered manager should ensure that antibiotic prescriptions are issued in line with current guidelines and full details recorded.

Efficient

Efficient

There was effective use of electronic systems, such as instigating and tracking referrals online, which enabled an efficient service to be provided.

There was a well-established team that were seen to work well together, providing a high standard of care to their patients.

Quality of Management and Leadership

Leadership

Governance and leadership

There were well-defined management structures in place, with the principal dentist being the owner and registered manager.

We found there was a commitment to providing a high standard of service and a positive approach to making improvements.

Regular team meetings were held, with minutes circulated and signed off to ensure all staff were kept up to date. Staff had regular appraisals, with an opportunity to discuss progression and training requirements.

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

It was noteworthy that compliance with regulatory requirements was to a high standard despite the absence of a specific practice manager role.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw policies and procedures, detailing the recruitment process and checks made on prospective employees. These included proof of identity, qualifications and vaccinations. We also saw that appropriate Disclosure and Barring Service checks had been carried out. The practice did not use agency or locum staff.

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

We saw evidence that staff were able to access training and encouraged in their continuous professional development.

Culture

People engagement, feedback and learning

Patient feedback was actively sought, with quick-response (QR) codes and near-field communication (NFC) points at the practice, encouraging patients to leave reviews online and on social media. A box also provided at the reception desk for comments and feedback.

The registered manager was notified on receipt of feedback and would respond if appropriate.

There was a comprehensive complaints procedure in place, with a poster displayed outlining the process to patients. Staff told us a copy of the procedure would also be provided on request. The procedure included contact details, appropriate timescales for responses and how to escalate the issue if required.

The complaints procedure included details of various external bodies that could assist with resolving complaints for both NHS and private patients. We noted that the procedure did not include details of the advocacy service Llais. This was resolved during the inspection with the document being updated.

Staff told us that complaints were rarely received and details would be noted in patient records. We advised that use of a complaints log was considered good practice, as an overview would assist in identifying any recurring themes or issues.

The registered manager should put a log in place to note details of any complaints received, to enable recurring issues to be identified.

The practice had a Duty of Candour policy in place and staff had undertaken online training.

Learning, improvement and research

Quality improvement activities

The practice used various tools to monitor the quality of their service and identify improvements. These included the annual Quality Assurance Self-assessment (QAS) and improvement tools provided by Health Education and Improvement Wales (HEIW). The practice also took part in the Denplan Excel certification scheme to provide further quality assurance.

There were appropriate policies and procedures in place regarding quality improvement activities.

We saw evidence of a wide range of clinical and non-clinical audits being carried out. These included audits on healthcare waste, health and safety, radiology, infection control, smoking cessation, hand hygiene, mouth cancer improvement and medical history.

Whole-systems approach

Partnership working and development

The practice interacted efficiently with external partners, using telephone, email and online systems.

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: Toothopia

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 assurance / non-compliance issues were identified during this inspection.					

Appendix C - Improvement plan

Service: Toothopia

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. Staff were not aware of the 'Active Offer' of Welsh scheme.	The registered manager should seek advice and support from the local health board to implement the 'Active Offer' of Welsh.	The Welsh Language (Wales) Measure 2011	Practice meeting to be held to make all staff aware of the 'Active offer'. Supporting materials (lanyards and badges) for the Welsh speaking staff members have been ordered via 'Helo Blod' (to be delivered at the practice within 10 working days). Practice meeting minutes could be provided as evidence.	Miroslav Yakimov	30/01/2026

2.	Patient records could include more detail about the prescribing of antibiotics and courses issued over five days rather than seven, in line with current guidelines.	The registered manager should ensure that antibiotic prescriptions are issued in line with current guidelines and full details recorded.	The Private Dentistry (Wales) regulations 2017, Regulation 20	The practice will repeat the antimicrobial audit conducted in 2023/24 and 2024/25, compare the results with previous years, and discuss findings with practice staff to identify any necessary actions to improve antibiotic prescribing. Designated self-assessment tools will be used, engaging with HEIW resources.	Miroslav Yakimov	30/03/2026
3.	A fire risk assessment in place. We recommended that external advice be sought and this was done immediately after the inspection. NWFRS identified some recommendations.	The registered manager must review and update the fire risk assessment in line with recommendations made by NWFRS in their letter dated 18 December 2025.	The Private Dentistry (Wales) regulations 2017, Regulation 22	Recommendations made by NWFRS were taken on board and the practice fire risks assessment will be updated accordingly including timescale for their implementation (available to submit upon request).	Miroslav Yakimov	30/01/2026

4.	We advised that use of a complaints log was considered good practice, as an overview would assist in identifying any recurring themes or issues.	The registered manager should put a log in place to note details of any complaints received, to enable recurring issues to be identified.	The Private Dentistry (Wales) regulations 2017, Regulation 5	Complaints log to be created. All staff to be made aware of it and encouraged to use it accordingly.	Miroslav Yakimov	30/01/2026
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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): Miroslav Yakimov

Job role: Principal Dentist and Registered Manager

Date: 18/01/2026