

General Dental Practice Inspection Report (Announced)

West Coast Dental Care, 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.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership	16
4. Next steps.....	19
Appendix A - Summary of concerns resolved during the inspection	20
Appendix B - Immediate improvement plan.....	21
Appendix C - Improvement plan	22

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 West Coast Dental Care, Swansea Bay University Health Board on 13 January 2026.

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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 17 questionnaires were completed by patients and two were completed by staff. Feedback and some of the comments we received from patients appear throughout the report. However, due to the lower number of staff responses, these are not 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:

All patients rated the service provided by West Coast Dental Care as ‘very good’, and the patient feedback we received was very 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 found the processes to manage appointments and to triage patients requiring urgent care were satisfactory. All patients told us they were able to get an appointment when they needed to. We saw suitable arrangements in place to enable effective communication between clinicians and patients. All patients told us their oral health was explained to them in a manner they could understand.

This is what the service did well:

- The practice focused on the timely delivery of patient care with the right clinician
- The practice promoted the use of the Welsh language with its staff to the benefit of their patients
- Patients told us they found it ‘very easy’ to get an appointment when they needed one and they knew who to contact if they were in need of urgent dental care.

Delivery of Safe and Effective Care

Overall summary:

We found the practice was delivering safe and effective care to patients. All dental equipment we inspected appeared to be in good condition, clean and able to be effectively decontaminated. Procedures in place for the decontamination of reusable equipment were robust, enabling safe care to be delivered to patients.

Fire safety and health and safety arrangements for the practice were all appropriate to ensure patients received safe care in a secure and well-maintained setting. We saw hand hygiene and infection control procedures were suitable. All patients who responded to the HIW questionnaire said infection, prevention and control measures were always followed by staff and that the practice was ‘very clean.’

The procedures for the safe and effective use of the dental laser in use at the setting were robust. We found additional details required recording in patient notes, but this were actioned immediately by the practice.

All emergency equipment at the practice was in place and within their expiry dates. The staff records we reviewed showed staff were adequately trained in cardiopulmonary resuscitation and first aid. Medicines were stored and managed safely and in line with a robust medicines management policy.

This is what the service did well:

- The practice was being maintained to a good standard and kept clean, with all equipment in working order
- Safeguarding measures were comprehensive and routinely reviewed
- Patient records provided a clear and comprehensive picture of the care provided to patients.

Quality of Management and Leadership

Overall summary:

The staff working at the practice were knowledgeable and supportive of one another. We saw effective governance arrangements in place which ensured staff were supported and were working with the right skills mix. The staff records we reviewed were comprehensive and met the fitness to work requirements. 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 robust and continuous professional development was supported by practice management for their staff. We found a proactive approach to quality improvement which aimed to drive continuous improvement and deliver better outcomes for patients.

This is what the service did well:

- Clear management structures supported the effective running of the practice
- Duty of Candour arrangements were robust
- Patient feedback was handled appropriately, and a custom form was available for paediatric patients to complete.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW patient questionnaires were positive. All respondents rated the service they received from the practice as 'very good'. Patient comments included:

"Excellent dentists and staff."

"Everyone at this practice is so helpful and friendly. The care is so good that myself and my partner travel over an hour to come here. Wouldn't go anywhere else."

"I have travelled and lived all over the U.K., and this is by far the best dentist I have ever been to."

Person-centred

Health promotion and patient information

Patient information and posters containing advice and guidance were available within waiting areas regarding smoking cessation, changes to medications and improving paediatric dental health. The fees for private and NHS services were displayed in the reception area. The names, General Dental Council (GDC) registration numbers and photographs of all staff were on display where they could be easily seen. The practice statement of purpose and patient information leaflet were up to date and available for patients to review on request. The opening hours and emergency contact details were clearly displayed outside the practice.

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

Dignified and respectful care

We found the practice provided dignified and respectful care to patients throughout their care journey. All respondents to the HIW patient questionnaire told us staff treated with them with dignity and respect, listened to them and answered their questions. During our inspection we observed staff treating

individual patients, including an emergency paediatric patient, with respectful and empathetic care. Patient comment from the HIW questionnaires included:

“The staff are brilliant, kind and so helpful.”

“All staff are approachable and friendly. A lovely dental service.”

“I have been a patient of this practice most of my life. It is excellent. All staff are friendly, professional and always treat me with dignity and respect. I cannot recommend this practice enough.”

Staff advised us that no personal patient information was repeated over the telephone, and although the reception and one of the waiting areas were joined, we did not hear any patient information being discussed over the phone. 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.

All staff were subject to the practice policy on confidentiality which outlined 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 respondents to the HIW patient questionnaire stated they received enough information to understand which treatment options were available, and said staff explained what they were doing throughout their appointment. All patients said they were given information on how the setting would resolve any post-treatment concerns. Patients also told us the risks and benefits of their treatments were explained as well as the costs involved. Overall, all patients said they were involved as much as they wanted to be in the decisions about their treatment. One patient said:

“I was very reassured and made to feel understood and I couldn't have asked for any better care. Fantastic dentist and staff.”

Timely

Timely care

Robust arrangements were in place to utilise the time of practitioners appropriately and to see patients in a timely manner. Patients were generally seen within three to four weeks for routine appointments, though this differed between practitioners. Staff told us that all appointments were arranged in accordance with

patient availability wherever possible, including paediatric patients being prioritised for out of school hours appointments. Respondents to the HIW patient survey indicated they found it 'very easy' to get an appointment when they needed one.

Patients could make appointments online, over the telephone or in person after their appointment. Staff informed us appointments rarely ran late but should an appointment extend beyond the scheduled time, clinicians told reception of any delays. Patients would be contacted via telephone if the delays were known prior to their arrival, with alternative appointments being offered, where required.

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. An out-of-hours telephone number was provided for patients to contact the practice in the event of an emergency. All patients who responded to the HIW questionnaire said they were given clear guidance on what to do and who to contact in the event of an infection or emergency.

Equitable

Communication and language

We saw supportive arrangements in place to help enable effective communication between clinicians and patients. The staff we spoke with were fully aware of the importance in communicating with a patient in a language of their choice. Language line was used to communicate with patients when required and some patient information was available in different formats. The practice would provide more specialised information upon request by patients.

We found evidence the practice promoted the use of the Welsh language. Staff were encouraged to wear 'Iaith Gwaith' badges and their Welsh language skills were promoted to patients on the staff information board at reception. We saw practice documentation in Welsh was routinely offered to Welsh speaking patients and fluent Welsh speakers were employed at the practice.

Rights and equality

We saw 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. A zero-tolerance policy and a harassment prevention policy were both in place to safeguard staff from abusive behaviour.

All patients who responded to the HIW questionnaire said the building was accessible. Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees. These included a magnifying glass at reception to assist patients who were hard of sight and flexible working hours for staff with caring responsibilities. Patients were also able to choose their preferred pronouns, names and gender on their records.

Delivery of Safe and Effective Care

Safe

Risk management

The building appeared to be in a satisfactory state of repair internally and externally, visibly tidy and finished to a high standard. The practice was set over two floors, with suitably sized waiting areas for the number of patients and the four surgeries. We heard telephone lines in working order and saw suitable changing areas with lockers available for staff. We saw the toilets for staff and patients were clean and properly equipped, including for those with mobility difficulties.

We found the dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We saw single use items were used where appropriate. The clinical facilities and equipment used promoted safe and effective care.

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. Safety certificates were available for portable appliance testing, fixed wiring and annual gas safety checks. We saw risk assessments for fire safety and health and safety had been recently reviewed and were suitable.

We found robust and comprehensive fire safety arrangements were in place. These included regular maintenance and testing of fire safety equipment, alongside clearly displayed fire exit and no smoking signage. 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 robust infection, prevention and control (IPC) policies and procedures in place to maintain a good level of cleanliness throughout the practice. The policies and procedures we reviewed effectively outlined the means for staff to deliver safe and effective care to patients.

Personal protective equipment (PPE) was routinely available for all staff, with hand hygiene procedures and signage all suitable. We saw appropriate measures were in operation to prevent needlestick injuries and we found appropriate risk assessments were in place to monitor the risk of harm from sharps injuries. Occupational health services for staff were delivered through the health board and as the service transitions away from their NHS contract we saw arrangements were being made to put an appropriate private contract in place.

All patients who responded to the HIW questionnaire said the practice was ‘very clean’. All patients also felt IPC measures were being followed by staff; one patient said:

“Spotlessly clean, friendly staff and clean environment. would recommend over and over again.”

We observed all equipment and the environment was being maintained to a good standard to enable effective cleaning and decontamination. The procedures to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room were robust. Ultrasonic cleaning and autoclave sterilisation took place. We reviewed appropriate records of daily autoclave machine cycle checks and testing, as well as a routine schedule of maintenance in line with current guidance. The arrangements for the testing and checks for the ultrasonic cleaner were also suitable. The training records we reviewed confirmed all staff were trained to the correct level for the 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) were satisfactory.

Medicines management

We found the arrangements in place for the safe handling, storage, use and disposal of any medicines were comprehensive. We saw the practice prescription pads were stored securely when not in use.

We found robust measures in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced qualifications in cardiopulmonary resuscitation for all staff and there were two trained first aiders. Oxygen cylinders had been appropriately serviced, and all staff had received 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 and the equipment was ready for use in an emergency.

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. These flow charts were also on display in staff areas to be easily locatable in the event of an urgent referral needing to be made. Updates to safeguarding policies and procedures were communicated through training and the local health board. We saw all staff were trained to an appropriate level 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 raise a safeguarding concern.

Management of medical devices and equipment

We found the medical devices and clinical equipment appeared to be in good condition and fit for purpose. We saw how all practice devices and equipment were 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.

The practice radiation protection folder was fully complete and easy to navigate, with copies of the local rules readily available for staff in surgeries. Clinicians outlined clearly in patient records the discussions held regarding the risks and benefits of exposure to radiation. Staff training records confirmed all staff had received suitable training for their roles in radiation exposures.

Management of Class 3B/4 Laser

The practice was registered with HIW to operate a laser device for dental surgical procedures. We found the laser equipment appeared to be in good condition, the room was suitable with appropriate signage in place, and the storage arrangements for equipment were secure. All equipment had been serviced and calibrated in line with manufacturer guidelines. We saw equipment checks were conducted on the machine routinely.

All documentation pertaining to the laser equipment, including the Laser Protection Advisor (LPA) risk assessment and local rules were appropriate and up to date. We saw all staff involved in operating or supporting the operation of the laser had received training to do so.

On review of two patient records where the laser had been used, we saw these were generally complete including the operator, full written consent and treatment areas. However, the records were not currently capturing the output setting for treatments, such as the power output. The practice advised they would regularly use the same settings; however, the machine was capable of different power outputs and settings which should be formally recorded in patient notes. The setting took action on the day of our inspection to add this requirement into their patient note templates, noting these would be fully recorded moving forward.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance. 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, including those for the laser machine. We saw recently updated and comprehensive clinical checklists to prevent wrong tooth site extractions.

Patient records

We reviewed a total of 10 patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations.

The records reviewed provided a comprehensive picture of the care provided to patients. The records included suitable recording of informed consent, full base charting, intra and extra oral checks as well as a contemporaneous account of the treatments provided. All respondents to the HIW questionnaire said their medical history was checked prior to treatment.

Efficient

Efficient

We found clinicians were committed to delivering a comprehensive service that met the needs of their patients within suitable premises. Patients progressed through internal and external treatment pathways efficiently including the practice therapist and hygienist. Urgent referrals were appropriately recorded and followed up in a timely manner by clinicians. 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. We saw managers were visible and staff told us they felt they could approach managers to discuss changes or improvements. We heard how informal staff meetings generally took place every other day and formal staff meetings were held monthly and attended by all staff. Minutes for these meetings were pinned on the notice board for those staff members who were unable to attend. On review of staff meeting minutes, we noted suitable discussions around updates on reception activities, patient feedback and dental plan progress.

An auditing system was used to identify, record and manage risks, issues and any mitigating actions. The practice manager communicated safety notices to staff in meetings or via email and any relevant notices would be displayed.

All practice policies were held in hard copy in well maintained folders, which were clear for staff to locate and to read. 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. The practice operated a rota to ensure there were always an appropriate number of suitably trained staff working at any one time. Appraisals were annual and managers explained a suitable process for the management of any performance issues.

We reviewed 5 records out of 15 staff members working at the practice. Within these records, we found all staff had up to date GDC registrations, documented Hepatitis B immunity and pre-employment reference checks. Every staff member had an enhanced Disclosure and Barring Service (DBS) check recorded in their file on commencement of employment. We saw all staff had completed self-

declarations confirming there had been no changes in circumstances that would affect their original DBS check.

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.

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 satisfactory arrangements in place for the collection and review of patient feedback. Surveys were available for patients at reception, which included a custom easy read form for paediatric patients to complete. There was a suggestion box available for patients to provide feedback anonymously and online reviews were also used. We saw physical feedback forms were reviewed quarterly, and online forms were checked when they were received by practice management. Responses to feedback were publicised within the reception area on a 'you said, we did' board. One example of a response to patient feedback included the movement of a disabled parking bay outside of the practice for patients.

The complaints policy was fully aligned with NHS Putting Things Right procedures and was advertised to patients in the waiting area. The complaints procedure provided a named contact for patients to contact. Any verbal complaints were logged in a book kept at reception for action by the practice manager and discussion at the next practice meeting. 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. We reviewed the one Duty of Candour incident recorded on file and saw evidence this was handled in line with the guidance.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with most mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, radiographic quality, hand hygiene as well as infection prevention and control audits. The practice had undertaken the British Dental Association (BDA) Good Practice Scheme in 2025. We noted disability access audits had not been completed as a stand-alone activity but that most aspects of the audit were covered within the building maintenance audits completed. During our inspection the practice manager updated their templates to separate out disability access into its own separate audit to be completed routinely.

Whole-systems approach

Partnership working and development

Staff explained how they maintained good working relationships with other health system partners, including 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: West Coast Dental Care

Date of inspection: 13 January 2026

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: West Coast Dental Care

Date of inspection: 13 January 2026

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. There were no areas for improvement to be included in this plan.					