Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Brynteg Dental Practice (Ammanford), Hywel Dda University Health Board

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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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 Practice (Ammanford), Hywel Dda University Health Board on 10 February 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 eight questionnaires were completed by patients and three were completed by staff. Feedback and some of the comments we received from patients appear throughout the report, but due to the low 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:
Overall, responses to the HIW patient questionnaire were positive, with most patients rating the service as ‘good’ or ‘very good’. Patients said they were listened to, their questions were answered, and staff explained what they were doing during appointments. We saw measures in place to support privacy and confidentiality, including the use of a private room for sensitive conversations, solid surgery doors and frosted windows.

We saw how patient rights were upheld and the equal treatment of individuals were actively supported. Equality, confidentiality and zero-tolerance policies were in place, and staff described reasonable adjustments made which had been made for patients. Patients were also able to record preferred names, pronouns and gender on their records, helping ensure their individual rights were respected.

Patients told us their oral health was explained clearly, and they received appropriate aftercare instructions. Health promotion materials were readily available. Documentation was available in Welsh where possible, and we saw effective communication arrangements in place, including Language Line, alternative formats on request and visible use of Welsh by staff.

We also found suitable processes to manage appointments and triage urgent care. Although patients reported mixed experiences accessing routine appointments, urgent cases were prioritised promptly through daily emergency slots and a clear triage system.

This is what the service did well:

- 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 the practice dental equipment was in good condition, clean, and suitable for effective decontamination. The procedures for decontaminating reusable equipment were robust and supported the delivery of safe care.

Fire safety and general health and safety arrangements at the practice were appropriate, helping to ensure patients received care in a secure and well-

maintained environment. Hand hygiene and infection control procedures were also suitable.

We found improvements were needed to the monitoring system in place for the phosphor plates used for dental X-rays. Improvements were also needed to patient records to ensure a complete picture of the care given to patients was kept. From the records we reviewed, we could not be assured that treatments were always provided in line with clinical need or in accordance with professional, regulatory and statutory guidance.

All emergency equipment was present and within its expiry dates. Staff records reviewed showed that personnel had received appropriate training in cardiopulmonary resuscitation and first aid.

This is what we recommend the service can improve:

- Prescribed medications must be comprehensively recorded by clinicians
- Monitor X-ray phosphor plates appropriately
- Ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

This is what the service did well:

- The practice was well maintained and kept clean, with all equipment functioning appropriately
- Patients progressed through internal and external treatment pathways efficiently
- Safeguarding arrangements were thorough and subject to regular review.

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 that ensured staff were well supported and working with an appropriate skills mix. However, improvements were needed in the quality and consistency of minutes recorded from formal staff meetings, to ensure discussions, actions and decisions were accurately documented.

Although the staff records we reviewed were generally comprehensive and met fitness-to-work requirements, we identified missing pre-employment reference checks for some long-standing staff members.

Induction processes were robust, and practice management supported staff to access ongoing professional development. While we found a proactive approach to

quality improvement aimed at driving continual development and securing better outcomes for patients, the practice needed to improve their smoking cessation audits.

This is what we recommend the service can improve:

- The frequency and minuting of formal staff meetings
- Review the practice programme of smoking cessation audits.

This is what the service did well:

- Clear management structures were in place to support the effective operation of the practice
- Duty of Candour arrangements were strong and well established
- Patient feedback was managed appropriately.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW patient questionnaire were positive. Most respondents rated the service they received from the practice as 'good' or 'very good'.

Person-centred

Health promotion and patient information
Patient information documents containing advice and guidance were available for patients at reception. This was governed by a patient information policy, a copy of which was available in a folder at reception. The practice statement of purpose and patient information leaflet were up to date and available for patients in the practice. We noted that neither document was available on the practice website; we raised this with staff, and both documents were uploaded to the website immediately following the inspection. The fees for dental 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 practice exterior.

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

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

Staff told us that no personal patient information was shared over the telephone. Although the reception area and one of the waiting areas were connected, we did not hear any confidential conversations taking place. The practice manager's room was used when confidential conversations or telephone calls needed to take place. The practice also had solid surgery doors which remained closed during appointments, and the windows were frosted to prevent anyone from seeing

patients while they were being treated. Together, these measures helped ensure privacy in the interactions between staff and patients.

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 respondents to the HIW patient questionnaire told us they were given information to understand which treatment options were available and received enough information on the risks and benefits. Patients also said staff explained what they were doing during the appointment and they were involved as much as they wanted to be in the decisions about their treatment. All the respondents 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. Patients added that they were given information on how the setting would resolve any post-treatment concerns.

Timely

Timely care
We found the appointment management system in place made effective use of practitioners' time. Patients could book appointments by telephone or in person following their appointment. Staff told us the average wait times between appointments was three or four weeks. Responses to the HIW patient questionnaire were mixed when we asked patients how easy they found it to get an appointment when they needed one. Half of patients said they found it 'fairly easy' or 'very easy' while the other half felt it was 'not very easy' or 'not at all easy'. Staff told us that appointments were arranged around patient availability wherever possible, and we noted a new clinician was starting with the practice in the next few months which staff told us would reduce overall patient wait times.

When appointments did run beyond their scheduled time, clinicians informed reception so that patients could be updated. If delays were known in advance, staff contacted patients by telephone before they arrived. We found these arrangements ensured that any delays were communicated promptly, with alternative appointments offered where requested.

We observed an appropriate telephone triage system being used to prioritise patients requiring urgent care. The practice set aside time in the diary each day for emergency appointments, and staff told us no patient would wait more than 24 hours to be seen.

An out-of-hours telephone number was provided for patients requiring emergency treatment, and we saw that the practice participated in the NHS Emergency Access service. Most respondents to the HIW questionnaire told us they would know how to access out-of-hours dental care in the event of an urgent dental problem.

Equitable

Communication and language

We found suitable arrangements in place to support effective communication between clinicians and patients. Language Line was used, where required, to assist patients whose first language was not English. We were told that documentation would be made available in alternative formats, upon request. Patients were sent medical history forms electronically in advance of their appointments, and those without digital access were provided with paper copies in-person prior to their appointment.

We identified strong evidence that the practice actively promoted the use of the Welsh language. Where possible, documentation was available in both English and Welsh. Staff informed us that the health board provided support for implementing the 'Active Offer'. We also saw staff wearing 'Iaith Gwaith' badges, which encouraged patients to speak Welsh without needing to request a Welsh-speaking member of staff. During our inspection, we observed several interactions between staff and patients conducted through the medium of Welsh.

All respondents to the HIW patient questionnaire who indicated Welsh as their preferred language stated they had been actively offered the opportunity to use Welsh throughout their patient journey. Respondents further reported that they felt comfortable using Welsh and that healthcare information was available to them in their preferred language.

Rights and equality

We observed that the rights and equal treatment of individuals were actively upheld within the practice. Appropriate policies were in place to promote equality and protect the rights of both patients and staff. Staff were encouraged to complete specific training aimed at safeguarding patient rights and preventing harassment or discrimination. Policies covering a zero-tolerance to aggression and violence, as well as harassment, were also in place to protect staff from abusive behaviour.

Staff provided examples of reasonable adjustments which had been made to accommodate patients and employees. These included treating patients in their wheelchairs and a ramp for access at the rear of the practice. We also found that patient rights were further supported by enabling individuals to record their

preferred pronouns, names, and gender on their records. The practice explained how transgender patients had recently provided positive comments regarding a clinician who had been supportive while treating them during their transition journey.

Delivery of Safe and Effective Care

Safe

Risk management
The practice was set over one floor with level access throughout and three suitably sized surgeries. The practice waiting room was appropriately sized for the number of patients and we saw the toilets for staff and patients were clean and properly equipped. Overall, the practice appeared to be in a good state of repair, visibly tidy and well maintained. However, two weeks prior to our inspection the setting informed us of a water leak from storm damage. This leak had taken one surgery out of use and destroyed stock stored within their storeroom. Temporary repairs had been completed, but the reduced number of surgeries and the upcoming roof works ultimately affected the practice's ability to operate as normal. While these issues were disrupting day-to-day operations, we saw no evidence that the damage was compromising the delivery of safe and effective care.

We heard telephone lines in working order and saw suitable changing areas with lockers available for staff. The practice environment appeared suitably lighted, ventilated and at a reasonable temperature. 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.

We found appropriate policies and procedures in place to support the health, safety and wellbeing of both patients and staff, including the arrangements for managing emergencies. Safety certificates were available for portable appliance testing, fixed-wire electrical installation, and annual gas safety checks. Risk assessments for fire safety and general health and safety had been recently reviewed and appeared suitable.

Comprehensive fire safety measures were also in place. These included regular maintenance and testing of fire extinguishers and safety equipment, as well as clearly displayed fire-exit signage and no-smoking notices. The practice's Employer Liability Insurance certificate and the Health and Safety Executive information poster were both prominently displayed.

Infection, prevention and control (IPC) and decontamination
We found robust infection prevention and control (IPC) policies and procedures in place to maintain a high standard of cleanliness throughout the practice. The documents we reviewed clearly set out the processes staff were expected to follow to deliver safe and effective care.

Personal protective equipment (PPE) was readily available for all staff, with hand hygiene procedures and signage both appropriate. We noted suitable arrangements were in place for the management of needlestick injuries, and risk assessments documented the risks associated with sharps. Occupational health services were provided through the local health board, with these details readily available for staff.

Most patients who responded to the HIW questionnaire described the practice as ‘very clean’ or ‘fairly clean’. However, one respondent felt the setting was ‘not very clean at all’. Throughout the inspection, all areas of the setting we reviewed were being kept clean and we had no concerns to match those raised by one of the respondents. All respondents to the indicated also said that IPC measures were being consistently followed by staff.

We observed the practice equipment and environment were maintained to a high standard to support effective cleaning and decontamination. Procedures for the decontamination and sterilisation of reusable instruments within the decontamination room were robust. We reviewed records of daily autoclave cycle checks and testing, along with a planned maintenance schedule in line with current guidance. Training records confirmed all staff had received the correct level of training for equipment decontamination. Clinical waste was being stored and disposed of correctly under a suitable waste disposal contract. The arrangements for the Control of Substances Hazardous to Health (COSHH) were satisfactory.

Medicines management

We found the systems for the safe handling, storage and disposal of medicines were robust. Prescription pads were stored securely when not in use. However, in the four records we reviewed where antibiotics had been prescribed, we did not find a clear justification for their use. In addition, three of the four records indicated the antibiotics were prescribed over the telephone without the patient being seen by a clinician. While virtual prescribing is permitted under General Dental Council guidance, this should only take place after all other viable options have been exhausted and the method is in the best interest of the patient. We saw no justification within the patient records to support the decision to prescribe in these cases.

The registered manager must ensure that robust and accurate records are maintained for all medication prescribed by clinicians and provide assurance that antibiotic prescribing is supported by clear clinical justification, including the rationale for any remote or telephone prescribing in line with relevant professional guidance.

We identified satisfactory arrangements to ensure medical emergencies were managed safely and effectively. Staff records showed that all staff held up-to-date cardiopulmonary resuscitation qualifications and there were a suitable number of trained first aiders. Oxygen cylinders had been correctly serviced, and all staff were enrolled to receive training in their operation. During our review of the emergency equipment, we confirmed all items were present, readily accessible and within their expiry dates. We also noted that regular checks were undertaken, ensuring all equipment was maintained appropriately and available for immediate use in an emergency.

Safeguarding of children and adults

Up to date safeguarding arrangements were in place to protect both children and adults. The procedures aligned with the Wales Safeguarding Procedures, clearly identified a designated safeguarding lead, and included the contact details for local support services. Updates to safeguarding policies and processes were shared with staff through training, the assistance of the practice corporate team and information provided by the local health board. We noted that all staff had completed safeguarding training to the required level for both children and adults.

Management of medical devices and equipment

We found medical devices and clinical equipment appeared to be maintained to an appropriate standard and were suitable for their intended purpose. During the inspection, we observed equipment being used safely and appropriately to support the delivery of effective care. The staff we spoke with demonstrated confidence and competence in operating the equipment, and staffing records confirmed all relevant staff had received appropriate training. There were established arrangements for the servicing of equipment, and systems were in place to ensure any equipment issues or system failures were addressed in a timely manner.

The practice's radiation protection folder was complete, well organised and straightforward to navigate. Local rules were readily accessible within clinical areas. We saw clinicians consistently documented discussions with patients regarding the risks and benefits associated with exposure to radiation. Staff training records showed that all staff had received training appropriate to their role in relation to radiation exposure. Overall, the practice management of radiographic equipment was suitable. However, we noted the practice did not currently have a system in place for the regular inspection of phosphor plates to ensure these were appropriately monitored and maintained. Unmonitored phosphor plates could lead to potentially damaged plates being used and the diagnostic quality of X-rays impacted.

The registered manager must ensure phosphor plates are monitored appropriately.

Effective

Effective care

Our review of patient records identified a number of areas requiring improvement, meaning we could not be assured that treatments were always provided in line with clinical need or in accordance with professional, regulatory and statutory guidance. Further information on the improvements required to the patient records are detailed in the next section of the report.

Clinical staff we spoke with showed a clear understanding of their responsibilities and were aware of when to seek further professional advice, where required. Suitable arrangements were in place to document patient understanding and consent for surgical procedures. We saw clinical checklists in use and designed to prevent wrong-site tooth extractions.

Patient records

We reviewed a total of ten 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 patient identifiers, reason for attendance, full base charting, extra oral checks and initial and updated medical histories. 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 previous dental history recorded in six of the records we reviewed
- Three records did not contain information on social history such as alcohol or tobacco use, nor oral hygiene and diet advice being recorded as given
- While updated medical histories were recorded, we did not see evidence that these had been reviewed by the dentist in seven records
- Language choices for patients were not recorded in any of the notes we reviewed
- Full base charting was recorded, however, updated charting after each course of treatment had not taken place on any of the records we reviewed
- Baseline basic periodontal examination (BPE) was missing from one record and updated BPE was not noted in four records
- Soft tissue, intra oral and oral cancer screening checks were missing from one of the records reviewed

- Two records were missing treatment planning evidence and the different options discussed were not recorded
- Notes regarding informed consent were missing from two records
- Radiograph authorisations were only noted in one of the seven applicable records
- The clinical findings of radiographs and quality grading were only recorded in three of the seven records we reviewed.

Omissions from patient records occur on occasion. However, our review at this practice suggested gaps in documentation which could compromise the continuity of safe and effective patient care. Patient records are designed to formally record symptoms, medical history, treatments and other checks completed on a patient. Incomplete records raise legal and ethical concerns for practitioners and risk patients coming to avoidable harm.

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. Patients progressed through internal and external treatment pathways efficiently. Urgent referrals were appropriately recorded and followed up in a timely manner by clinicians. We saw how appointments were utilised effectively by staff with a suitable skills mix.

Quality of Management and Leadership

Leadership

Governance and leadership
We found an established management structure in place that supported the effective day-to-day running of the practice. The practice benefited from the support of a corporate body for overall governance and compliance matters. The practice management team told us they felt equipped with the appropriate skills and knowledge to carry out their leadership responsibilities effectively. We saw that managers were visible within the practice, and staff told us they felt comfortable approaching them to discuss potential changes or improvements. We heard that informal staff meetings were routine, however, we only saw one example of formal team meeting minutes on file from November 2025. Meeting minutes are an important record of discussions between the dental team which absent staff members would be unable to be updated on.

The registered manager must ensure formal meeting minutes are kept.

An auditing system was in place to identify, document and manage risks, issues, and any associated mitigating actions. The practice manager shared safety notices with staff either via email or any relevant notices were displayed.

All practice policies were available in a corporately managed online system, making them easy for staff to locate and read. The policies we reviewed were current and comprehensive, and we saw that any updates were communicated to staff in an effective manner over email and through the online system.

Workforce

Skilled and enabled workforce
Overall, we found a positive working environment within the practice. The staff we spoke with were knowledgeable and professional, and the interactions we observed demonstrated strong mutual support. Induction procedures were overseen by the practice manager, and the evidence we reviewed indicated these were comprehensive and well-established. The practice operated a rota system to ensure an appropriate number of suitably trained staff were always working. Appraisals were undertaken annually, and managers outlined an appropriate process for addressing any performance concerns.

We reviewed 6 personnel records out of the 12 staff members employed at the practice. Within these records, we found that all staff held up-to-date GDC

registrations, documented Hepatitis B immunity, and enhanced Disclosure and Barring Service (DBS) checks. However, we found four staff members only had one pre-employment reference check stored on file and a further two long standing staff members had no checks on file. These omissions risked patients coming in to contact with staff who did not have documented checks on their character. We noted all newer appointed staff had their checks recorded. The practice was advised to attempt to obtain reference checks or to risk assess the missing information.

The staff records we reviewed demonstrated full compliance with mandatory training requirements. Staff were provided with sufficient time to complete their training, and we were told they were also supported to undertake additional role-specific development, which was reflected in the records we reviewed. The practice manager had an effective system in place to monitor training compliance.

The practice's whistleblowing policy offered clear guidance for staff on how to raise concerns.

Culture

People engagement, feedback and learning

We found effective systems in place for gathering and reviewing patient feedback. A suggestion box at reception enabled patients to leave comments, and online reviews were also encouraged. Quick Response (QR) Codes were available at reception and on appointment cards for patients to provide feedback online. We saw that suggestions were reviewed on a weekly basis, while online submissions were checked as they were received by the practice management team. The practice had suitable arrangements in place to share and publicise its responses to patient feedback.

The complaints policy was aligned with NHS Putting Things Right procedures and was available for patients in the waiting area. The procedure identified a named contact for patients wishing to raise concerns. Any verbal complaints were recorded in a logbook kept at reception. The complaints policy set out the process for escalating complaints, including providing contact details for HIW and the patient advocacy service, Llais. We reviewed the complaints received by the practice which showed no common themes which the practice was able to avoid or respond to. Our review of the complaints received by the practice showed no common themes, and each complaint had been responded to appropriately.

The staff we spoke with showed a good understanding of their professional obligations under the Duty of Candour. We noted that the practice had an appropriate policy in place and that relevant training was available for staff. While

there were no Duty of Candour incidents for us to review, we were assured the process in place would manage these in accordance with the required 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. However, we found the programme of smoking cessation training and audit could be improved.

The registered manager must review their programme of smoking cessation audit.

The practice had attempted to complete the Maturity Matrix Dentistry in 2025 as part of its efforts to support ongoing quality improvement. However, we were informed that they had experienced difficulties in receiving a response from the audit provider, Health Education and Improvement Wales (HEIW). We encouraged the practice to continue pursuing engagement so that the audit tool could be finalised.

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: Brynteg dental practice (Ammanford)

Date of inspection: 10 February 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
No immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Brynteg dental practice (Ammanford)

Date of inspection: 10 February 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.	In the four records we reviewed where antibiotics had been prescribed, we did not find a clear justification for their use. In addition, three of the four records indicated the antibiotics were prescribed over the telephone without the patient being seen by a clinician. We saw no justification within the patient records to support the decision to prescribe in these cases.	The registered manager must ensure that robust and accurate records are maintained for all medication prescribed by clinicians and provide assurance that antibiotic prescribing is supported by clear clinical justification, including the rationale for any remote or telephone prescribing	Regulation 13 (4) of the Private Dentistry (Wales) Regulations 2017	New drop-down column has been added to the dental software to implement recording of antibiotics and justification given, the folder in the medicine cupboard backs this up as well as the stock take. All GDP have been informed.	Lisa Price	Completed

		in line with relevant professional guidance.				
2.	We noted the practice did not currently have a system in place for the regular inspection of phosphor plates to ensure these were appropriately monitored and maintained. Unmonitored phosphor plates could lead to potentially damaged plates being used and the diagnostic quality of X-rays impacted.	The registered manager must ensure phosphor plates are monitored appropriately.	Regulation 13 (2)	All phosphor plates are now numbered and clearly labelled. Nurses have a new check list to ensure clear monitoring and inspected daily.	Lisa Price	Completed
3.	Some of the 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: • We did not see previous dental history recorded in six of the records we reviewed • Three records did not contain information on social history	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)	New software updated and customised drop down enabling to add previous dental history. Social history with alcohol and tobacco, OH advice. Medical history forms are sent to patients the day before via sms which automatically updates the patient record which	Lisa Price	Completed

	such as alcohol or tobacco use, nor oral hygiene and diet advice being recorded as given • While updated medical histories were recorded, we did not see evidence that these had been reviewed by the dentist in seven records • Language choices for patients were not recorded in any of the notes we reviewed • Full base charting was recorded, however, updated charting after each course of treatment had not taken place on any of the records we reviewed • Baseline basic periodontal examination (BPE) was missing from one record and updated BPE was not noted in four records			all dentists check for any medical changes. Language choice is on the medical history which is monitored and implemented. After speaking with Dentally after finishing a COT the notes are updated automatically. All clinicians have been told that BPE must be done at every examination appointment and monitored All clinicians have been advised that oral cancer screening must be recorded in the drop-down box on dentally software.		

	- Soft tissue, intra oral and oral cancer screening checks were missing from one of the records reviewed - Two records were missing treatment planning evidence and the different options discussed were not recorded - Notes regarding informed consent were missing from two records - Radiograph authorisations were only noted in one of the seven applicable records - The clinical findings of radiographs and quality grading were only recorded in three of the seven records we reviewed.			All clinicians have been told the importance of treatment planning, new 'Clini' pads have been bought so that all patients see and sign on the day of the treatment planning. Consent drop-down added Radiograph authorisation forms updated including grading.		
4.	We heard that informal staff meetings were routine, however, we only saw one example of formal team meeting minutes on	The registered manager must ensure formal meeting minutes are kept.	Regulation 16	Staff meetings are recorded and uploaded to HR system	Lisa Price	Completed

	file from November 2025. Meeting minutes are an important record of discussions between the dental team which absent staff members would be unable to be updated on.					
5.	We found the programme of smoking cessation training and audit could be improved.	The registered manager must review their programme of smoking cessation audit.	Regulation 16	One member of staff to sign up to HEIW Smoking cessation audit	Lisa Price	Completed

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): **Lisa Price**

Job role: **Registered manager**

Date: **14/04/2026**