

General Dental Practice Inspection Report (Announced)

Cwmdulais Dental Centre, Swansea
Bay University Health Board

Inspection date: 24 March 2026

Publication date: 24 June 2026



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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

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	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	14
• Quality of Management and Leadership	20
4. Next steps.....	23
Appendix A - Summary of concerns resolved during the inspection	24
Appendix B - Immediate improvement plan.....	25
Appendix C - Improvement plan	26

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 Cwmdulais Dental Centre, Swansea Bay University Health Board on 24 March 2026.

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 six questionnaires were completed by patients and one was completed by staff. Feedback and some of the comments we received may appear throughout the report. Due to the low number of staff responses, feedback and comments have not been included.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients reported a positive experience of care, with evidence that they were treated with dignity, respect, and involved in decisions about their treatment. Staff interactions were observed to be calm, professional, and respectful, and patient feedback was consistently positive regarding communication, understanding of treatment options, and involvement in care. The practice also demonstrated effective systems to support timely access to care, including same-day emergency appointments, reasonable waiting times for routine care, and flexible appointment options.

Oral health promotion information available to patients was limited, with key preventative topics such as smoking cessation, healthy eating, and oral cancer awareness not routinely provided. In addition, important documents such as the statement of purpose and patient information leaflet were not available on the practice website. While arrangements to support equality and communication were in place, there were gaps including the absence of a formal equality and diversity policy, limited staff training in this area, and lack of awareness of the Welsh language 'Active Offer'.

This is what we recommend the service can improve:

- Reinststate and routinely provide up-to-date health promotion materials
- Develop and implement a formal equality and diversity policy and ensure staff receive appropriate equality and diversity training
- Ensure that confidentiality agreements are fully completed and dated for all staff.

This is what the service did well:

- Flexible appointment availability, including early morning and some Saturday appointments
- Patients reported very positive experiences of care in the HIW questionnaire.

Delivery of Safe and Effective Care

Overall summary:

The environment was clean and well maintained in clinical areas, with comprehensive systems in place for risk management, infection control, medicines management, safeguarding, and equipment maintenance. Staff were appropriately

trained, including in safeguarding and emergency procedures, and there was evidence of regular safety checks, audits, and compliance with relevant guidance. Emergency care arrangements and infection prevention processes were robust, and equipment was generally well maintained. Patient records were securely managed, with good documentation of core clinical information and radiography.

However, some areas required improvement. Fire safety measures were mostly well established, although the practice needed to install a fire extinguisher in the attic and ensure evacuation information was visible to patients. Documentation gaps were identified, including incomplete servicing records for the compressor and inconsistent recording of clinical information such as risk assessments, periodontal care, and preventative advice. Preventative care was not always clearly evidenced, and Local Safety Standards for Invasive Procedures (LocSSIPs) checklists were not consistently completed.

This is what we recommend the service can improve:

- Improve fire safety arrangements
- Improve signage for emergency equipment
- Strengthen the consistency and completeness of clinical record keeping.

This is what the service did well:

- Clear plans in place to refurbish and improve the premises
- Effective referral management system
- Strong safeguarding arrangements.

Quality of Management and Leadership

Overall summary:

We found that the practice demonstrated effective leadership and governance arrangements, with clear management structures and regular team meetings that supported communication and oversight. A comprehensive range of policies and procedures was in place and routinely reviewed, and systems were established to share safety updates with staff. Workforce management was generally strong, with robust recruitment processes, good compliance with mandatory training, and effective monitoring of professional registrations and indemnity. However, some gaps were identified, including staff appraisals being overdue and not all Disclosure and Barring Service (DBS) checks being at the appropriate level.

The practice showed a positive culture of learning, with evidence that feedback, incidents, and complaints were reviewed and used to inform improvements. Information governance arrangements were appropriate, with secure handling of patient data and staff awareness of responsibilities. Quality improvement systems were well embedded, drawing on multiple sources of feedback. The practice also

worked collaboratively with external partners, including local healthcare providers. While engagement with wider system changes was evident, some uncertainty remained regarding upcoming contractual changes.

This is what we recommend the service can improve:

- Ensure staff appraisals are completed within expected timescales
- Review staff roles and responsibilities to ensure Disclosure and Barring Service (DBS) checks are obtained at the appropriate level for all staff
- Introduce a system to demonstrate to patients how feedback has been used to inform and improve services.

This is what the service did well:

- Comprehensive range of up-to-date policies and procedures in place
- High levels of compliance with mandatory training and effective systems to monitor this
- Maintained a clear and established management structure, supporting effective oversight.

3. What we found

Quality of Patient Experience

Patient feedback

Six patients provided responses to the HIW questionnaire with comments being generally positive. In relation to access to appointments, most respondents reported that they found it either 'very easy' or 'fairly easy' to obtain an appointment.

All respondents agreed that they were treated with dignity and respect, that procedures were clearly explained, and that staff listened to them and answered their questions. The practice environment was viewed positively overall. Most respondents considered the practice to be very clean, and all patients felt that appropriate infection prevention and control measures were being followed.

Overall satisfaction with the practice was high, with all respondents rating the service as either 'very good' or 'good'. Additional comments reinforced this positive feedback, particularly in relation to the friendliness and professionalism of staff, clear communication, and the supportive approach taken with nervous patients.

Patient comments included:

"My practice is easy to contact. The receptionist is friendly. The dentist went through the treatment, so I knew what to expect. The nurse in the surgery also explained the questions I asked her."

"Excellent practice that makes you feel relaxed. This is important as a nervous patient. [Dentist] is a very competent dentist and calm and reassuring."

Person-centred

Health promotion and patient information

Staff reported that all leaflets and posters had been removed during the COVID-19 pandemic and that they had not received any subsequent advice about reinstating such materials. As a result, only minimal oral health promotion information was available within the practice.

The registered manager should improve the range and accessibility of oral health promotion information available within the practice.

In relation to patient information more broadly, the statement of purpose and patient information leaflet were available to patients on request within the practice. However, we noted that neither document was available on its website.

The registered manager must make its statement of purpose and patient information leaflet available on the practice website.

There were, however, several areas where information provision was clear and appropriately displayed. Details of treatment charges were available both on the practice website and on a notice board within the reception area. Additionally, the names of all dentists and members of the dental team, along with their General Dental Council (GDC) registration numbers, were displayed in an area that could be easily seen by patients.

The practice also ensured that key operational information was readily accessible. Opening hours were clearly displayed in multiple locations, including the front window, reception area, and on the website. Similarly, information regarding emergency and out-of-hours contact arrangements was prominently displayed in the front window and online.

Dignified and respectful care

We found that the practice had arrangements in place to help ensure patients' dignity and privacy were respected. A confidentiality agreement had been signed by all staff members, indicating an awareness of the importance of protecting patient information; however, not all agreements had been dated.

The registered manager must ensure that all staff confidentiality agreements are fully completed and include dates to demonstrate when they were signed.

Arrangements were in place to support private and confidential conversations when required. Patients could be taken into the manager's office to discuss sensitive matters away from the reception area, providing a more discreet setting. The practice used email and text message reminders as the first point of contact to help reduce the need to discuss personal information in the reception area. Staff reported that they were mindful not to repeat personal or sensitive information during telephone conversations at reception, further supporting confidentiality.

We also observed staff speaking to patients in calm, respectful and professional tones, both in person and over the telephone, which further promoted patients'

dignity and comfort. In addition, the nine principles set out by the General Dental Council were clearly displayed in the reception area.

Individualised care

We reviewed a sample of ten patient records which confirmed that appropriate identifying information was recorded and that comprehensive medical histories were obtained and maintained. Records also showed that the practice kept clear documentation of referrals and monitored them appropriately, which reflects appropriate practice in supporting continuity and coordination of care.

Patient feedback further reinforced the practice's commitment to individualised care. Responses to the HIW questionnaire were consistently positive, with all respondents either strongly agreeing or agreeing that they were provided with sufficient information to understand their treatment options, as well as the associated risks and benefits. All patients also reported that their medical history had been checked prior to treatment and that they were involved as much as they wished to be in decisions about their care.

Timely

Timely care

We found that the practice had arrangements in place to help ensure patients could access care and treatment when they needed it. Staff reported that appointments rarely ran late, and where delays did occur, patients were informed verbally upon arrival.

Patients requiring urgent treatment were able to contact the practice in the morning and access a sit-and-wait service, with cases triaged over the telephone to assess clinical priority. The practice reported that patients were usually seen on the same day, with sessions held in both the morning and afternoon. In addition, an out-of-hours telephone number was available, ensuring that patients could access advice or support outside of normal operating hours.

For routine care, the average waiting time between appointments was reported to be approximately two to three weeks. The practice also maintained a short-notice or cancellation list, enabling patients to be seen sooner where availability arose. The practice made efforts to offer appointments at times that were convenient for patients. Opening hours from 8:00am allowed for appointments before work, and some Saturday appointments were available, increasing accessibility for those with weekday commitments. The practice also sought to accommodate specific patient groups, such as those requiring orthodontic care, many of whom are school-aged children. However, it was acknowledged that it was not always possible to provide

appointments outside of school hours, which may present some challenges for this group.

Equitable

Communication and language

The practice had arrangements in place to support effective communication with patients, supported by a stable and experienced staff team with a good understanding of their patient population and individual communication needs. Language Line was used, where needed, to communicate with patients whose first language was not English.

Staff reported that two members of the team were able to communicate with patients in Welsh where this was preferred. In addition, signage and posters throughout the practice were displayed bilingually, supporting accessibility for Welsh-speaking patients. However, staff were not aware of the Welsh Government's 'Active Offer' scheme.

The registered manager should seek advice and support from the local health board to implement the 'Active Offer' of Welsh in a way that is appropriate to the needs of their patients.

Rights and equality

The practice had systems and processes in place that reflected an awareness of the importance of recognising and respecting the diversity and rights of individuals. Equality considerations were referenced within a range of practice policies, including alignment with the Equality Act, and staff described an approach centred on treating patients in accordance with their individual preferences and needs. However, we did not find a specific equality and diversity policy in place and no formal equality and diversity training had been undertaken by staff.

The registered manager must develop and implement a formal equality and diversity policy and ensure that staff receive appropriate training in this area.

Arrangements were in place to support protection from discrimination for both patients and staff. For staff, this was supported through an employment rights policy, while information for patients was displayed within the reception area.

Patients with mobility needs could be accommodated on the ground floor, and this requirement was recorded within patient notes to support continuity of care. The premises included a wheelchair ramp, an accessible toilet, and a hearing loop, which support access for patients with a range of needs. The practice also

described communication arrangements, such as contacting patients by telephone or letter where appropriate, in line with its procedures. It was noted that the practice reported a low rate of missed appointments.

In relation to supporting transgender patients, staff described an approach based on respect and accommodation of individual preferences. Patient records included relevant information to support this, such as the use of preferred names and pronouns, which staff reported were used as requested.

Delivery of Safe and Effective Care

Safe

Risk management

The practice had a range of systems and processes in place to support effective risk management and maintain a safe environment for patients and staff. Overall, the premises were found to be clean, safe, and secure, with clinical areas maintained to a good standard. It was noted that the building itself was older in appearance and described as tired; however, there were plans in place to refurbish the premises.

Clinical areas had already been prioritised for refurbishment, and further developments were planned, including the extension of the decontamination room and the conversion of the garage into a staff room and changing area. In addition, work was underway to repair the roof at the rear of the property. Despite these planned improvements, there was currently insufficient provision for staff changing facilities.

The registered manager must ensure that appropriate and sufficient facilities are provided for staff to change into and out of work clothing.

The internal environment was generally suitable for the delivery of care. The waiting area was of an appropriate size for the number of surgeries and facilities such as toilets were clearly signposted, clean, and well-equipped, including handwashing and drying facilities, sanitary disposal, and a baby changing area.

Communication systems within the practice were effective, with sufficient telephone lines available and the use of a clinical system to support instant messaging between staff.

The practice had a business continuity plan in place, and staff told us that they understood what actions they would need to take in the event of an emergency. There was a health and safety policy, and risk assessments were carried out annually. We saw evidence of safety checks, including an annual gas safety check, recent portable appliance testing (PAT), and a five-year electrical installation inspection report. Valid employers' and public liability insurance certificates were displayed in reception, and a completed Health and Safety poster was displayed in the staff room.

An up-to-date fire risk assessment was in place, although one recommendation, relating to the installation of a fire extinguisher in the attic, had not yet been fully

implemented. A fire extinguisher was, however, available at the base of the stairs leading to the attic. The practice had a fire safety equipment maintenance contract in place, and there was evidence of regular testing of fire detection systems, completion of staff fire safety training, and the undertaking of fire drills. Fire exits were clearly signposted, and 'No Smoking' signage was displayed throughout the premises. However, evacuation plans or floor plans were not visible for patients, which may limit the availability of clear guidance in the event of an emergency.

The registered manager must strengthen fire safety arrangements by installing a fire extinguisher in the attic and ensuring that evacuation instructions are displayed so that patients can clearly see what to do in the event of a fire.

Infection, prevention and control (IPC) and decontamination

The practice had arrangements in place to support high standards of infection prevention and control (IPC) and decontamination. An infection control policy and supporting procedures were in place, and staff demonstrated awareness of key protocols, including the management of sharps injuries. Hand hygiene facilities were available and used appropriately, and personal protective equipment (PPE) was accessible, used correctly, and changed as required. Clinical areas were maintained in a good state of repair.

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.

While routine infection control audits were undertaken, it was noted that although WHTM 01-05 audits were typically completed annually, this year they had completed audits using HTM documentation instead.

The registered manager must ensure that routine IPC audits are completed in line with WHTM 01-05 to support consistent compliance with national standards.

Appropriate arrangements were in place for the handling and disposal of clinical and non-clinical waste, as well as for the management of substances subject to Control of Substances Hazardous to Health (COSHH) regulations.

Medicines management

The practice had appropriate and safe arrangements in place to support effective medicines management. A medicines management policy was in place, and the

systems observed for the handling, storage, and disposal of medicines were found to be robust. Medicines requiring refrigeration were managed in accordance with an established policy, supporting safe storage and temperature control. In addition, prescription pads were stored securely.

We noted that there were no signs displayed to remind patients to inform clinicians of any changes to their medical history. The practice manager was advised to introduce signage in the reception area to support patients in providing up-to-date information.

We reviewed the arrangements for dealing with medical emergencies and found the equipment to be in date and subject to regular checks. A first aid kit was available and regularly checked. An oxygen cylinder was stored in the same location as the first aid kit; however, while signage was present to indicate the location of the first aid kit, there was no specific signage identifying the oxygen cylinder.

The registered manager must ensure that the location of the oxygen cylinder is clearly signposted so that it can be easily identified in an emergency.

Staff training records demonstrated that relevant training requirements were being met. Staff had completed up-to-date cardiopulmonary resuscitation (CPR) training and at least one member of staff was trained in first aid.

Safeguarding of children and adults

The practice had arrangements in place to support the safeguarding of both children and adults. A designated Safeguarding Practice Lead was in post, providing oversight of safeguarding matters and acting as a point of reference for staff. Safeguarding policies and procedures were in place, reviewed annually, and included up-to-date contact details for local support services. These policies were accessible within all surgeries.

Staff demonstrated awareness of safeguarding processes and were able to identify who to contact locally should a concern arise, indicating that safeguarding procedures were understood and embedded within day-to-day practice. Training records indicated that staff had completed safeguarding training for both children and adults at an appropriate level.

Management of medical devices and equipment

The practice had appropriate arrangements in place to support the safe management and maintenance of clinical equipment. Equipment was observed to be in good condition, fit for purpose, and suitable for the delivery of safe and effective care. Servicing records were available for most of the equipment,

demonstrating that routine maintenance and checks were being carried out. However, servicing documentation for the air compressor was not available at the time of inspection. This issue was addressed in accordance with our process for concerns identified and escalated during the inspection. Further details are provided in [Appendix A](#).

The practice maintained a comprehensive radiation protection file, which included an up-to-date inventory of X-ray equipment, records of maintenance, and clearly defined local rules. Staff training records confirmed that relevant team members had completed up-to-date training in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

Effective

Effective care

The practice had appropriate arrangements in place to support the safe and effective acceptance, assessment, diagnosis, and treatment of patients. Evidence was seen that care and treatment were delivered in line with relevant professional, regulatory and statutory guidance.

It was positive to note that the practice had adopted the Local Safety Standards for Invasive Procedures (LocSSIPs) to reduce the risk of wrong-site dental procedures. However, we did not see completed LocSSIPs checklists recorded in patient notes.

The registered manager must ensure that completed Local Safety Standards for Invasive Procedures (LocSSIPs) checklists are consistently recorded within patient notes.

Staff demonstrated an understanding of when it was necessary to seek additional professional advice, and there was evidence that this was undertaken where required.

Patient records

The practice had appropriate systems and processes in place to support effective patient record keeping and records management. A records management policy was in place, and arrangements were observed to ensure that patient records were stored securely and managed in a way that supports the delivery of safe and continuous care.

The practice demonstrated compliance with the General Data Protection Regulation (GDPR) 2016, with appropriate measures in place to protect patient information and maintain confidentiality. Records were retained in accordance with appropriate retention schedules.

The review of a sample of ten patient records demonstrated that core administrative and clinical information was generally well recorded across the sample. All records consistently included patient identifiers, previous dental history, reasons for attendance, symptoms, and evidence that medical histories were obtained and reviewed appropriately. Updates to medical histories were also routinely documented, and there was clear evidence that treatment planning, treatment options, informed consent, and the provision of care were comprehensively recorded. Radiographic records were also well maintained.

There were, however, some inconsistencies in the recording of preventative care and risk assessment. While oral hygiene and diet advice was documented in most cases, this was not consistently recorded across all records. Similarly, smoking cessation advice and broader oral health promotion information were not routinely documented, even where relevant.

Periodontal assessment and management showed variability. While some records included baseline Basic Periodontal Examination (BPE) scores, appropriate follow-up and periodontal treatment where indicated, this was not consistent across all patients. In several cases, BPE scores were either not recorded or not updated, and there was limited evidence of further periodontal assessment, such as six-point pocket charting, where this may have been indicated. Risk assessments relating to caries, periodontal disease, tooth wear, and oral cancer were also inconsistently documented.

Clinical examination records were generally comprehensive, with most patients having documented soft tissue, intra-oral, and extra-oral examinations. However, cancer screening was not consistently recorded across all records. Additionally, while language needs are an important aspect of personalised care, there was no evidence that patients' language preferences had been recorded.

The registered manager must strengthen the consistency and completeness of clinical record keeping ensuring alignment with current best practice guidance. Consideration must also be given to recording patients' communication and language needs.

Efficient

Efficient

We found that the practice had arrangements in place to support the efficient delivery of care, while maintaining appropriate standards of quality. Staff told us that services were organised to ensure patients moved smoothly through treatment pathways.

The practice had effective systems in place to manage referrals. A patient referral log was maintained and updated as referrals progressed, including when patients had been seen or when referrals had been accepted. This was identified as an area of notable good practice, as it enabled the practice to monitor referrals effectively and ensure appropriate follow-up where required.

The practice operated a system to manage appointment availability effectively, including the use of a short-notice or cancellation list. This allowed appointments that became available at short notice to be reallocated to other patients.

Quality of Management and Leadership

Leadership

Governance and leadership

The practice demonstrated a clear and established management structure. There was evidence of regular team meetings taking place monthly. These meetings were minuted, providing a record of discussions and actions, and included opportunities for staff to raise concerns through standing agenda items.

The practice had implemented team development processes, including staff appraisals. Records indicated that appraisals had been carried out regularly in previous years; however, it was noted that appraisals for the current year were approximately two months overdue.

The registered manager must ensure that staff appraisals are completed in line with expected timescales to support ongoing team development.

Arrangements were in place to ensure that relevant safety information and updates were communicated effectively. Safety notices received from external bodies, such as the Medicines and Healthcare products Regulatory Agency (MHRA) or Welsh Government, were monitored by the registered manager and surgery manager, printed and circulated to staff for review.

A comprehensive range of policies and procedures was in place and subject to regular review.

Workforce

Skilled and enabled workforce

We found that the practice had suitable arrangements in place to ensure that staff were appropriately recruited, supported and enabled to carry out their roles. Policies and procedures described the recruitment process, including the checks required for prospective employees such as proof of identity, qualifications and evidence of vaccination status.

We reviewed a sample of three staff records and saw that all individuals were registered with the General Dental Council (GDC), held appropriate professional indemnity insurance and had evidence of vaccination against Hepatitis B. Records also showed that Disclosure and Barring Service (DBS) checks and pre-employment references had been obtained; however, we noted that not all staff had DBS checks at the correct level for their role.

The registered manager must risk assess staff roles, responsibilities and access to patients ensuring that DBS checks to the relevant level are obtained.

The practice had effective systems in place to monitor and maintain the professional obligations of staff from the point of recruitment onwards. This included up-to-date GDC registrations and evidence of compliance with mandatory training requirements. We saw that mandatory training completion was very good and that the systems used to track and maintain compliance were effective.

Culture

People engagement, feedback and learning

We found that the practice had arrangements in place to listen to and learn from feedback. Staff told us that an annual patient survey was completed and that the findings were discussed at team meetings to help inform service improvements.

We saw evidence that the practice responded to incidents and used these as opportunities for learning. For example, changes to policies had been implemented following a recent incident, demonstrating that learning outcomes were identified and acted upon to support service improvement.

Arrangements for managing complaints were clear and accessible. A complaints procedure was displayed in the waiting area and available on the practice website. For NHS patients, the procedure aligned with the requirements of the Putting Things Right (PTR) process. A designated member of staff was responsible for handling complaints, as outlined in the complaints policy and supporting documentation. Records confirmed that complaints were documented appropriately.

The practice also had a Duty of Candour policy in place, which aligned with expected guidance, and staff had received relevant training. However, there was no information displayed to demonstrate how the practice had used patient feedback to make improvements.

The practice should implement a formal system to provide feedback to patients on how their views have informed service improvements.

Information

Information governance and digital technology

We found that the practice had arrangements in place to support the secure handling and appropriate use of patient information. Staff told us that the practice had a system to record patient safety incidents.

The practice had suitable processes for managing patient information securely. Staff demonstrated an awareness of information governance requirements, including an understanding of when and how information should be shared appropriately to support patient and public safety.

The practice also managed legacy records appropriately. Some older patient records, originating from the previous owner, were held in paper format and stored securely in a locked room. Staff confirmed that these records were being reviewed and disposed of in line with data protection legislation, in accordance with required retention timeframes.

Learning, improvement and research

Quality improvement activities

The practice demonstrated a proactive approach to quality improvement, with systems in place to monitor performance and support ongoing development. Evidence was seen that the practice reviewed and responded to a range of information sources, including complaints, patient feedback, incidents, audits, and staff views. These mechanisms provided opportunities to identify areas for improvement and implement changes where required.

Whole-systems approach

Partnership working and development

We found that the practice had arrangements in place to work effectively with relevant partners. Staff told us that the practice operated within the broader health board structure and liaised with colleagues as needed. The practice reported working closely with the neighbouring pharmacy, and staff described good links with local GPs, particularly when supporting vulnerable older patients.

In relation to engagement with wider system developments and external quality management systems, the practice was aware of upcoming changes associated with the introduction of the new General Dental Services (GDS) contract. Staff expressed some apprehension regarding these changes, reflecting the transitional nature of the current system.

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
Servicing documentation for the air compressor was not available at the time of inspection.	This posed a potential risk to patient safety, as there was no assurance that the compressed air used during clinical procedures was clean, dry, and free from contamination. Inadequate maintenance may also impact the reliability and performance of dental equipment, potentially affecting the quality and continuity of patient care.	Raised with the registered manager.	The relevant service report was shared with HIW following the inspection.

Appendix B - Immediate improvement plan

Service: Cwmdulais Dental Centre

Date of inspection: 24 March 2026

The table below includes any immediate non-compliance 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 non-compliance issues were identified on this inspection.					

Appendix C - Improvement plan

Service: Cwmdulais Dental Centre

Date of inspection: 24 March 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.	Minimal health promotion information was available within the practice.	The registered manager should improve the range and accessibility of oral health promotion information available within the service.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13.	We will endeavour to make sure that the practice supports and displays all relevant health promotional information.	Sue Morgan	Immediately
2.	The practice did not make its statement of purpose or patient information leaflet available on its website.	The registered manager must make its statement of purpose and patient information leaflet available on the practice website.	The Private Dentistry (Wales) Regulations 2017 - Regulation 5.	The website is still under construction and hopefully it will be finalised in the next few weeks. Both these items will be included on the practice website.	Carla Queiros	1 month

3.	Not all confidentiality agreements had been dated.	The registered manager must ensure that all staff confidentiality agreements are fully completed and include dates to demonstrate when they were signed.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13.	There was only 1 agreement that was not dated, this has now been amended.	Carla Queiros	Complete
4.	Staff were not aware of the Welsh Government's 'Active Offer' scheme.	The registered manager should seek advice and support from the local health board to implement the 'Active Offer' of Welsh in a way that is appropriate to the needs of their patients.	The Welsh Language (Wales) Measure 2011	Team meetings/ updates are held on a monthly basis and staff updated with regards to this and other news. Supporting evidence will be printed and displayed in staff areas encouraging participation in all relevant schemes.	Sue Morgan	Complete
5.	We did not find a specific equality and diversity policy in place and no formal equality and diversity training had been undertaken by staff.	The registered manager must develop and implement a formal equality and diversity policy and ensure that staff receive appropriate training in this area.	The Private Dentistry (Wales) Regulations 2017 - Regulation 8, Regulation 17.	Although we have policies that loosely relate to this, a new Equality and Diversity Policy will be put in place. All staff will have the relevant training.	Sue Morgan	3 months

6.	There was currently insufficient provision for staff changing facilities.	The registered manager must ensure that appropriate and sufficient facilities are provided for staff to change into and out of work clothing.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22, Regulation 13.	The practice is in the middle of refurbishment. Adequate facilities will be made available to all staff.	Carla Queiros	Maximum 6 months
7.	An up-to-date fire risk assessment was in place, although one recommendation, relating to the installation of a fire extinguisher in the attic, had not yet been fully implemented. Evacuation plans were not visible for patients, which may limit the availability of clear guidance in the event of an emergency.	The registered manager must strengthen fire safety arrangements by installing a fire extinguisher in the attic and ensure that evacuation instructions or floor plans are displayed so that patients can clearly see what to do in the event of a fire.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22.	Our fire risk assessments are completed by a third party and until now a fire extinguisher at the bottom of the attic room has been sufficient. We will endeavour to get this updated. Evacuation plans will be available on both floors	Carla Queiros	3 months
8.	It was noted that although WHTM 01-05 audits were typically completed annually, this year they had completed audits using HTM documentation instead.	The registered manager must ensure that routine IPC audits are completed in line with WHTM 01-05 to support consistent compliance with national standards.	The Private Dentistry (Wales) Regulations 2017 Regulation 13.	The practice will register to complete WHTM01-05 audit as advised	Sue Morgan	ASAP

9.	There was no specific signage identifying the location of the oxygen cylinder.	The registered manager must ensure that the location of the oxygen cylinder is clearly signposted so that it can be easily identified in an emergency.	The Private Dentistry (Wales) Regulations 2017 Regulation 22.	This has now been updated	Sue Morgan	Complete
10.	We did not see completed LocSSIPs checklists recorded in patient notes.	The registered manager must ensure that completed Local Safety Standards for Invasive Procedures (LocSSIPs) checklists are consistently recorded within patient notes.	The Private Dentistry (Wales) Regulations 2017 Regulation 20	Principle dentist always includes LocSSIPs in clinical notes but will ensure that all other providers include at all times for all patients	Carla Queiros	Completed
11.	Opportunities for improvement were identified in the consistent recording of preventative care, periodontal assessment, risk assessment and communication needs.	The registered manager must strengthen the consistency and completeness of clinical record keeping ensuring alignment with current best practice guidance. Consideration must also be given to recording patients' communication and language needs.	The Private Dentistry (Wales) Regulations 2017 Regulation 20	Principle dentist to ensure that all clinical notes are recorded in detail at all times by all providers.	Carla Queiros	Completed

12.	It was noted that appraisals for the current year were approximately two months overdue.	The registered manager must ensure that staff appraisals are completed in line with expected timescales to support ongoing team development.	The Private Dentistry (Wales) Regulations 2017 - Regulation 17	The practice has started their Appraisals for this year	Sue Morgan	Will be completed and documented in a month.
13.	We noted that not all staff had DBS checks at the correct level for their role.	The registered manager must risk assess staff roles, responsibilities and access to patients ensuring that DBS checks to the relevant level are obtained.	The Private Dentistry (Wales) Regulations 2017 - Regulation 18	Although DBS are in place, enhanced records were required for additional staff. This has been updated and put in place.	Carla Queiros	ASAP
14.	There was no information displayed to demonstrate how the practice had used patient feedback to make improvements.	The registered manager should implement a formal system to provide feedback to patients on how their views have informed service improvements.		The practice values patient feedback and does address any concerns/ suggestions made. This will now be documented in reception areas and also on the Practice Website when completed.	Sue Morgan	1 Month Awaiting on practice website construction to be 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): Susan Morgan

Job role: Registered Manager

Date: 13.05.26