

# General Dental Practice Inspection Report (Announced)

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Gorwel Dental Academy, Pwllheli

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# Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

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## Our Purpose

We check the safety and quality of healthcare across Wales.

## 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 Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

## Our Priorities

**Putting People First** - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

**Learning and Working Together** - We will collaborate with partners to share learning and drive lasting improvements.

**Investing in Our People** - We will ensure our people feel supported, valued, and empowered.

**Taking Action That Matters** - We will take action to improve the quality and safety of healthcare for the future of Wales.



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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 Gorwel Dental Academy, Pwllheli on 24 March 2026.

Our team for the inspection comprised of two HIW healthcare inspectors and one clinical 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. A total of six were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found Gorwel Dental Academy was committed to providing a positive experience for patients.

We found that patients had a consistently positive experience when using the service. Feedback indicated that staff were welcoming, professional and supportive, and patients felt treated with dignity and respect. Patients told us they were given clear explanations about their care and treatment, supporting informed decision-making. The practice demonstrated a person-centred approach to care, including effective communication and bilingual service provision.

All patients who completed a HIW questionnaire rated the service provided by the dental practice as good or very good.

Fully bilingual service offered with staff identifying themselves as Welsh speakers.

There were effective systems and processes in place to support respectful and professional care.

This is what the service did well:

- There was good disabled access to the building. Wheelchair users and individuals with mobility issues could access one surgery located on the ground floor, waiting area and toilet facilities
- Suitable arrangements in place to protect the privacy of patients, including designated areas for patients to have private conversations with staff
- Treating patients in a caring and friendly manner within surgeries that preserved their dignity.

## Delivery of Safe and Effective Care

Overall summary:

We found that Gorwel Dental Academy was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The staff team demonstrated a strong focus on patient care and showed clear dedication to providing a high-quality service.

Measures were in place to ensure the safety and wellbeing of staff and visitors. The premises were well-maintained, free from hazards, and equipped with serviced equipment. Current risk assessments included fire, environment, and health and safety.

Infection prevention and control (IPC) arrangements were robust, supported by a formal policy. Cleaning schedules were adhered to, and staff had access to personal protective equipment and hand sanitiser. Procedures were established to minimise and respond to sharps injuries, and clinical staff had received Hepatitis B immunisation. All staff had completed mandatory IPC training.

A dedicated decontamination (cleaning and sterilising) area was available and the procedures in place for the decontamination and storage of dental instruments complied with current best practice.

Effective safeguards were in place to ensure X-ray equipment was operated safely and correctly.

Cardiopulmonary resuscitation (CPR) training was provided to all staff, and emergency drugs and equipment were securely stored and regularly checked.

There was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

Appropriate and effective arrangements were in place to support the safe delivery of conscious sedation, providing assurance regarding patient safety and quality of care.

The dental team were knowledgeable, professional and demonstrated their awareness of how to access relevant advice and guidance when required.

This is what the service did well:

- The practice had been designed and furnished to a high standard
- The practice premises was visibly well maintained, clean and free from obvious hazards
- Dental surgeries were clean, well equipped and fit for purpose
- Good clinical records maintained
- Effective arrangements were described and demonstrated in relation to safeguarding.

## Quality of Management and Leadership

Overall summary:

We found staff provided good leadership, and there were clear lines of accountability. A strong ethos and positive culture were present, and staff aimed to provide a high standard of patient care.

The day-to-day management of the practice was the responsibility of the practice manager, who we found to be very committed and dedicated to the role and the practice.

We found that the registered manager had assessed and monitored the quality of service as required by the regulations.

We saw that the staff team worked very well together and were committed to providing a high standard of care for patients.

Staff had access to appropriate training opportunities to fulfil their roles, and all staff had received a staff appraisal. We saw evidence that all members of the team had a suitable Disclosure and Barring Service certificate in place.

Information governance and digital technology arrangements were adequate, ensuring patient confidentiality and compliance with General Data Protection Regulations (GDPR) 2018.

This is what the service did well:

- A range of policies were readily available to staff to support them in their roles
- Well maintained staff files
- Good staff induction process in place
- All clinical staff had attended training relevant to their roles and were meeting their Continuing Professional Development (CPD) requirements.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

All patients who completed a HIW questionnaire rated the service provided by the dental practice as 'very good' or 'good'.

Some of the comments provided by patients on the questionnaires included:

"Lovely staff, very helpful and very smiley. Staff were happy to help with anything. Dentist was very good."

"Came for sedation. Very good experience. Calming and professional staff."

"Practice full of welcoming and polite staff."

#### Person-Centred

##### Health promotion and patient information

Dental health promotion material was available which meant patients had access to information which could support them in caring for their own oral hygiene.

We saw 'No Smoking' signs throughout the building confirming that the practice adhered to the smoke free premises legislation.

Price lists were clearly on display in the waiting area and available to patients on the website.

All patients who completed a questionnaire told us that the dental team had given them aftercare instructions on how to maintain good oral health.

##### Dignified and respectful care

There were suitable arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.

All patients who completed a questionnaire stated they felt that staff at the practice treated them with dignity and respect.

Doors to the dental surgeries were kept closed during treatments to preserve patient privacy and dignity.

We found that the nine core ethical principles of practice, as set out by the General Dental Council (GDC), were displayed by the waiting room.

##### Individualised care

All patients stated that they felt the dental team helped them to understand all the available options for treatment when they needed it. All patients also told us that things

were always explained to them during their appointment in a way they could understand.

All patients who answered also told us that their medical histories were checked before treatment. We saw evidence to confirm that the medical history of patients was checked and recorded within the sample of patient records we viewed.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options. All patients also agreed that the costs were made clear to them before treatment.

## **Timely**

### **Timely care**

We saw that staff made every effort to ensure dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

Half of the patients who completed the questionnaire said it was 'very easy' (3/6) to get an appointment when they needed one, and half of the patients told us it was 'fairly easy' (3/6).

Emergency arrangements were available should patients require urgent out of hours dental treatment. Half of the patients told us that they knew how to access the out of hours dental service if they had an urgent dental problem, and half told us they did not know. However, we saw that contact information was displayed by the main entrance, provided on the answer phone message, practice website and the patient information leaflet.

## **Equitable**

### **Communicating and language**

Most staff working at the practice were Welsh speakers, which helped to meet the needs of Welsh speaking patients in the local community. We were told that the practice would endeavour to provide information to patients in their preferred language and format.

We were also told that, if required, staff could access translation services to help them communicate with patients whose first language was neither English nor Welsh.

The practice had a range of patient information available, including a complaints policy and a patient information leaflet, which contained all the information required by the regulations.

### **Rights and equality**

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the

same fair treatment.

We found there was good access to the building. Wheelchair users and patients with mobility impairments could access the waiting area, one surgery and toilet facilities on the ground floor.

# Delivery of Safe and Effective Care

## Safe

### Risk management

Suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be very well maintained internally and externally. We saw that all areas were very clean, tidy and free from obvious hazards.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training. Emergency exits were visible, and a Health and Safety poster was displayed.

The practice had a range of policies and procedures, as well as risk assessments in place, such as fire and health and safety. All risk assessments were current and regularly reviewed.

We were assured that the premises were fit for purpose, and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

There was a business continuity plan in place to ensure continuity of service provision and safe care for patients in the event of an emergency or disaster.

### Infection prevention and control (IPC) and decontamination

We observed all areas of the service to be visibly clean, and all patients felt the practice was 'very clean'.

The practice had designated space on the first floor for the cleaning and sterilisation (decontamination) of dental instruments. The facility was very clean, well organised, well equipped and uncluttered.

Procedures for the cleaning, sterilisation, and storage of instruments were found to be consistent with current best practice guidelines. Staff demonstrated the decontamination process, and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- There was sufficient personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

An infection control audit had been completed using the Health Education and Improvement Wales (HEIW) audit tool, which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was being used to record the autoclave start and end of the day safety checks.

Each surgery had a cleaning checklist, and we saw that these had been regularly completed.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

We saw that the practice provided inhouse laundry facilities for washing staff uniforms. However, it was confirmed that the washing machine did not have a built-in backflow protection. This issue was dealt with immediately during the inspection and is referred to in [Appendix A](#) of this report.

There were effective arrangements in place to deal with sharps injuries. We saw records relating to suitable Hepatitis B immunisation status for all staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags and containers in accordance with the correct method of disposal.

## **Medicines management**

There were suitable procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had two full time trained first aiders.

The emergency drugs were stored securely. There was a system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

We were informed that all staff received appropriate training on how to use oxygen cylinders as part of their annual cardiopulmonary resuscitation (CPR) training.

We found that effective arrangements were in place to support the safe use and management of medicines for conscious sedation. Conscious sedation is provided using midazolam only.

Emergency medicines, including flumazenil, were available, stored securely and were in date.

Staff involved in the administration and monitoring of medicines for conscious sedation were appropriately trained and competent.

The practice had a policy in place relating to the ordering, storage, administration and supply of medicines, and staff demonstrated an understanding of the procedures to follow in the event of a medical emergency or a medicines-related incident.

## **Safeguarding of children and adults**

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults. The registered manager and the practice manager were nominated safeguarding leads and both had completed level three training.

Staff told us that they felt able to raise any work-related concerns directly with the practice manager or the registered manager and were very confident that concerns would be acted upon.

We saw that the practice had a whistleblowing policy in place.

## **Management of medical devices and equipment**

We viewed the clinical facilities and found that they contained the relevant equipment. The surgeries were very well organised, clean and tidy.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment and regular image quality assurance audits of X-rays were completed.

We also saw evidence of up-to-date ionising radiation training for all clinical staff.

## **Effective**

### **Effective care**

There were satisfactory arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

We found that the environment used for conscious sedation was suitable and supported the safe delivery of care. Conscious sedation is provided in a designated ground-floor surgery located adjacent to the main entrance of the premises. The surgery was of an adequate size to support treatment, patient recovery and the effective management of medical emergencies.

The location and layout of the premises enabled appropriate access for emergency services, including step-free access and sufficient space for ambulance attendance should this be required.

### **Patient records**

A sample of ten patient records were reviewed. Overall, there was evidence that excellent clinical records were being maintained, demonstrating that care was being planned and delivered with the safety and wellbeing of patients in mind.

All records were individualised and included appropriate patient identifiers and reasons for attendance. The records were clear, legible, and of good quality.

However, the records did not contain any treatment plans and cost estimate signed by patients. This was discussed with the registered manager and practice manager, and evidence was provided immediately following the inspection to confirm that treatment plans are now being scanned into patient records.

# Quality of Management and Leadership

## Leadership

### Governance and leadership

We found good leadership and clear lines of accountability in place.

The day-to-day management of the practice was the responsibility of the practice manager who we found to be very committed and dedicated to the role.

We found effective governance and oversight arrangements in relation to conscious sedation. An up-to-date conscious sedation policy was in place and reviewed regularly.

Staff were very clear and knowledgeable about their roles and responsibilities, felt supported and were committed to providing a high standard of care for patients. This was supported by a range of policies and procedures. All policies and procedures contained an issue and/or review date ensuring that they were reviewed regularly and that practices were up to date.

There were appropriate arrangements for the sharing of information through practice wide team meetings. A breadth of relevant topics was covered during these meetings and minutes maintained.

All clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had current public liability insurance cover.

## Workforce

### Skilled and enabled workforce

We confirmed that staff involved in the provision of conscious sedation were appropriately trained and competent to undertake their roles. A specialist sedation nurse and an anaesthetist are responsible for the delivery of conscious sedation, with additional dental nursing support available as required.

Staffing arrangements for conscious sedation sessions were clearly defined and understood by staff, supporting the safe delivery of care.

The practice manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

All staff working at the practice had a contract of employment and there was an induction programme in place, which covered training and relevant policies and procedures. We also saw that staff appraisals had been undertaken.

Staff files contained the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The registered manager confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

## **Culture**

### **People engagement, feedback and learning**

There was a written complaints procedure in place. This was available to all patients in the waiting area. Details were also included within the patient information leaflet, statement of purpose and practice website.

We discussed the mechanism for actively seeking patient feedback. Patients were able to give feedback via social media, a QR code and verbally at reception. In addition, a comments box was also available in the waiting area.

### **Learning, improvement and research**

#### **Quality improvement activates**

It was very evident that staff at the practice were seeking to continuously improve the service provided. We were given examples of various audits conducted as part of the practice's quality improvement activity. These included audits of patient records, X-rays, infection prevention and control and decontamination (compliance with WHTM 01-05), conscious sedation, clinical waste, waiting times, access, health and safety and patient feedback.

Evidence provided during the inspection showed that audits were undertaken at appropriate intervals and that no concerns had been identified.

We were told that peer review of clinical staff takes place every six months, and continuous clinical discussions and support occur via social media groups.

We found the dental team to be proactive, knowledgeable, and professional, demonstrated their understanding on where and how to access advice and guidance. We also saw that the registered manager had assessed and monitored the quality of service as required by the regulations.

## 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
The washing machine did not have any built-in backflow protection.	This could increase the risk of inadequate backflow posing a health hazard.	We escalated the concern to the practice manager during our visit.	The practice manager verbally assured us that the washing machine will not be used, and a plumber will be contacted. We received evidence immediately following the inspection to confirm that the backflow issue had been resolved.

## Appendix B – Immediate improvement plan

**Service:** Gorwel Dental Academy

**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.

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. There were no immediate non-compliance issues identified on this inspection.				
<b>Findings:</b>				

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):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Gorwel Dental Academy

**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.	There were no areas for improvement identified during this inspection.					

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):**

**Job role:**

**Date:**