Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

# General Dental Practice Inspection Report (Announced)

## Wrexham Dental Works, Betsi Cadwalader University Health Board

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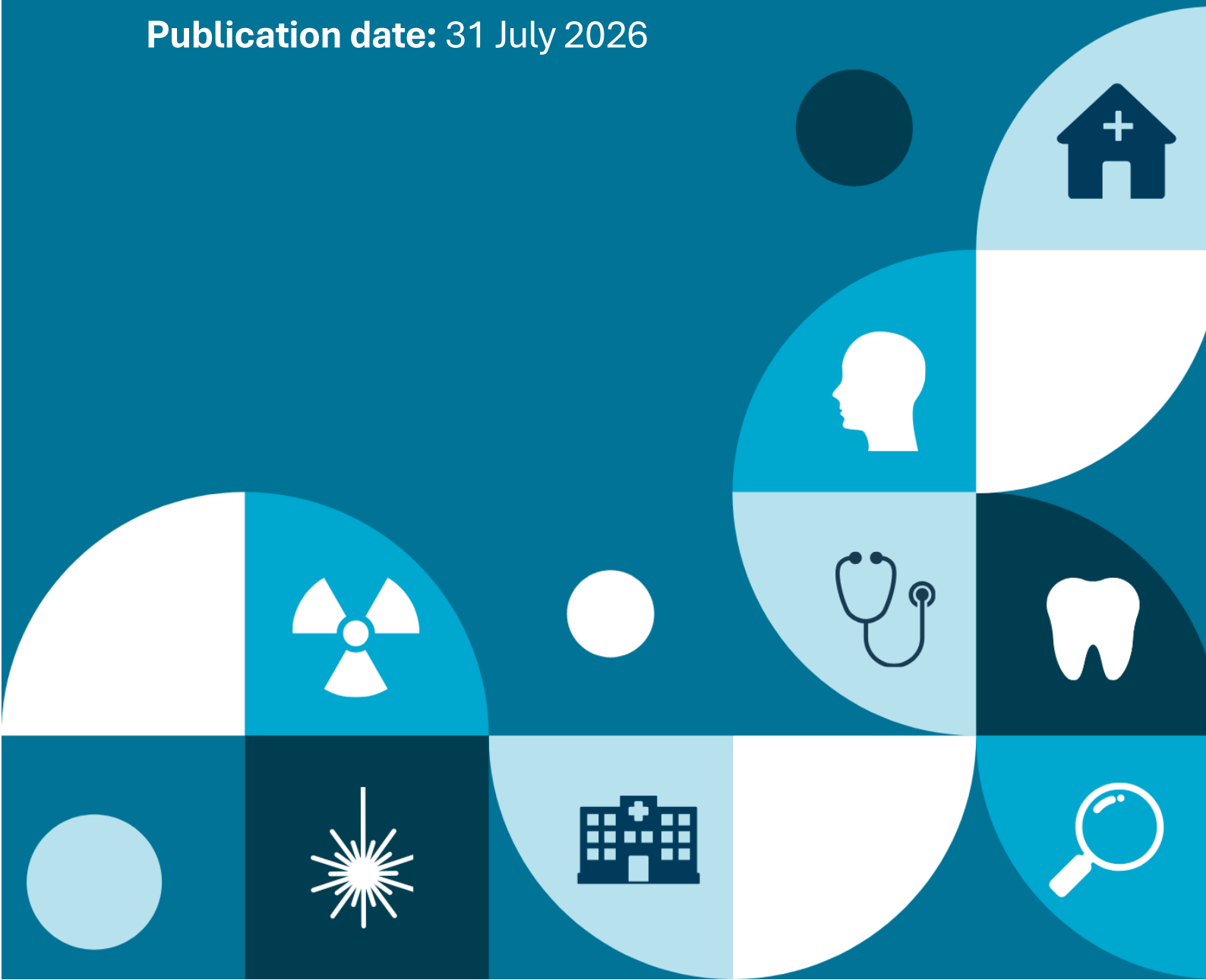

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# Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

## Our Purpose

We check the safety and quality of healthcare across Wales.

## Our Vision

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

## 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 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.

# Contents



# 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 Wrexham Dental Works, Betsi Cadwalader University Health Board on 30 April 2026.

Our team for the inspection comprised of one HIW healthcare inspector 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 ten 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 that the inspection findings relate to the point in time that the inspection was undertaken.

# 2. Summary of inspection

## Quality of Patient Experience

Overall summary:

We found that staff at Wrexham Dental Works were committed to providing a positive experience for their patients. The premises provided a pleasant internal and external environment, with adequate parking for the volume of patients attending. We observed staff treating patients in a polite, friendly and professional manner.

Appropriate measures were in place to ensure patients were able to easily access both routine and emergency care either NHS care or private care. They provided general dentistry, orthodontic specialist care and provide dental implant specialist treatment.

There are two floors to the practice. The ground floor has one large open plan surgery with three dental chairs which are all separated by privacy screens. The first floor has two bespoke surgeries: one for implant and general dentistry, and one for orthodontic treatment. All clinics were positioned to protect the privacy of patients and there was accessible access to the ground floor.

The practice provided a quiet, calm, clean and well managed environment, which supported patient comfort and contributed to reducing any potential anxiety during their visit. There was clear evidence on display that staff listen to the thoughts and improvement ideas of their patients.

There was comfortable seating in the large waiting area on both the ground floor and the first floor with a large screen TV showing programmes suitable for children.
A good range of health promotion information was available to patients in addition to dental products on sale.

This is what the service did well:

- Patients were greeted in Welsh and English despite some staff unable to speak Welsh or were learning

- All treatment information was readily available for patients in paper or paperless format
- Friendly approachable staff.
- Disney channels for children.

## Delivery of Safe and Effective Care

Overall summary:

We found that Wrexham Dental Works was meeting the relevant regulations associated with the health, safety and welfare of staff and patients. Staff were committed to delivering a good quality of service.

Comprehensive measures were implemented to safeguard the safety and wellbeing of both staff and visitors. Risk assessments covered fire safety, environmental considerations, and all aspects of health and safety. The premises were maintained to a high standard internally and externally, free from hazards, and fitted with regularly serviced equipment.

Infection prevention and control (IPC) protocols were effectively implemented, supported by a comprehensive policy and regular audits. Cleaning schedules were consistently maintained, and personal protective equipment (PPE) and hand sanitiser were readily available.

Additionally, a small electronic lift system a dumb waiter was observed, facilitating the safe transportation of equipment and heavy water bottles from the ground floor to the first floor by staff.

Safeguarding policies, procedures, and flowcharts were available to guide staff. There was clear evidence that all personnel had undertaken safeguarding training and demonstrated an active understanding of identifying safeguarding concerns.

We observed that effective procedures were implemented for the use of X-rays, and an in-house CBCT scanner was available. However, we did find one concern on review of the dental surgeries, it was seen that the rectangular collimator had been removed from the X-ray equipment and placed to onside for cleaning. This was discussed with the principal dentist who made immediate changes. This was resolved during our inspection. All equipment underwent regular inspections and servicing.

All staff had completed cardiopulmonary resuscitation (CPR) training, and emergency medications and equipment were securely stored with scheduled weekly inspections. The oxygen cylinder was initially freestanding in a soft sleeve; we recommended it be placed in a secure stand, and this measure was implemented during our inspection.

Clinical records were being maintained and were very good at the time of our inspection.

This is what the service did well:

- Surgeries were clean, spacious, well lit, generously equipped and fit for purpose
- Health, safety and wellbeing of staff were supported by the safe transportation of instruments and heavy solutions around the practice via the lift system.

## Quality of Management and Leadership

Overall summary:

We found that the practice benefited from effective leadership arrangements and clear lines of accountability. The practice owner and principal dentist demonstrated a sustained commitment to delivering a high standard of care. The staff team comprised three dentists, a therapist and a hygienist, a practice manager and a lead nurse ably supported by a team of two registered dental nurses, three trainee nurses and a receptionist.

Staff records were maintained to an appropriate standard, with evidence that training was up to date and aligned with relevant regulatory requirements. We also saw evidence that staff meetings were held on a regular basis.

A comprehensive suite of policies and procedures was in place and was subject to routine review and updating, including an annual review cycle where applicable. The practice made effective use of electronic systems to support service oversight and quality improvement.

Staff reported access to appropriate learning and development opportunities to support them in fulfilling their roles, and we saw evidence that staff appraisals had been completed. Information governance and digital technology arrangements were sufficient to maintain patient confidentiality and support compliance with the UK General Data Protection Regulation and the Data Protection Act 2018.

This is what the service did well:

- Effective management of the practice
- Staff files well maintained
- Staff training was current and regularly updated.

# 3. What we found

## Quality of Patient Experience

### Patient feedback

Ten patients provided responses to the HIW questionnaire, with all comments being positive. All those who responded were satisfied with the cleanliness of the practice and felt they were treated with dignity, care and respect.

Patient comments included:

*"Just very good and very friendly."*

## Person-Centred

### Health promotion and patient information

Sufficient patient information was available within the practice to promote healthy living and good oral health. We noted posters covering a range of topics, including smoking cessation, healthy eating, oral hygiene and living with orthodontic braces. Additional information was provided in pictorial poster format regarding the use of X-rays within the practice and the recognition of sepsis. We considered this to be good practice, particularly given the young age profile of the patient group.

Patient information leaflets were readily available in the waiting area by request and a significant amount of information was also accessible online. Staff told us they could print information from the practice website on request or email it to patients for their personal use. The practice had an up-to-date statement of purpose, which was displayed.

'No smoking or vaping' signage was clearly exhibited, demonstrating the practice's compliance with smoke-free premises legislation.

### Dignified and respectful care

Arrangements were in place to support the privacy of patients. The large open plan clinical area on the ground floor had three dental chairs which were mainly used by the hygienist and therapist. Patients were asked prior to their appointment if they were happy to be in an open plan treatment room. The middle chair was used by the principal

dentist if a patient required the ground floor accessible surgery. We witnessed two patients being treated simultaneously, both children and accompanied by parents. Conversations could not be overheard despite the close proximity of the chairs. There was a Perspex partition between each chair and there were additional disposable privacy screens if needed. All clinical rooms on the first floor had solid doors to protect patients' privacy within those clinical areas.

All patients who completed a questionnaire, and those we spoke with during the inspection, told us they were treated kindly and with dignity and respect by practice staff. Patients also told us that procedures were explained during appointments in a way they could understand.

During our observations, we saw staff interacting with patients in a dignified and respectful manner. Patients were spoken with in a friendly and helpful way. Doors to the treatment rooms were kept closed during procedures.

We found that the General Dental Council's (GDC) Nine Principles were on display both on the ground floor and on the first floor. The waiting areas on the ground floor and the first floor were identical in appearance and amenities.

The names, roles and GDC registration numbers of the dentists were displayed prominently outside the practice. In addition, the names and GDC registration details of clinical staff were displayed for patients to see.

## Individualised care

In response to the HIW patient questionnaire, all respondents told us they had received sufficient information to understand the treatment options available to them. All reported that their medical histories were checked before each episode of treatment.

All respondents agreed that they were provided with sufficient information to understand the risks and benefits associated with the available treatment options. Respondents told us that costs were explained before treatment; however, most

indicated that there was no charge due to their age. We also saw that fees for private treatment were displayed.

We found that treatment planning and the discussion of treatment options were recorded to a high standard within the sample of patient records we reviewed on the day.

## Timely

### Timely care

We saw that the practice's opening hours were displayed prominently outside the premises and were also included within the patient information leaflet.
Reception staff told us that patients would be informed verbally of any delays to appointment times and would be offered the option to rearrange, where appropriate. We were told that delays were rare.

Staff confirmed that capacity for emergency appointments was built into each dentist's daily schedule, with prioritisation based on patients' symptoms and clinical need. A cancellation list was maintained to support the effective use of appointment slots. During the inspection we saw that the practice was busy in the morning, with a younger patient group attending hygienist appointments, and that the afternoon session was primarily allocated to NHS patient treatment plans.

Telephone numbers for accessing emergency care outside of normal opening hours, for both NHS and private patients, were displayed externally and included within the patient information leaflet. Questionnaire respondents told us they were aware of how to access help out-of-hours.

## Equitable

### Communicating and language

There was bilingual signage throughout the practice. Staff who were able to speak Welsh or were learning to speak Welsh were clearly identified. We observed staff

conversing with patients in Welsh and noted that patients were offered a choice of language where possible.

The practice maintained a well-established team with comprehensive knowledge of patients' needs and communication preferences, which were systematically recorded within the patient records. Patient information materials were accessible in English so that the dentist could offer explanation in detail. However, other information leaflets were available in different languages which could be printed if requested.

Staff were aware of the ‘Active Offer’ initiative and had accessed the offer through the local health board.

## Rights and equality

We found that the practice had an equality, diversity and human rights policy in place, which referenced relevant legislation and protected characteristics. We also saw that a separate policy was in place to address disability and discrimination.

We saw that a disability access assessment had been completed. This indicated that wheelchair access to the ground floor was step free. Reception staff told us that accessibility needs were discussed with patients when appointments were booked by telephone, to enable appointments to be allocated in the ground-floor surgery where required.
Staff told us that patients who were unable to use the stairs were offered appointments in the ground-floor surgery.

We found that patient records included a facility to record preferred names and pronouns.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found that the premises were clean, tidy and free from clutter. The practice had policies in place relating to health and safety, the quality and suitability of the environment, and the maintenance of equipment. There were detailed records of routine water testing for Legionella, supported by an audit process.

Up-to-date safety certificates were available for portable appliance testing (PAT), electrical installation and gas supply, with no problems identified.
We reviewed fire safety documentation, including records of fire drills and routine checks, inspection and maintenance of fire safety equipment. We saw that escape routes were clearly marked, with exits available at both the front and rear of the premises. Fire extinguishers of appropriate types were securely installed, clearly signposted and had been subject to regular inspection and servicing.
Staff had access to changing facilities and secure storage for personal belongings.

We found that the mixed-gender patient toilets, located on both the ground floor and first floor, were clean and well maintained. Appropriate handwashing and drying facilities were available, and a sanitary disposal unit was provided.

Arrangements were in place to support the safe use of X-ray equipment in line with relevant regulatory requirements. Related documentation was stored on the staff shared drive. At the time of inspection, the Employer's Procedures were due for review shortly but not expired; these were updated and circulated to staff during the inspection.

We noted that some X-ray images in patient records showed cone cut-off with a curved edge, suggesting that a rectangular collimator was not in place at the time of exposure. This was discussed with the principal dentist and our clinical reviewer where an explanation was offered that the rectangular collimator had been removed for cleaning. Responsibility for ensuring that they are in place for every exposure was stressed as this

will ensure that all radiographs the radiation dose is as low as reasonably possible (ALARP). This was resolved during our inspection and not considered to be established practice.

## Infection prevention and control (IPC) and decontamination

Arrangements were in place to support effective infection prevention and control. We saw that relevant policies and procedures were available and that a cleaning schedule was in place. The lead nurse had full responsibility for infection control and for overseeing clinical audits. We reviewed a number of audits and found their content and level of detail to be exemplary.

We saw that there were two dedicated decontamination rooms, one on the ground floor and one on the first floor. A dumbwaiter had been installed to transport equipment and instruments between floors, reducing the need for staff to carry items through two waiting areas. The decontamination rooms were in use for the processing and sterilisation of dental instruments, in line with Welsh Health Technical Memorandum (WHTM) 01-05. Staff demonstrated an understanding of the processes for decontamination and sterilisation, and we found that the arrangements and audit information was very good.

We saw evidence that relevant equipment checks were undertaken routinely, recorded and audited.

All respondents to the HIW patient questionnaire told us they considered the practice to be ‘very clean’, and that infection prevention and control measures were evident.
We found that appropriate arrangements were in place for waste management. Clinical waste was stored securely outside the building in a gated, locked area.
We saw staff wearing colour-coded disposable aprons when undertaking treatment. Different coloured aprons were available for each clinical area, which enabled staff to be readily identified by surgery. This also offered good clinical protection and considered best practice.

## Medicines management

We reviewed the practice's medicines management arrangements and found that protocols were in place to support the safe and secure handling and storage of medicines. Staff told us that these arrangements were subject to routine audit.

We saw that first aid kits were available and that checks were recorded. We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and oxygen administration. We also found that two members of staff were trained first aiders.

We found that emergency equipment required to respond to the sudden deterioration of a patient was in good working order and within its expiry dates. Staff told us that checks were completed weekly, or after use, and that the equipment was included within the practice's audit programme. However, we identified that the oxygen cylinder was not stored in a supported stand but in a soft carrier; this was addressed during the inspection.

## Safeguarding of children and adults

Up-to-date safeguarding policies and procedures were in place and accessible to all staff. Staff demonstrated awareness of the Wales Safeguarding Procedures and told us they had access to the mobile phone application.

We saw evidence of staff being up-to-date with safeguarding training for both adults and children. The practice manager and one of the principal dentists acted as safeguarding leads and had completed safeguarding training to Level 3. Other members of the team had completed safeguarding training to Level 2.

We reviewed safeguarding records and saw evidence that the practice had raised concerns and liaised with the local safeguarding team where patients did not attend appointments and could not be contacted. Staff told us that patients were informed of the practice's process for missed appointments, including that repeated non-

attendance without cancellation would trigger further follow-up in line with the safeguarding policy.

### Management of medical devices and equipment

We found that clinical equipment was suitable for use and had been maintained appropriately. Servicing records were in place to evidence routine maintenance.
We found that an inventory of X-ray equipment was maintained and that supporting documentation, including maintenance records and local rules, was available.
We reviewed staff training records and saw evidence that relevant staff had completed training in accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

## Effective

### Effective care

The practice demonstrated effective systems for the acceptance, assessment, diagnosis, and treatment of patients. Staff described the procedures for acquiring and adhering to professional guidance and recommendations.

### Patient records

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

We saw evidence that oral cancer screening had been undertaken and recorded appropriately. We also noted a quality improvement initiative relating to the assessment and potential correlation between vaping and oral cancer.
We found that the medical history of patients was checked and recorded within the sample of patient records we viewed.

We reviewed a sample of ten patient records and found that record keeping was of an acceptable standard, with consistent documentation across clinicians. However, we found that referral letters were not routinely stored within patient records, although the unique reference code from the electronic referral system was recorded. We discussed

this with the principal dentist, who amended the system settings to ensure copies of referrals are automatically received by email and retained within patient records. This matter was resolved during our inspection.

## Efficient

### Efficient

We found that the facilities were appropriate for dental services to be provided and there were processes in place for the efficient operation of the practice.

All staff we spoke with told us the facilities at the practice were suitable for them to carry out their duties and the environment was appropriate to ensure patients received the care they require.

We were told that referrals to other healthcare professionals were made electronically, which enabled efficient information sharing. We were also told that practice staff would follow up any referrals considered urgent, such as suspected oral cancer, to ensure patients were given a timely appointment.

Wherever possible, patients requiring urgent care and treatment were seen at the practice within normal opening hours to avoid patients having to attending urgent care or out of hours services.

The practice had recently won an award for their green ethical and efficient ways of working. The team demonstrated effective collaboration and consistently delivered good care to their patients.

# Quality of Management and Leadership

## Staff Feedback

Staff told us they had worked at the practice for a range of years, indicating stability within the team. Staff reported feeling well prepared for their roles and described training arrangements that included mandatory training and role-specific training. Nursing staff spoke positively about the dental nurse training and how they had been supported onsite to fulfil their training requirements.

Staff feedback indicated that the facilities and working environment were suitable to support the delivery of care. Staff told us they were able to meet the demands of their roles and had access to appropriate resources, including materials and staffing support. Staff considered that the skill mix within the team was appropriate and described the information and communications technology systems as effective.

# Leadership

## Governance and leadership

We found that the practice demonstrated a commitment to delivering a high standard of service and to continual improvement.
Regular team meetings were held, with minutes circulated and signed to support effective communication and to ensure staff were kept up-to-date. Staff told us they received regular appraisals, which provided an opportunity to discuss development, progression and training needs.
We found that a suite of policies and procedures was in place and that these were subject to routine review.

# Workforce

## Skilled and enabled workforce

Comprehensive measures were implemented for staff employment. Policies and procedures outlining the recruitment process and verification protocols for prospective employees were available for review. These protocols encompassed validation of identity, assessment of qualifications and vaccinations, and confirmation of

appropriate Disclosure and Barring Service checks. The practice occasionally employed agency and locum personnel and these staff were subject to the same professional checks and verifications.

Our review of five staff records confirmed their registration with the General Dental Council, coverage under professional indemnity insurance, and adequate Hepatitis B vaccination compliance. Adherence to mandatory training requirements was exemplary, and management systems supporting these processes were robust and effective.

Staff had consistent access to training opportunities and were actively encouraged to pursue continuous professional development.

## Culture

### People engagement, feedback and learning

Patient feedback was actively sought, with a designated box available in the waiting area for comments. Upon receipt of feedback, the registered manager would respond accordingly. There was a 'You said, we did' poster on display which was updated when the information was gathered. Good examples of acting upon patient feedback was to have children's programmes on the TV in the waiting area. The practice had invested in the Disney channel to provide suitable programmes for children in the waiting area. We identified this as an example of good practice.

A comprehensive complaints procedure was established, with a poster prominently displayed to inform patients of the process. Staff confirmed that copies of the procedure could be provided upon request. The procedure outlined relevant contact details, response timescales, and instructions for escalation where necessary.
The complaints policy included information regarding various external organisations that support resolution processes for both NHS and private patients.

Staff reported that complaints were infrequent and that any received were documented in patient records. A file and log were evident, and themes identified with clear detail of the processes of learning from complaints.

The practice maintained a Duty of Candour policy, with staff completing online training in accordance with requirements.

## Information

### Information governance and digital technology

Effective communication systems were implemented to facilitate the practice's operations. Patient information was stored appropriately, upholding strict safety and confidentiality standards. All paper records were securely maintained, and electronic files were routinely backed up. Computer screen access remained protected and discreet. A comprehensive data protection policy informed staff of their responsibilities regarding information security.

## Learning, improvement and research

### Quality improvement activities

It was clearly demonstrated that the staff at the practice were committed to the ongoing enhancement of service delivery. We were presented with a range of audits undertaken as part of the practice’s continuous quality improvement initiatives, including reviews of patient records, radiographs, infection prevention and control measures, decontamination procedures (compliance with WHTM 01-05), prescription management, clinical waste handling, hand hygiene practices, health and safety protocols, waiting times, and patient feedback. Most of the audits were supported from Health Education and Improvement Wales (HEIW) and we saw evidence that this practice was embedded and became part of their everyday activity.

The director/principal was actively undertaking data gathering relating to oral cancer screening and vaping in addition to the stated smoking.

The dental team displayed a proactive approach, extensive knowledge, and professionalism, evidencing their ability to identify and utilise appropriate sources for advice and guidance.

This practice provided various effective methods of dental care and delivered services to a high standard.

# 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 |
|---|---|---|---|
| On review of the dental surgeries, it was seen that the rectangular collimator had been removed from the X-ray equipment and placed to onside for cleaning. | This could mean that patients are exposed to higher levels of ionising radiation than necessary, which is not in line with UK guidance. | Clinical peer reviewer discussed with principal dentist and with lead nurse and practice manager. | The rectangular collimator was replaced and all staff informed of the requirement to always keep this in place. |
| We found that referral letters were not actively stored on patient's records. | An accurate record of referrals in the patient's notes is essential to enable any professional accessing the patient's clinical notes to identify previous history and clinical intervention. | Discussed with the principal dentist. | Principal dentist logged into the electronic referral system and changed the settings in order to receive automatic copies of the referrals by email. |

# Appendix B – Immediate improvement plan

**Service:** **Wrexham Dental Works**

**Date of inspection:** **30 April 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.

| | | | |
|---|---|---|---|
| **Findings** | No immediate non-compliance issues. | | |
| **Improvement needed** | | **Standard / Regulation** | |
| 1. | | | |
| **Service Action:** | | **Responsible officer** | **Timescale** |
| | | | |

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:** **Wrexham Dental Works**

**Date of inspection:** **30 April 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.** | The service is not required to complete an improvement plan. | | | | | |
| **2.** | | | | | | |
| **3.** | | | | | | |
| **4.** | | | | | | |

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:**