Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

BUPA Dental Care Wrexham, Betsi Cadwalader University Health Board

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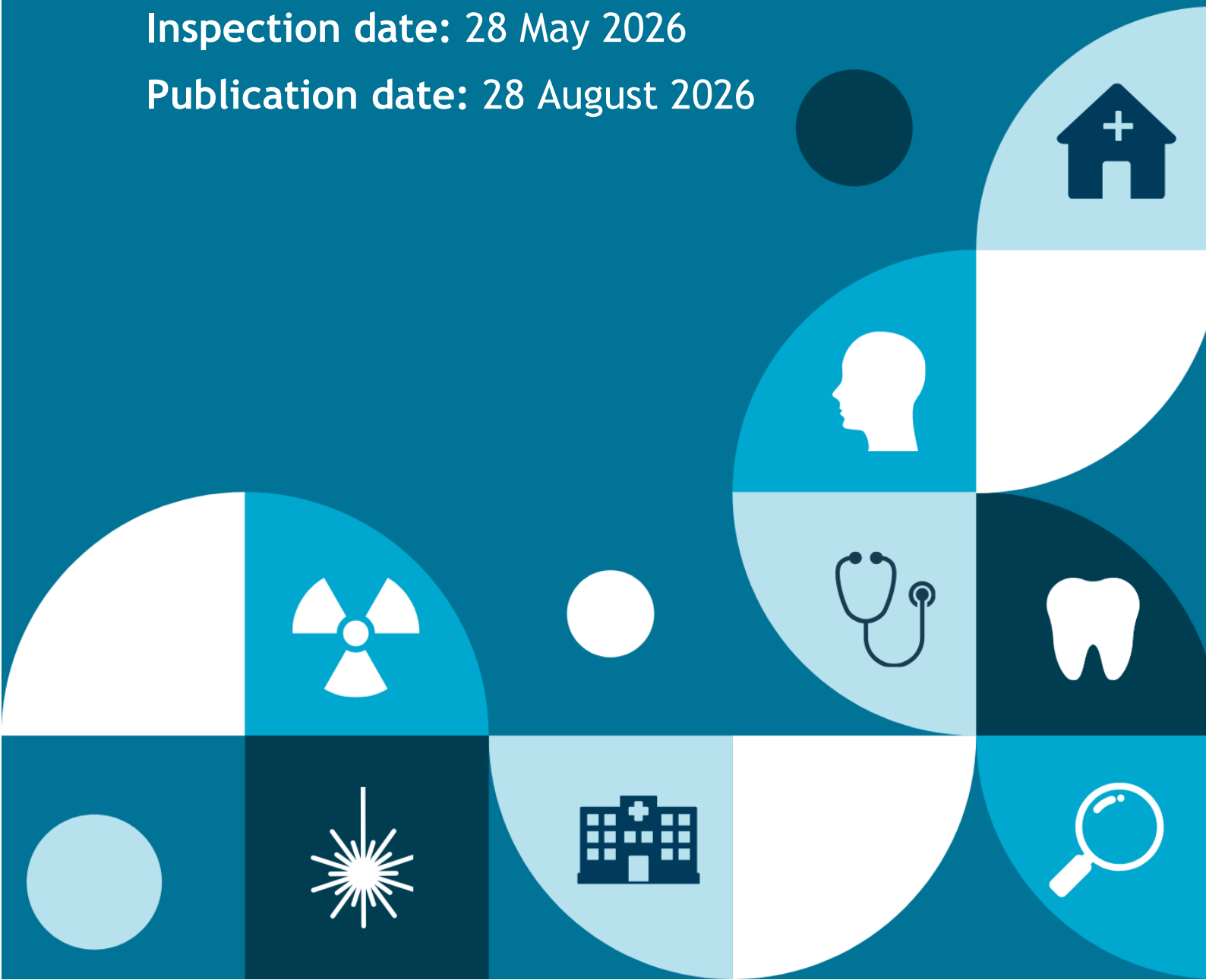

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Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

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.

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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 BUPA Dental Care Wrexham, Betsi Cadwalader University Health Board on 28 May 2026.

Our team for the inspection comprised 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of two questionnaires were completed by patients or their carers, and ten were completed by staff. 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 that BUPA Dental Care Wrexham provided care in an environment that was safe, well maintained and supported by appropriate management and governance arrangements. Staff were observed to be professional, courteous and committed to delivering a good standard of care. Patients who provided feedback via the questionnaire and verbally to our team were positive about the service they received and told us they were treated with dignity and respect.

We observed staff interacting with patients in a courteous and helpful manner, and arrangements were in place to protect privacy during care and treatment.

The practice provided a range of patient information leaflets, and patients told us they were given enough information to understand treatment options, risks, benefits and costs. Opening hours and arrangements for urgent and out-of-hours care were clearly communicated. The practice also demonstrated awareness of Welsh language needs and the Active Offer.

This is what we recommend the service can improve:

- Provide patient information to support smoking cessation.

This is what the service did well:

- Patients were treated with dignity, respect and kindness
- Patients reported receiving sufficient information about treatment options, risks and benefits
- Clear arrangements were in place for urgent and out-of-hours care
- The practice demonstrated awareness of accessibility and equality needs.

Delivery of Safe and Effective Care

Overall summary:

We found that BUPA Dental Care Wrexham was meeting the relevant regulations and appropriate systems and processes were in place to support the safety and wellbeing of staff and patients. Staff were committed to delivering a good quality of service.

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 IPC policy and regular audits. Cleaning schedules were consistently maintained, and personal protective equipment (PPE) and hand sanitiser were readily available.

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. 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 contained within the resuscitation bag, and all staff had been trained in its use.

Clinical records were largely being maintained appropriately. However, we identified some areas where greater consistency was needed. In particular, patient language preferences, changes to medical history, and full details of procedures were not always recorded clearly and consistently.

This is what we recommend the service can improve:

- Ensure clinical records are fully completed and maintained in line with relevant professional standards and best practice guidance

This is what the service did well:

- The surgeries were clean, spacious, well lit, well equipped and fit for purpose
- One surgery had recently been refurbished, and refurbishment of the remaining four surgeries was planned.

Quality of Management and Leadership

Overall summary:

We found that the practice benefited from effective leadership arrangements and clear lines of accountability. The practice manager demonstrated a sustained commitment to delivering a high standard of care. The staff team comprised six dentists, two therapist/ hygienist, a practice manager and co-ordinator, a lead nurse ably supported by a team of registered dental nurses, 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 which were 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

Although only a small number of patients responded to our questionnaire, the feedback provided was positive, particularly in relation to access to care, staff interactions, and the quality of clinical care provided. One patient commented:

> *"Excellent, professional and helpful"*.

Person-Centred

Health promotion and patient information

Patient information was available within the practice to promote healthy living and good oral health. We noted posters covering a range of topics. Additional information was provided in pictorial poster format regarding the use of X-rays within the practice and the recognition of sepsis.

Patient information leaflets were readily available in the waiting area, and a significant amount of information was also accessible online. The practice had an up-to-date statement of purpose, which was displayed.

However, there was no patient information provided on smoking cessation. Given the well-established impact of smoking on oral health, including an increased risk of periodontal disease and oral cancer, it is important that patients are informed about smoking cessation support such as the NHS 'Help me Quit' service.

The registered manager must ensure that the practice's approach to health promotion includes appropriate support for patients who wish to stop smoking.

Dignified and respectful care

Arrangements were in place to support patient privacy. Doors to the treatment rooms were kept closed during procedures.

The main waiting area was quiet with comfortable wipe clean seating. There was additional seating for waiting patients on the first floor outside each surgery. Conversations within the surgeries could not be overheard.

Storage, kitchen and staff facilities were located on the ground floor, with clinical rooms located on both the ground and first floors. The ground-floor clinical room was spacious and accessible from the car park and waiting room. Four additional clinical

rooms and the decontamination room were located on the first floor and were accessible by stairs only. Appropriate signage was displayed in all clinical rooms.

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.

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.

We found that the General Dental Council's (GDC) nine principles of ethical standards were on display in the waiting area on the ground floor. 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 in the patient information leaflets and online.

Individualised care

In response to the HIW patient questionnaire, the questionnaire 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. They 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 treatment were displayed.

We found that treatment planning and the discussion of treatment options were recorded to an acceptable standard within the sample of patient records we reviewed.

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 and shared across the BUPA cluster, with prioritisation based on patients' symptoms and clinical need.

Telephone numbers for accessing emergency care outside of normal opening hours, for 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. Staff were aware of the Welsh language 'Active Offer' initiative through the Health Board and had accessed the offer through local sources. Patient information materials were accessible in English. However, other information leaflets were available in different languages which could be printed if requested.

However, during our review of the patient records, we noted that the language preference of patients was not always recorded.

The registered manager must ensure that it asks and records the language preference of each patient to help deliver a service that meets the needs of each patient.

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 evidence that such topics were discussed at team meeting for training and development purposes.

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.

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.

We saw evidence that portable appliance testing (PAT) had been completed and remained in date. An Electrical Installation Condition Report (EICR) was also in place and current. In addition, gas servicing and safety checks had been completed, with no issues 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 an appropriate range of types were securely installed, clearly signposted and had been subject to regular inspection and servicing. 'No smoking' signage was clearly exhibited, demonstrating the practice's compliance with smoke-free premises legislation.

Staff had access to changing facilities and secure storage for personal belongings.

Infection prevention and control (IPC) and decontamination

Effective 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 saw that there was one decontamination room on the first floor which was accessed via a keypad controlled locked door. The decontamination room was in use for the processing and sterilisation of dental instruments, in line with Welsh Health Technical Memorandum (WHTM) 01-05. Staff demonstrated a good understanding of the processes for decontamination and sterilisation. 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.

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.

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 confirmed they had access to the mobile application to support safeguarding practice.

Staff told us they had completed up-to-date safeguarding training for both adults and children. The practice manager was the safeguarding lead and had completed Level 3 safeguarding training. Other members of staff had completed safeguarding training to Level 2 and all staff members were at full compliance with training.

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 reviewed a sample of ten patient records and saw evidence that oral cancer screening had been undertaken and recorded appropriately.

However, we also found missing or incomplete information in a number of areas. Patient medical histories were not always updated, and documentation of patient discussions and decision-making, including justification for treatment and the use of X-rays prior to extraction, was not always clearly recorded.

The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

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.

Quality of Management and Leadership

Staff Feedback

Staff experience and working environment

Staff who responded to the HIW questionnaire and whom we spoke with during the inspection provided positive feedback on their working experience. They told us they had worked at the practice for a range of years, indicating stability within the team. They told us they felt well prepared for their roles and described training arrangements that included both mandatory and role-specific learning.

Staff told us they had access to the resources they needed, including appropriate materials, support and information and communications technology (ICT) systems. They report suitable staffing and skill mix within the team and confirmed they were able to meet the demands of their roles. They also described the planned refurbishment of the remaining surgeries positively following the recent refurbishment of one surgery. Staff comments included:

> "*The practice takes pride in what we offer and how we conduct ourselves and help each other out to make it a safe, clean, happy place for patients and staff.*"
>
> *"Bupa Dental Care Wrexham is a lovely supportive practice to work in. A great team with practice manager always going above and beyond to help both staff and patients."*
>
> *"Great place to work. Manager very supportive."*
>
> *"Dentistry is a very stressful job and fulfilling everyone's expectations can make life difficult. BUPA and my manager do try to mitigate this where they can."*

Leadership

Governance and leadership

We found that the practice demonstrated a commitment to delivering a good 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. However, only 3 out of the 10 respondents had received an appraisal in the last 12 months, this could be improved upon.

The registered manager must ensure that staff appraisals are conducted annually.

We found that a suite of policies and procedures was in place and that these were subject to routine review.

We also saw that staff wellbeing played an important role within the practice and that regular staff wellbeing time was part of their everyday work.

Workforce

Skilled and enabled workforce

We found that appropriate recruitment and employment checks were undertaken to support the safe appointment of staff, supported by established policies and procedures. These included proof of identity, qualifications and vaccinations, and confirmation of appropriate Disclosure and Barring Service checks.

Our review of five staff records confirmed registration with the General Dental Council, professional indemnity cover and Hepatitis B vaccination.

We found good staff compliance with mandatory training requirements, supported by effective management systems. Staff had consistent access to training opportunities and were encouraged to pursue continuous professional development.

Culture

People engagement, feedback and learning

The practice actively sought patient feedback. The registered manager reviewed and responded to feedback as appropriate. Suggestions for improvement were discussed during staff meetings, and changes were made where required.

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 and was available online. The procedure outlined relevant contact details, response timescales, and instructions for escalation where necessary. The complaints policy included details of external organisations that could support the resolution process for private patients.

Staff told us that complaints were infrequent. Where complaints were received, these were documented within patient records and recorded in a complaints file and log. Themes were identified, and there was clear evidence of learning from complaints.

The practice also maintained a Duty of Candour policy, and staff had completed online training in line with requirements.

Information

Information governance and digital technology

We found appropriate arrangements in place to support the secure management of patient information. Patient records were stored securely, with both paper and electronic systems in place to maintain confidentiality. All paper records were securely maintained, and electronic files were routinely backed up. A data protection policy was in place to support staff awareness of their responsibilities in relation to information governance.

Learning, improvement and research

Quality improvement activities

It was evident that staff at the practice were committed to the continuous improvement of the service. We were provided with examples of audits undertaken as part of the practice's quality improvement activity, including audits of patient records, X-rays, infection prevention and control, decontamination in accordance with Welsh Health Technical Memorandum (WHTM) 01-05, prescriptions, hand hygiene and patient feedback.

We found the dental team to be proactive, knowledgeable and professional. They demonstrated a clear understanding of where to access advice and guidance, and how to do so when required.

Whole-systems approach

Partnership working and development

The practice manager described the arrangements in place for engagement with other services within BUPA.

An electronic system was used to refer patients, including those who required an urgent referral, to secondary healthcare services.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: **Bupa Dental Care Wrexham**

Date of inspection: **28 May 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 were identified during the inspection.		
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: **Bupa Dental Care Wrexham**

Date of inspection: **28 May 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.	Some patient records had incomplete documentation on preferred language, communication and advice and justifications offered on treatments.	The registered manager must ensure that action has been taken to address our findings. Peer review audit could be considered to ensure, patient safety, continuity of care and evidence of decision making.	The Private Dental Regulations (2017)	Discussed in practice meeting and notes template changed to add preferred language. Clinician meetings scheduled to review and discuss peer review and meeting minutes will be held in practice. Clinician patients note audits are completed every 6 months. Feedback is given to the clinician if any improvements are required and those audits are repeated sooner if they do not meet the requirements.	Practice Manager	Completed 09/07/2026

2.	There was no direct access for patients for Smoking cessation.	Access to 'help me quit' would be recommended and hugely beneficial to patients.		'Help me quit' discussed in Practice meeting completed. Help me quit patient referral link sent to all clinicians and poster with the link is on the walls in surgeries to support clinicians to refer.	Practice Manager	Completed 09/07/2026
3.	Not all staff had received a staff appraisal in the last 12 months	The registered manager must ensure that all staff receive an appraisal every 12 months.		All staff 121s are available, 1 outstanding due to the staff member being on maternity leave. Clinician 121s completed monthly. Staff appraisals are completed in December for the year, with new objectives set for the new year coming and reviewed half year.	Practice Manager	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: Bupa Dental Care Wrexham

Name (print): LYNSEY NORTHALL

Job role: Practice Manager **Date:09/07/2026**