

General Dental Practice Inspection Report (Announced)

Fusion Dentistry, Cardiff

Inspection date: 23 June 2026

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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 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 Fusion Dentistry, Cardiff on 23 June 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of six questionnaires were completed by patients or their carers and two were completed by staff. Feedback and some of the comments we received may appear throughout the report. Due to the low number of staff responses, feedback and comments have not been included.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that patients reported a very positive experience of care at the practice. Feedback received indicated high levels of satisfaction, with all respondents rating the service as 'very good'. Patients consistently described the practice as accessible and very clean.

Patients spoke positively about the care and support they received from staff. They reported that they were treated with dignity and respect, and that staff took time to listen, explain treatments clearly, and answer questions.

We found that the practice provided person-centred care, with patients reporting that they were fully informed about treatment options, risks and costs, and received appropriate aftercare advice. Health promotion information was available, and patients confirmed that guidance on maintaining good oral health was routinely provided. Records we reviewed supported that care was tailored to individual needs, including consideration of medical history and communication preferences.

The practice supported timely access to care, with all patients stating that it was very easy to obtain an appointment. Systems were in place to inform patients of any delays, and arrangements for urgent care were available.

We also found that the practice took steps to support equality and accessibility. Adjustments were made for patients with additional needs, including step-free access, translation services and alternative information formats.

While most patient information was clear and accessible, we found that the statement of purpose was available in the waiting room for patients to view. However, it was not available on the practice website, which may limit access to this key information for patients who wish to access it remotely.

This is what we recommend the service can improve:

- Upload the statement of purpose to the practice website so patients can easily access key information about the service

This is what the service did well:

- Patients provided consistently positive feedback
- Patients were well informed about their care, including treatment options, risks and costs, and received appropriate aftercare advice to support good oral health.

Delivery of Safe and Effective Care

Overall summary:

We found that the practice had appropriate arrangements in place to support the delivery of safe and effective care. The premises were in a good state of repair, suitably laid out for the services provided and visibly clean throughout. Dental equipment was well maintained, available in sufficient quantities and supported safe clinical care. The practice also had suitable systems for business continuity, health and safety, equipment maintenance, infection prevention and control, medicines management, safeguarding and the safe use of X-ray equipment.

The practice was visibly clean, and all patients who completed the questionnaire described the practice as very clean. The decontamination area was well organised and well equipped, and staff were trained and competent in decontamination procedures. Appropriate testing, maintenance and audit arrangements were in place in line with Welsh Health Technical Memorandum 01-05 guidance.

The practice had appropriate medicines management arrangements, including systems for the safe ordering, storage, use and disposal of medicines. Emergency medicines and equipment were available and in date, and staff had completed relevant resuscitation training, including anaphylaxis.

Safeguarding arrangements were in place, with a designated safeguarding lead, relevant policies and access to the Wales Safeguarding Procedures. Staff were aware of how to respond to safeguarding concerns, and all staff had completed level 2 safeguarding training. The safeguarding lead was in the process of completing the required level 3 training.

Care and treatment were delivered in line with relevant professional, regulatory and statutory guidance. Local Safety Standards for Invasive Procedures checklists were used in each surgery to support safer care. The practice also had suitable arrangements for the safe delivery of conscious sedation, including an appropriate clinical environment, recovery arrangements and trained staff.

Patient records reviewed during the inspection were comprehensive and of a high standard, particularly for complex cases involving multidisciplinary input. Records were securely managed and retained in line with appropriate policies. At the time of the inspection, there was no established process for following up urgent suspected oral cancer referrals to confirm whether patients had been seen by hospital services. However, the practice acted following the inspection and introduced a new procedure to follow up urgent referrals and keep patients informed.

This is what the service did well:

- Maintained a visibly clean, well-organised environment with effective infection prevention and control and decontamination arrangements
- Systems to deliver safe and effective care were well established, including appropriate medicines management, safeguarding arrangements, staff training and the consistent use of clinical guidance and safety checklists
- Patient records were comprehensive and of a high standard.

Quality of Management and Leadership

Overall summary:

We found that the practice had effective management and leadership arrangements in place. There was a clear management structure, a reviewed statement of purpose and established systems for governance, risk management and communication with staff. Policies and procedures were maintained, regularly reviewed and shared with staff when updated.

The practice had suitable arrangements to support staff recruitment, training and development. Staff records showed evidence of professional registration, indemnity insurance and appropriate vaccination status where applicable. Mandatory training compliance was very good, and systems for monitoring training and fitness to work were effective. Staff involved in conscious sedation were appropriately trained and competent.

The practice actively sought and responded to patient feedback through a range of methods, including surveys, printed forms, verbal feedback, complaints and online reviews. A “You said, we did” poster was displayed, showing patients how feedback had been used to improve the service. Complaints were recorded appropriately, including verbal and informal concerns, and the practice had a Duty of Candour policy in place which was aligned with current guidance.

The practice used audit activity, feedback, team meetings, staff appraisals, incidents, complaints and staff surveys to support learning and quality improvement.

This is what the service did well:

- Clear governance and leadership arrangements, with effective systems for managing risks, policies, procedures and safety notices
- Staff were well supported through induction, appraisals and mandatory training
- Actively sought and responded to patient feedback, using complaints, surveys and “You said, we did” information to support learning and improvement.

3. What we found

Quality of Patient Experience

Patient feedback

The patients who completed the HIW questionnaire provided very positive feedback, with all respondents rating the service provided by the dental practice as “very good”. All patients said the practice was accessible and “very clean” and felt infection prevention and control measures were being followed.

Patients reported positively on their care. All respondents said they were given enough information about treatment options, costs were made clear before treatment, and they received aftercare instructions on maintaining good oral health. Patients also agreed that staff explained care clearly, listened to them and answered their questions.

One patient commented:

"I was particularly nervous about my treatment and the staff were amazing, made me feel at ease and very caring."

Person-Centred

Health promotion and patient information

The practice supported patients to maintain and improve their oral health through a range of verbal and written health promotion resources. Oral health promotion leaflets and posters were available for patients and oral health advice was routinely provided during clinic appointments and reinforced through consent forms, post-operative instructions and discharge information.

Patients undergoing implant treatment were provided with a water flosser, alongside advice and guidance on its use, to support effective cleaning and long-term maintenance of their implants. Regular post-treatment reviews were also used as opportunities to reinforce oral health promotion, including toothbrushing instructions and advice on maintaining good oral hygiene following treatment.

Patients who received sedation were given oral health and aftercare information in both verbal and written formats. This information was also shared with their chaperone, helping to ensure that patients had appropriate support following treatment and that key instructions were understood after the appointment.

All patients who completed a questionnaire stated that the dental team had provided them with aftercare instructions on how to maintain good oral health.

Information about treatment charges was available and made clear to patients. The names and details of dentists and the dental team, including General Dental Council

registration numbers, were displayed in an area that could be easily seen by patients.

We reviewed the practice website and found that the statement of purpose was not available.

The registered manager must make the statement of purpose available on the practice website.

Dignified and respectful care

The practice had appropriate arrangements in place to ensure patients were treated with dignity and respect, and that their privacy was maintained during their care and treatment. All patients who completed a questionnaire stated that they felt staff at the practice treated them with dignity and respect.

The practice helped protect patient information through confidentiality agreements, which we saw had been signed by all staff members.

We found that suitable facilities were available to ensure privacy for confidential conversations, including telephone calls. The layout and use of clinical and reception areas provided patients with appropriate levels of privacy. Doors to the dental surgeries were kept closed during treatments, which helped preserve patient privacy and dignity while care was being provided.

We also saw that the General Dental Council's 'nine principles' of ethical standards were displayed within the practice.

Individualised care

We reviewed a sample of five patient records and found that appropriate patient identification details were recorded.

All patients who completed a questionnaire reported that the dental team helped them to understand the available treatment options when required. Patients also told us that explanations were provided in a way they could understand during their appointments.

Patients confirmed that their medical histories were checked prior to treatment. This was consistent with our review of patient records, where we saw evidence that medical histories were routinely checked and recorded.

All patients who responded to the questionnaire agreed that they were provided with sufficient information to understand the risks and benefits of treatment options. Patients also reported that treatment costs were made clear to them before care was provided.

Timely

Timely care

We found that the practice had arrangements in place to support patients to access care and treatment when needed. Staff described a process for informing patients about waiting times and any delays to their appointments.

All patients who completed the questionnaire stated that it was 'very easy' to get an appointment when they needed one.

Patients were provided with information about how to access out-of-hours dental services. We saw that out-of-hours contact information was also available through the practice answerphone message, the practice website and the patient information leaflet. Four patients who completed the questionnaire stated that they knew how to access the out-of-hours dental service if they had an urgent dental problem. However, two patients stated that they did not know how to access this service.

Equitable

Communicating and language

The practice had arrangements in place to meet patients' communication needs and support access to care. We saw evidence within the patient records we reviewed that patient language preferences were being recorded.

Written information displayed in the practice and on the website was predominantly available in English. However, for patients whose first language was not English, the practice had access to an appropriate translation service.

Patients were able to arrange appointments either in person at reception or by telephone. This helped ensure that patients who did not have digital access, or who preferred not to use online systems, were still able to obtain appointments and access treatment. The practice did not offer an online appointment booking facility at the time of the inspection.

Staff told us that information could be made available in alternative formats, such as different languages or large print, where required.

Rights and equality

Equality and diversity were promoted through the practice's equality, diversity and inclusion policy and staff mandatory training. The practice manager told us that staff treated all patients fairly and that the practice used multiple feedback systems to help identify and respond to patient needs and experiences.

The practice had policies in place to protect patients and staff from discrimination, harassment and unfair treatment, including in relation to protected characteristics

under the Equality Act.

Reasonable adjustments were in place to support patients with different access and communication needs. Examples included step-free access from the street to a ground floor surgery for patients with mobility impairments or wheelchair users, access to translation services, and adapting printed information to support a patient with dyslexia.

Delivery of Safe and Effective Care

Safe

Risk management

We found that the premises were in a good state of repair both internally and externally. The size and layout of the practice was suitable for the services provided, and the waiting room was appropriately sized for the number of surgeries. Sufficient changing and storage facilities were available for staff. Toilets were clearly signposted, clean and equipped with sanitary disposal, handwashing and drying facilities.

During the inspection, we observed that dental equipment was in good working condition and available in sufficient quantities to allow effective decontamination between uses. We also noted that equipment designed to promote safe and effective care, such as needle re-sheathing devices, were in use.

The practice had a comprehensive business continuity plan in place. We reviewed documentation and confirmed that a workplace health and safety risk assessment had been completed. We also saw valid certification for gas safety checks, portable appliance testing (PAT) and a five-yearly electrical installation inspection. Valid employers' and public liability insurance certificates were displayed, alongside a completed health and safety poster.

Fire safety arrangements were in place. The practice had an up-to-date fire risk assessment, which had been completed recently. We acknowledged that the fire risk assessment document was received during the inspection, meaning the practice had not yet had an opportunity to address the issues identified.

The registered manager must provide HIW with an update on progress against the actions identified in the fire risk assessment, including timescales for completion where actions remain outstanding.

The practice had a fire safety equipment maintenance contract, and there was evidence of regular testing of fire detection equipment. Fire extinguishers were available throughout the building, and all staff had completed fire safety training. Fire action posters were displayed, providing instructions about what to do in the event of a fire.

The practice had taken steps to comply with smoke-free premises legislation. 'No smoking' signs were displayed within the building, confirming that the practice promoted a smoke-free environment.

Infection prevention and control (IPC) and decontamination

The practice had effective arrangements in place for infection prevention and control and decontamination. We observed all areas of the service to be visibly clean. Patient

feedback also supported this finding, with all patients who completed the questionnaire stating that the practice was 'very clean'. An effective cleaning schedule was in place to support routine cleaning across the practice.

Hand hygiene arrangements were appropriate and effective, with suitable hand hygiene facilities available. Personal protective equipment was accessible to staff and was used and changed appropriately. The practice environment supported effective infection control, and there was a designated infection control lead in place to oversee IPC arrangements. Suitable occupational health support was also available to the practice.

The practice had a designated space on the ground floor for the cleaning and sterilisation of dental instruments. The decontamination facility was very clean, well-organised and well equipped.

Documentation reviewed during the inspection confirmed periodic testing of autoclaves, ultrasonic cleaners and washer-disinfectors was carried out in accordance with Welsh Health Technical Memorandum 01-05 guidance. A daily maintenance programme was in place, and daily surgery checklists were completed for each surgery. Autoclaves were used safely and effectively, and we saw a current scheme of maintenance and inspection certificate.

Training records reviewed showed staff were trained and competent in decontamination protocols. An infection control audit had been completed using Welsh Health Technical Memorandum 01-05 guidance. The practice had contracts in place for the disposal of waste. We saw that clinical waste was being managed appropriately and safely.

Medicines management

An appropriate medicines management policy was in place. This was supported by procedures and arrangements covering the safe ordering, recording, handling, use, safe-keeping, dispensing, administration and disposal of medicines used at the practice. For medicines requiring refrigeration, the practice had a designated medicines fridge. A system was in place for regularly checking and recording the fridge temperature. Staff involved in the administration and monitoring of medicines for conscious sedation were appropriately trained and competent.

The practice had a policy and arrangements in place for managing medical emergencies and resuscitation. The policy was based on current national guidelines for resuscitation. We reviewed five staff files and found that all staff in those files had up-to-date training in cardiopulmonary resuscitation (CPR), including the management of anaphylaxis.

Emergency medicines available at the practice were in line with national guidance, and we also found appropriate emergency drugs available for patients receiving intravenous

conscious sedation. Emergency medicines and first aid items were in date. The practice had a first aid kit available, and appropriate first aid arrangements were in place, supported by seven trained first aiders.

The practice had adequate resuscitation equipment in place and all clinical staff were appropriately trained in how to use oxygen cylinders.

Safeguarding of children and adults

The practice had suitable arrangements in place to safeguard children and adults from abuse, harm and neglect. A designated safeguarding lead was in place and had oversight of safeguarding matters within the practice. Appropriate safeguarding policies and procedures were available, and staff had access to the Wales Safeguarding Procedures to support their understanding of safeguarding responsibilities and reporting requirements.

Staff told us they were aware of who to contact locally in the event of a safeguarding concern. They also described an awareness of the steps they would take to identify, respond to and report allegations or concerns relating to abuse.

A review of training records confirmed that all staff had completed child and adult safeguarding training to level 2. At the time of the inspection, the safeguarding lead was in the process of completing the required level 3 training. Evidence of completion was provided following the inspection.

Management of medical devices and equipment

Clinical equipment was found to be safe, in good condition and suitable for the purpose for which it was used. There was a maintenance and inspection schedule in place for the compressor, and records confirmed that it had been serviced within the last year.

X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment, including appropriate maintenance and staff training. Staff training records confirmed that relevant team members had completed up-to-date training in the Ionising Radiation (Medical Exposure) Regulations.

We saw evidence that radiograph audits had been undertaken. Information explaining the benefits and risks of X-ray exposure was available to patients in the waiting area.

Effective

Effective care

Documentation reviewed and discussions with staff confirmed that the practice followed relevant professional, regulatory and statutory guidance when providing care. We saw evidence that appropriate systems were in place to support the safe acceptance, assessment, diagnosis and treatment of patients, demonstrating alignment with recognised standards.

We observed that Local Safety Standards for Invasive Procedures (LocSSIPs) checklists were in use within each surgery.

The practice had suitable arrangements in place for the safe delivery of conscious sedation. We found that the environment used for conscious sedation was appropriate and supported safe care. 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 supported safe access in the event of an emergency. This included step-free access and sufficient space for ambulance attendance, should this be required.

Patients were able to recover safely prior to discharge. A dedicated recovery room was available, and privacy was assured in the surgery and recovery area.

Patient records

The five patient records we reviewed mostly related to complex treatment requiring multidisciplinary team input. The records were found to be comprehensive and of a high standard.

An appropriate records management policy and system were in place to ensure that patient records were safely managed. Current and former patient records were stored securely, in line with data protection requirements. Records were also retained according to appropriate retention policies.

At the time of the inspection, there was no established arrangement for following up patients who had been urgently referred to hospital for suspected oral cancer, to confirm whether they had been seen. However, following the inspection, the practice implemented a new policy and procedure to address this.

Quality of Management and Leadership

Leadership

Governance and leadership

The practice had a clear and effective management structure to support the delivery of services. There was a written statement of purpose which included the required information and had been reviewed within the last year.

Staff told us that team development tools were used within the practice, supporting staff learning and development. We saw evidence that regular team meetings were held, and that meeting minutes were shared with staff who were unable to attend and stored within a file sharing system to ensure all team members remained informed.

The practice had clear and comprehensive arrangements for identifying, recording and managing risks, issues and mitigating actions. There was also a process in place for implementing recommendations and sharing relevant information internally from safety notices, including those received from organisations such as the Medicines and Healthcare products Regulatory Agency or Welsh Government.

The practice maintained a register of policies and procedures. These were reviewed regularly and communicated to staff. Staff received notifications when a policy or procedure had been updated, helping to ensure that they remained aware of current practice requirements and guidance.

Workforce

Skilled and enabled workforce

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

We reviewed a sample of five staff records and saw evidence that staff were registered with the General Dental Council, covered by professional indemnity insurance and had appropriate vaccination against Hepatitis B, where applicable.

There was very good compliance with mandatory training requirements. The systems used to monitor training completion were effective and supported oversight of staff training needs. We also found suitable arrangements in place to monitor and maintain the professional obligations of staff from the commencement of their employment. The staff records reviewed included up-to-date General Dental Council registrations, Disclosure and Barring Service Enhanced checks and pre-employment reference

checks.

We saw a robust monitoring system in place to maintain the fitness to work requirements of all employees. All staff working at the practice had a contract of employment, and an induction programme was in place. The induction covered relevant training, policies and procedures to support staff in understanding their responsibilities. Staff appraisals had also been undertaken.

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

Culture

People engagement, feedback and learning

Patients were able to provide feedback through a range of methods. Printed feedback forms were available and the practice also collected feedback through post-treatment surveys. Verbal feedback was encouraged, and patients could raise concerns through the complaints process. Online reviews were monitored and responded to by the practice.

The practice manager described how feedback from different sources was regularly reviewed. We were provided with a suitable example of action taken in response to patient comments. Information showing how the practice had learned and improved from feedback was displayed in the patient waiting area through a “You said, we did” poster.

The practice had a written complaints procedure in place. This was available to patients in the waiting area without them having to ask for a copy. Details of the complaints process were also included in the patient information leaflet, statement of purpose and practice website. A named member of the team was responsible for handling complaints, and this information was advertised on the website, included in the complaints policy and displayed around the practice. Records demonstrated that complaints were appropriately recorded, including verbal or informal concerns.

We also found that the practice had a Duty of Candour policy in place, which was aligned with current guidance.

Learning, improvement and research

Quality improvement activities

The practice used a range of systems to support quality improvement. Staff told us that quality improvement was monitored through audit activity, patient feedback, team meetings, policies and staff appraisals. We also saw evidence that the practice monitored, responded to and improved practice because of complaints, patient feedback, incidents, audit activity and staff surveys. The practice may wish to consider introducing peer review activity as a further means of supporting shared learning and continuous improvement.

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: Fusion Dentistry

Date of inspection: 23 June 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 on this inspection.		
Improvement needed		Standard / Regulation	
Service Action:		Responsible officer	Timescale

Appendix C – Improvement plan

Service: Fusion Dentistry

Date of inspection: 23 June 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.	We reviewed the practice website and found that the statement of purpose was not available.	The registered manager must make the statement of purpose available on the practice website.	The Private Dentistry (Wales) Regulations 2017 - Regulation 5.	This has been requested to be updated onto our website via our web designers Digimax.	Operations manager.	Requested on 04/08/26 and they have acknowledged. They usually action requests within 48 hours so likely to be on the website before the deadline of 07/08/26.

2.	The fire risk assessment document was received during the inspection, meaning the practice had not yet had an opportunity to address the issues identified.	The registered manager must provide HIW with an update on progress against the actions identified in the fire risk assessment, including timescales for completion where actions remain outstanding.	The Private Dentistry (Wales) Regulations 2017 – Regulation 22, Regulation 16.	A quotation has been obtained to address all issues found during the fire risk assessment and is booked in to be completed on 24/08/26. Quotation uploaded to Objective Connect. The fire evacuation plan for the building is done and completed as well as the Fire Door signs and up in the practice.	Operations manager.	Work to be completed on 24/08/26 and follow up visit to be booked if not all actions completed in one visit.
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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: R Gleeson

Name (print): Rachel Gleeson

Job role: Practice & Operations Manager

Date: 04/08/2026