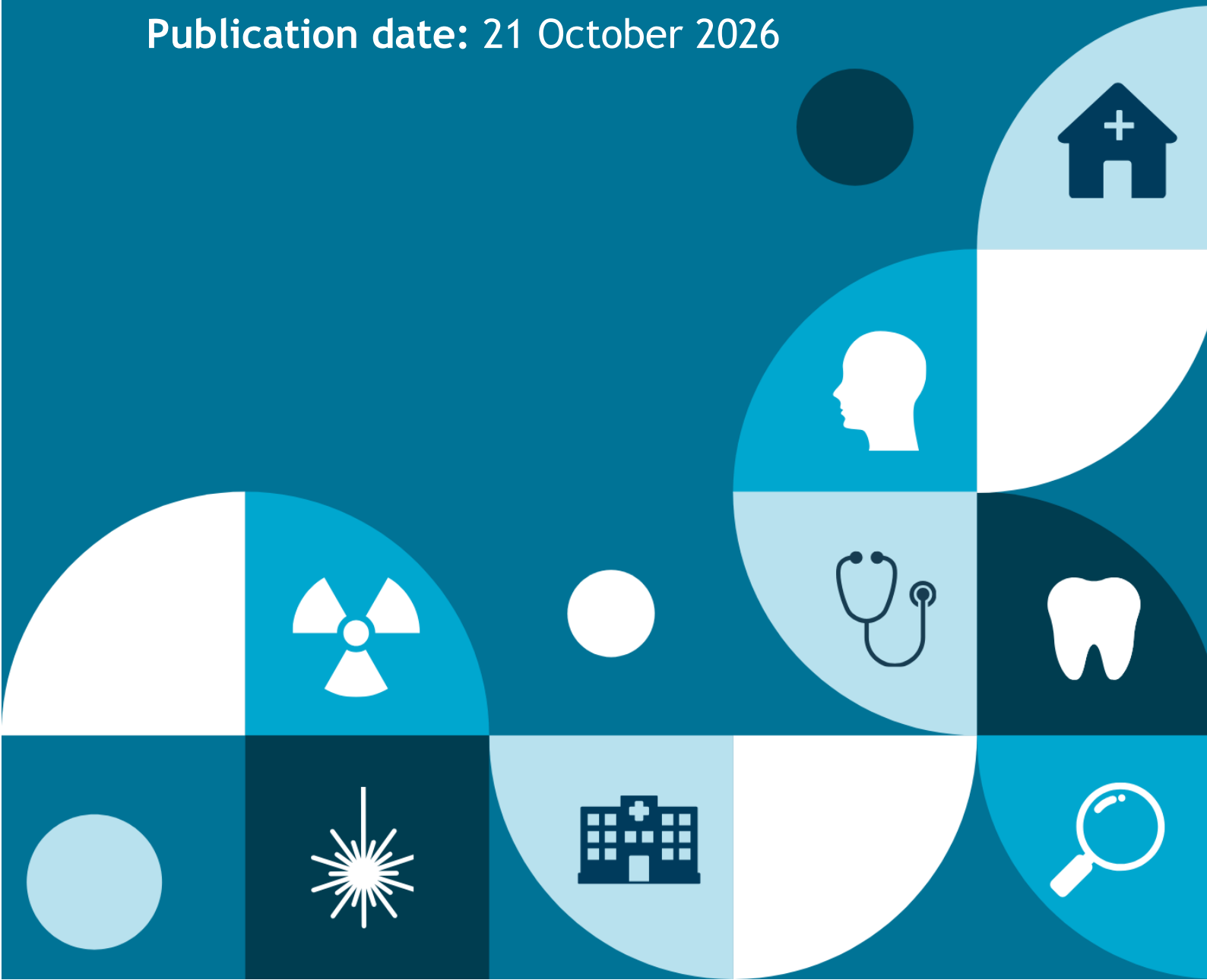


General Dental Practice Inspection Report (Announced)

Rhose Dental Practice, Cardiff and
Vale University Health Board

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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 Rhoose Dental Practice, Cardiff and Vale University Health Board on 21 July 2026.

Our team for the inspection comprised of a HIW healthcare inspector and a dental 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 12 questionnaires were completed by patients or their carers and five 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:

Patients provided highly positive feedback about the care and service received at Rhoose Dental Practice. All respondents rated the overall service as 'very good'. No negative ratings were recorded in relation to any aspect of care or service delivery.

Patients reported good access to appointments and urgent dental care, and felt well informed about treatment options, risks, benefits and costs. All patients confirmed their medical history was reviewed before treatment. Feedback about staff was consistently positive, with patients describing care that was respectful, informative and person-centred, and reporting that they were fully involved in decisions about their treatment.

The practice promoted good oral health by providing a range of health promotion information, including advice on smoking cessation, oral health education materials, patient information leaflets and digital information through television screens and social media platforms. Patients had access to up-to-date information about the practice, treatment fees and out-of-hours arrangements through a variety of sources, including the practice website.

The practice demonstrated a commitment to providing person-centred and equitable care. Arrangements were in place to protect patients' dignity, privacy and confidentiality, including private treatment rooms and confidentiality agreements for staff. The practice supported patients' communication needs through a bilingual Welsh and English service, access to interpretation services, alternative formats of information and systems to identify Welsh-speaking patients. Staff also promoted equality and diversity through training, disability audits and reasonable adjustments, including ground floor access, additional handrails and larger print information where required.

This is what the service did well:

- Delivered consistently positive patient experiences, with all respondents rating the service as very good and reporting they were treated with dignity, respect and professionalism
- Communicated effectively with patients, ensuring they received clear information about treatment options, risks, benefits, costs and aftercare, and were fully involved in decisions about their care

- Promoted equality, accessibility and person-centred care, through bilingual services, access to interpretation support, reasonable adjustments for patients with additional needs, and arrangements that respected individual preferences and rights.

Delivery of Safe and Effective Care

Overall summary:

The practice demonstrated strong arrangements to ensure the safe, effective and efficient delivery of dental care. Robust systems and procedures were in place to support patient safety, infection prevention and control, medicines management, safeguarding, clinical governance and record keeping. Staff were knowledgeable about their responsibilities and worked within established policies and current professional guidance.

The practice environment was clean, modern, well maintained and fit for purpose. The premises provided four surgeries, suitable waiting areas and appropriate facilities for patients and staff. Comprehensive health and safety arrangements were in place, supported by risk assessments, a business continuity plan and up-to-date maintenance and safety certification. Fire safety measures were well managed, with regular testing, staff training, fire drills and clear evacuation information available throughout the practice. The practice also promoted accessibility through the provision of ground floor treatment facilities and accessible patient amenities.

High standards of infection prevention and control were evident throughout the practice. Appropriate policies, cleaning schedules and decontamination procedures were in place and staff demonstrated a good understanding of infection control requirements. Decontamination processes were organised effectively, with regular equipment testing, documented checks and ongoing audit activity. Systems for waste management, sharps safety, occupational health support and COSHH management were also found to be appropriate.

The practice had robust medicines management arrangements. Medicines were stored, monitored and disposed of safely, with clear systems for stock control and expiry date checks. Appropriate emergency medicines and resuscitation equipment were available, maintained and checked regularly. Staff had completed relevant emergency training and were aware of procedures for responding to medical emergencies.

Safeguarding arrangements were comprehensive. Policies, local contact information and the All Wales Safeguarding Procedures were readily available, and staff demonstrated a clear understanding of their safeguarding responsibilities. All staff had completed safeguarding training appropriate to their role and were aware of procedures for reporting concerns.

Clinical equipment was well maintained and supported the delivery of safe and effective care. Appropriate servicing and maintenance arrangements were in place, and staff received training to ensure they could use equipment safely and effectively. The practice demonstrated compliance with IR(ME)R requirements, with comprehensive

radiation protection arrangements, quality assurance processes and governance systems supporting the safe use of dental radiography.

The practice followed professional, statutory and regulatory guidance when assessing, diagnosing and treating patients. Local Safety Standards for Invasive Procedures (LocSSIPs) were used to minimise the risk of wrong-site extractions, and staff sought professional advice when required to support safe decision-making.

Patient records were maintained to a high standard. The practice utilised a cloud-based patient management system alongside digital tools such as KIROKU and artificial intelligence-supported radiography software to enhance record keeping and clinical decision-making. Records were securely stored and could be accessed across the wider group of practices to support continuity of care, urgent appointments and referrals. Examples of person-centred record keeping were seen, including documentation of patients' communication needs. Robust arrangements were also in place for monitoring referrals, including suspected oral cancer referrals.

The practice demonstrated a commitment to providing efficient care. A dental hygienist and therapist supported treatment pathways, referrals were managed through a well-organised electronic system, and appointment capacity was maximised through cancellation management processes. Patients requiring urgent care were signposted appropriately to emergency dental services outside normal operating hours. Staffing levels and clinical capacity were sufficient to meet the needs of the patient population.

This is what the service did well:

- Maintained strong governance and safety systems, including effective risk management, fire safety, safeguarding arrangements, medicines management and compliance with radiation regulations
- Demonstrated high standards of record keeping and clinical governance, supported by digital systems such as Dentally, KIROKU and AI-assisted radiography tools, which promoted continuity of care and effective referral management
- Provided safe and effective patient care through robust infection prevention and control arrangements, well-maintained equipment, regular audits and a clear commitment to following current professional guidance and best practice.

Quality of Management and Leadership

Overall summary:

The practice demonstrated effective leadership, a positive organisational culture and a strong commitment to continuous improvement. Staff feedback was overwhelmingly positive and reflected a supportive working environment where employees felt valued, appropriately trained and equipped to deliver high-quality patient care. Governance systems were well established, and there was clear evidence of effective leadership, staff engagement and quality improvement activity.

Staff reported they had received appropriate training for their roles, had undergone regular appraisals and had access to the facilities, equipment and information technology systems required to undertake their duties effectively. Staff consistently described a patient-centred culture and reported that patient care was the practice's highest priority. They also felt there were sufficient staff and an appropriate skill mix to enable them to provide safe and effective care.

The practice had clear management and governance arrangements in place. Staff demonstrated a good understanding of their roles and responsibilities, and regular team meetings ensured information was communicated effectively throughout the workforce. Policies and procedures were managed through an electronic system, enabling staff to access, review and remain up to date with current guidance and organisational requirements. The practice had also completed the Maturity Matrix Dentistry assessment as part of its ongoing commitment to quality improvement and service development.

The workforce was appropriately skilled, trained and supported. Recruitment processes were robust and ensured staff met fitness-to-work requirements before commencing employment. Induction, supervision, appraisal and training arrangements were well established, and staff had access to mentoring, continuing professional development opportunities and wellbeing support. Staff described an open and supportive culture where concerns could be raised freely through established reporting systems, team meetings and whistleblowing arrangements.

The practice actively encouraged feedback and used information from patients, staff and incidents to drive improvements. Patients could provide feedback through a range of methods, including electronic surveys, online reviews and suggestion boxes. Evidence demonstrated that the practice reviewed feedback and made improvements where required. For example, following feedback about treatment costs, the practice strengthened its processes to ensure treatment plans and cost breakdowns were reviewed and agreed with patients before leaving the practice.

A positive safety culture was evident throughout the practice. Staff demonstrated a clear understanding of the Duty of Candour and felt encouraged to report incidents,

near misses and concerns. Patient safety incidents were recorded electronically, reviewed and discussed with staff to support shared learning and reduce future risks.

The practice demonstrated a strong commitment to quality improvement. A comprehensive programme of clinical and non-clinical audits was undertaken, including audits of antimicrobial prescribing, infection prevention and control, record keeping, waiting times, healthcare waste, disability access and health and safety. The practice actively engaged with quality improvement initiatives provided by Health Education and Improvement Wales (HEIW) and participated in peer review activities across the wider Knights Dental group. This supported shared learning, professional development and the implementation of best practice across the service.

The practice also worked collaboratively with a range of external partners, including general medical practitioners, secondary care services, safeguarding teams and local dental cluster groups. This partnership working supported integrated patient care, service development and the sharing of professional knowledge and learning.

This is what the service did well:

- Demonstrated strong leadership and governance arrangements, with clear management structures, effective communication systems, robust policies and a proactive approach to managing risks and maintaining standards.
- Developed a positive and supportive workforce culture, where staff felt valued, trained, supported and able to raise concerns openly, contributing to high levels of staff satisfaction and patient-centred care.
- Showed a strong commitment to continuous quality improvement, through comprehensive audit programmes, effective use of patient feedback, participation in HEIW initiatives, peer review activities and collaboration across the wider Knights Dental group.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, patient feedback was extremely positive and demonstrated a high level of patient satisfaction with the care and services provided. All respondents rated the care and service provided by the practice as ‘very good’. No negative ratings were recorded in relation to any aspect of care or service delivery.

Patients were highly complementary about staff and communication. All respondents strongly agreed that they were treated with dignity and respect, that staff explained procedures clearly throughout appointments, listened to their concerns, answered questions and explained oral health matters in a way they could understand. All respondents also confirmed they were involved as much as they wished to be in decisions about their treatment.

Feedback about the practice environment was equally positive. Nearly all respondents considered the premises accessible, and all respondents described the practice as very clean. Most respondents felt that appropriate infection prevention and control measures were being followed throughout the practice.

Patient comments included:

“The care I have received has always been to a high standard.”

“Always try to help when in pain with toothache and discuss all options during check-up appointments. Very friendly staff.”

“The staff are amazing here. 100 per cent happy with the overall care I receive here.”

“The practice serves as an instrumental part of Rhoose, all of the staff are caring and friendly.”

“Staff are extremely helpful and knowledgeable from receptionist through to dentist, and are always happy to answer questions. Help you to feel relaxed in a well-maintained environment throughout your treatment.”

“I can’t recommend this dental practice highly enough. It is exceptionally well run, and every member of the team is welcoming, friendly, and professional.”

“The entire team is exceptional, and they always go above and beyond to make every visit a positive experience.”

Person-Centred

Health promotion and patient information

The practice supported patients to maintain good oral health by providing a range of health promotion information. Leaflets and posters covering topics such as oral health and smoking cessation were displayed in the reception areas, and educational information was also shared through television screens within the practice and via the practice's social media platforms. The practice participated in National Smile Month to further promote oral health awareness. Patients had access to up-to-date information through the practice website, which included the Statement of Purpose and Patient Information Leaflet. Information about treatment fees was clearly displayed in the reception area, in each surgery, on the practice website, and within patient records. Information about the dental team, including General Dental Council (GDC) registration numbers, was displayed on a noticeboard. Opening hours and emergency out-of-hours contact details were also clearly displayed and accessible to patients.

Patients who completed a questionnaire reported receiving appropriate aftercare advice and information. All respondents strongly agreed that they had received instructions on maintaining good oral health. Most respondents also reported receiving clear guidance about what to do and who to contact in the event of an infection or emergency, as well as information regarding how concerns or complaints would be managed following treatment.

Dignified and respectful care

The practice had measures in place to protect patients' dignity, privacy and confidentiality. Staff signed confidentiality statements as part of their employment contracts, demonstrating their understanding of the importance of maintaining patient confidentiality. Telephone calls could be managed from reception or within individual surgeries when required. Clinical rooms provided appropriate levels of privacy, with surgery doors kept closed during consultations and treatments. The downstairs surgery was further supported by the use of blinds and privacy screens. The General Dental Council's nine principles were available throughout the practice, including within surgeries, patient information files and waiting areas, helping to promote professional standards and patient-centred care.

Individualised care

Feedback regarding the quality of care provided was consistently positive. All respondents strongly agreed that they had received sufficient information about available treatment options, the risks and benefits of treatment and that their medical history had been checked before treatment. Almost all respondents also reported that treatment costs had been explained clearly before treatment commenced.

Timely

Timely care

The practice had arrangements in place to ensure patients could access care and treatment in a timely manner. Patients were informed of any delays by the reception team, who received updates from clinicians through the practice management system. The practice offered online appointment booking for private patients and was trialling online booking for NHS examinations and consultations. Patients could also arrange appointments by telephone or by attending the practice in person. A triage system had recently been introduced to assess urgent dental needs, with emergency patients being prioritised and offered same-day appointments where required. The practice reported that waiting times between treatment appointments were generally between two and three weeks, with treatments completed within required timescales. Flexible appointment arrangements were available, including after-school appointments for children, to help meet patients' needs.

Patients who completed a questionnaire reported that access to appointments was good, with all respondents stating they found it either 'very easy' or 'fairly easy' to obtain an appointment when required. Most respondents also reported that they knew how to access out-of-hours dental services should they require urgent dental care. One patient commented:

"The appointment booking service works brilliantly, and the whole practice is organised so efficiently."

Equitable

Communicating and language

The practice demonstrated a commitment to meeting the communication needs of its patients. A bilingual Welsh and English service was available, with a range of bilingual information, policies, QR codes, signs, posters and patient information materials provided throughout the practice. Staff reported receiving sufficient support from the health board to implement the Active Offer and had access to Welsh language training. Staff were made aware of their responsibilities in delivering the Active Offer, and Welsh-speaking team members were encouraged to wear 'Iaith Gwaith' badges to identify their language skills. At the time of inspection, there were four Welsh-speaking staff members, including two dentists and two dental nurses, and staff profiles on the practice management system identified Welsh speakers to help reception staff match patients with their preferred language where possible. Patient information was available in alternative formats on request, and notices in the waiting area informed patients of this service. For patients whose first language was not English, the practice had access to a telephone interpretation service. Staff recognised the importance of communicating with patients in their preferred language to support effective care. The

practice also supported patients who did not have access to digital technology by providing printed information, assistance with completing medical questionnaires, appointment letters and telephone contact. Welsh language skills were considered desirable during recruitment and workforce planning.

Patient records reviewed during the inspection demonstrated evidence of person-centred care. Inspectors observed examples where individual communication needs had been recorded, including documentation identifying a patient as non-verbal. The practice also had arrangements in place to identify Welsh-speaking patients through an electronic flag on patient records. Staff explained that preferred language was requested when patients accessed the practice's online services and that patients' preferred pronouns were discussed verbally at reception. The practice advised that preferred language and preferred pronouns would be incorporated into patient records and medical history processes in the future to further strengthen the recording of individual preferences.

Rights and equality

The practice promoted equality, diversity and inclusion through an equality and diversity policy and regular staff training. Staff described a culture where individuals were treated fairly and with respect. The practice also carried out disability audits to identify and address any barriers to accessing services. The practice had taken steps to support accessibility for patients with mobility needs, including the provision of a ground floor surgery and a patient toilet on the ground floor, additional handrails on the stairs and the provision of information in larger print where required. including. Baby-changing facilities were also available.

These measures helped ensure patients could access services on an equal basis. One patient commented:

“Downstairs surgeries available – very helpful.”

The practice also demonstrated a commitment to upholding the rights of transgender patients by allowing individuals to state their preferred name and pronouns, which were recorded on the patient management system to ensure staff addressed patients appropriately and respectfully.

All respondents who completed a questionnaire reported they were able to access the right healthcare at the right time. No respondents reported experiencing discrimination on the grounds of age, disability, race, religion, sex, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, or any other protected characteristic.

Delivery of Safe and Effective Care

Safe

Risk management

The practice environment was well maintained and fit for purpose. The premises were clean, tidy and modern, and had recently been redecorated. No concerns were identified regarding the state of repair of the building. The layout was suitable for the services provided, with four surgeries located across two floors and a spacious waiting area with sufficient seating for patients. General environmental conditions, including lighting, heating, ventilation, cleanliness and signage, were satisfactory. The waiting room was of an appropriate size for the number of surgeries, and effective communication systems were in place, including telephones in each surgery, multiple telephones at reception and an internal messaging system. Staff had access to storage and changing facilities, and patient toilet facilities were clean, well maintained and equipped with appropriate handwashing and drying facilities.

The practice had effective arrangements in place to maintain a safe and secure environment. No environmental concerns were identified during the inspection, and a comprehensive health and safety risk assessment was available. Policies and procedures were in place to ensure the premises remained fit for purpose, risks were identified and managed appropriately, and the health and safety of patients and staff were protected. A business continuity plan was also in place to support the safe running of the practice during unforeseen events. The practice held up-to-date gas safety, portable appliance testing (PAT) and electrical installation inspection certificates. Employers' liability and public liability insurance certificates were displayed, and health and safety information was available for staff.

The practice had implemented appropriate fire safety measures. An up-to-date fire risk assessment and action plan were in place, and regular testing of fire detection equipment was undertaken. Fire exits were clearly signposted and provided suitable means of escape in the event of an emergency. Staff had completed fire safety training, regular fire drills were undertaken, and fire safety arrangements were reviewed routinely. Fire extinguishers were available throughout the premises and had been serviced. Fire evacuation instructions, fire exit signage, and no smoking and vaping signs were clearly displayed.

Infection prevention and control (IPC) and decontamination

The practice had appropriate arrangements in place to maintain high standards of infection prevention and control. An infection control policy and supporting procedures were available, and an effective cleaning schedule was in place. Hand hygiene facilities were suitable throughout the practice, with dedicated handwashing sinks available in

each surgery and within both decontamination rooms. The practice operated two separate decontamination rooms, which were adequate and functional for the number of surgeries they served. During discussions, the practice advised that any future refurbishment may provide an opportunity to develop a larger, centralised decontamination facility to further support best practice.

The environment was maintained in a good state of repair and supported effective cleaning and infection control processes. Patients commented:

“The practice is always clean and tidy.”

“Have seen communal areas and treatment rooms being cleaned while waiting for treatments. Staff in the treatment rooms are always wearing aprons, masks and gloves and wipe chairs in between patients.”

A designated infection control lead had been appointed, and occupational health support was available to staff, including support relating to vaccinations and sharps injuries.

The practice had implemented appropriate measures to reduce the risk of sharps injuries. Safety-engineered syringes were used throughout the practice, and staff demonstrated an awareness of the sharps injury protocol. Systems were in place to ensure reusable instruments and equipment were appropriately cleaned, decontaminated and stored. Records confirmed that periodic testing and routine maintenance of decontamination equipment were completed in accordance with relevant guidance. Daily surgery and equipment checks were undertaken and documented. Pre-sterilisation cleaning processes were observed and found to be appropriate, with instruments inspected using illuminated magnification before sterilisation. During the inspection, staff were advised to consider recording water temperature checks for each use rather than once daily to strengthen existing arrangements.

Autoclave records, maintenance documentation and inspection certificates were reviewed and found to be satisfactory. Instruments were transported safely between surgeries and decontamination areas using clearly labelled, lockable containers for clean and contaminated items. Instrument processing was carried out separately from other clinical activities. Start-of-day and end-of-day checks for decontamination equipment were being completed and documented, and dental impressions were disinfected appropriately within surgeries. Regular infection control audits were undertaken, and staff had received training and demonstrated competence in decontamination procedures.

Appropriate arrangements were also in place for the handling and disposal of waste generated by the practice. Records confirmed that contracts were in place for the disposal of clinical waste, amalgam, extracted teeth, gypsum products, sharps, pharmaceutical waste and domestic waste. Clinical waste was stored securely in a

locked external storage unit that was inaccessible to the public. Appropriate arrangements were in place for the storage and management of substances subject to the Control of Substances Hazardous to Health (COSHH) regulations. No laundry facilities were provided on site.

Medicines management

The practice had robust arrangements in place for the safe management of medicines. A medicines management policy was available, supported by clear procedures for the ordering, recording, handling, storage, administration, dispensing and disposal of medicines. Medicines ordering processes included appropriate oversight and checks by senior staff members. Records of medicines administered were maintained, and patients were provided with information and advice about prescribed medicines where appropriate.

Systems were in place to ensure the safe storage and security of medicines and prescription pads. Emergency medicines and equipment were securely stored in a designated area, and prescription pads were kept in locked storage. Staff were aware of how to report concerns relating to adverse drug reactions through the Yellow Card Scheme, and supporting information was displayed within staff areas. Signs were displayed throughout the practice reminding patients to inform staff of any changes to their medical history, and patients were also asked to update this information before appointments.

Appropriate arrangements were in place for the management and disposal of controlled drugs, including the use of a denaturing kit. Medicines requiring refrigeration were stored in a dedicated medicines refrigerator, with temperatures checked and recorded daily. A secondary refrigerator was available as a contingency should equipment fail or temperatures fall outside the recommended range.

Effective systems were in place to manage medical emergencies. Policies and procedures were available, reflected current national guidance and were subject to regular review. Staff demonstrated an awareness of emergency procedures and had received appropriate training in cardiopulmonary resuscitation (CPR), emergency resuscitation and the management of anaphylaxis. Emergency drugs and equipment were checked and were found to comply with national recommendations. All medicines inspected were within their expiry dates, and a robust checking system involving two members of staff was used to monitor stock and expiry dates.

The practice held an appropriate range of emergency resuscitation equipment, including oxygen, an automated external defibrillator (AED), airway management equipment and emergency medicines suitable for both adults and children. Equipment and medicines were checked regularly and maintained appropriately. Evidence was provided to demonstrate that oxygen cylinders were serviced and maintained in accordance with requirements, and incident reporting arrangements were in place

should any issues arise. The practice also had suitable first aid arrangements, including trained first aiders and a stocked first aid kit.

Safeguarding of children and adults

The practice had appropriate safeguarding arrangements in place to protect children and adults at risk. Safeguarding policies and procedures were available and included local contact details for reporting concerns. Staff had access to the Wales Safeguarding Procedures and information to support them in keeping up to date with child and adult protection guidance. During discussions, staff demonstrated a good understanding of safeguarding responsibilities and were aware of who to contact if they had concerns. Clear safeguarding flowcharts were available in each surgery, enabling staff to access key information quickly. Staff were able to describe the steps they would take to identify, respond to and report safeguarding concerns or allegations of abuse. The practice also provided mechanisms for staff to raise concerns anonymously, including the use of a QR code available in the staff room. Records confirmed that all staff had completed safeguarding training appropriate to their role.

Management of medical devices and equipment

The practice had appropriate arrangements in place to ensure clinical equipment was safe, well maintained and suitable for its intended purpose. Equipment throughout the practice was found to be of a good standard and in good working condition. Staff received training as part of their induction and ongoing professional development, and additional training was provided when new equipment was introduced. Reusable medical devices were handled, cleaned and decontaminated appropriately, and systems were in place to respond promptly to any equipment or system failures. Records confirmed that the air compressor was included within a maintenance programme and had been serviced in accordance with requirements.

The practice had effective arrangements in place to support the safe use of ionising radiation and demonstrated compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R). Appropriate employer procedures, policies and protocols were available and covered all key aspects of radiation protection, including patient identification, entitlement of duty holders, quality assurance, dose assessment, clinical evaluation, diagnostic reference levels and arrangements for managing unintended exposures. Information about the benefits and risks associated with dental X-rays was available in each surgery, and staff confirmed patients were provided with information before exposures were undertaken.

Appropriate support was available from a Medical Physics Expert (MPE), and radiation protection arrangements, including risk assessments, local rules and contingency plans, had been reviewed and maintained. Staff demonstrated an understanding of their roles and responsibilities under IR(ME)R and had received appropriate training. Duty holders were individually entitled, and records confirmed that staff who undertook

radiography were appropriately trained and competent. Incidental findings were recorded within patient records and escalated through established practice procedures where necessary.

Records reviewed during the inspection confirmed that X-ray exposures were justified, authorised and clinically evaluated. Relevant information, including non-standard exposure settings, was recorded within patient records. A quality assurance programme was in place for radiography equipment, procedures and image quality, and the practice had completed the HEIW Quality Improvement Tool for Ionising Radiation in June 2026. Digital radiographs were securely backed up through the practice's cloud-based patient management system.

The practice maintained a comprehensive inventory of radiography equipment and held up-to-date documentation relating to equipment testing, maintenance, quality assurance and radiation protection. Registration with the Health and Safety Executive (HSE), radiation risk assessments, Radiation Protection Adviser (RPA) reports, local rules and X-ray equipment testing records were all available and up to date. Staff were able to access local rules and guidance when required, and all X-ray isolation switches were clearly identified and labelled. Overall, the arrangements in place supported the safe, effective and compliant use of clinical and radiographic equipment.

Effective

Effective care

The practice had made appropriate arrangements to ensure the safe and effective assessment, diagnosis and treatment of patients. Evidence demonstrated that professional, regulatory and statutory guidance was followed when providing care and treatment. Staff worked within established policies and procedures to ensure patients received care that was safe, evidence-based and in accordance with current professional standards.

The practice used Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong-site tooth extractions and other avoidable errors during invasive procedures. This supported a consistent approach to patient safety and risk reduction.

Staff also demonstrated that they sought relevant professional advice and support when required. This helped ensure that patients received appropriate care and that complex cases or concerns could be managed safely and effectively.

Patient records

The practice had appropriate systems in place to support effective record keeping and records management. Patient records were managed electronically using a cloud-based patient management system, which enabled records to be stored securely and accessed when required. Policies relating to records management, consent, capacity

and information governance were available to support the safe management of patient information and uphold patients' rights.

The practice demonstrated compliance with data protection requirements and had arrangements in place to ensure patient information was stored securely. Historic paper records, including radiographs and photographs where applicable, were stored securely at a central records facility operated by the provider organisation. Electronic records were protected through cloud-based backup systems, and digital models and impressions were created using scanning technology, removing the need to store physical models on site.

Systems were in place to ensure referrals were appropriately monitored and followed up. Referrals were submitted through electronic referral systems and recorded within referral logs maintained in each surgery. Staff monitored referral outcomes and follow-up correspondence to ensure patients received appropriate onward care. The practice was also able to demonstrate processes for tracking suspected oral cancer referrals, with referrals being logged, monitored and followed up to ensure patients had been seen by secondary care services where appropriate.

Patient records were maintained to a high standard across the practice, with some clinicians demonstrating exemplary record keeping. The practice used Dentally, a cloud-based patient management system, alongside digital tools including KIROKU and an artificial intelligence-assisted radiography tool to support record keeping and clinical decision-making. Patient records could be accessed securely across all ten practices within the provider group, which facilitated continuity of care, internal referrals and the provision of emergency and urgent appointments when required.

The practice had systems in place to ensure records were managed securely and in accordance with data protection requirements. Policies relating to records management, consent and mental capacity were available and supported staff in upholding patients' rights. Historical records were stored securely through the provider's central records management arrangements, and electronic records were protected through cloud-based storage and backup systems.

Robust systems were in place for managing referrals and follow-up care. Referrals were submitted electronically, logged and monitored to ensure appropriate action was taken. Patients referred through internal provider pathways could access services across the wider group of practices, supporting timely access to care. The practice was also able to demonstrate effective processes for monitoring and following up referrals for suspected oral cancer.

Efficient

Efficient

The practice had arrangements in place to ensure services were delivered efficiently while maintaining high standards of patient care. The clinical team included a dental hygienist and a dental therapist, which supported the effective management of treatment pathways and enabled patients to access care from the most appropriate member of the dental team. This helped make best use of clinical resources and supported timely patient care.

Arrangements were in place to support patients requiring urgent dental treatment. Outside normal opening hours, the practice's answerphone service directed patients to NHS 111 or the local emergency dental service, ensuring they could access advice and urgent care when required.

The facilities and premises were appropriate for the services provided and supported the delivery of safe and effective care. Systems were also in place to manage appointment cancellations and offer newly available appointments to other patients, helping to maximise appointment capacity and improve access to services.

Clinical sessions were used efficiently and the practice had sufficient numbers of clinicians to meet the needs of the patient population.

Quality of Management and Leadership

Staff Feedback

We received five completed staff questionnaires. Overall, staff feedback was very positive and indicated that employees felt well supported, appropriately trained and able to deliver high-quality care to patients.

All respondents confirmed they had received appropriate training for their role, including mandatory and role-specific training, and all had received an appraisal or development review within the previous 12 months. Staff reported that they had suitable facilities, equipment and information technology systems available to support them in carrying out their duties effectively.

Feedback demonstrated a strong commitment to patient-centred care. All respondents strongly agreed that patients' privacy and dignity were maintained, that patients were involved in decisions about their care, and that they were satisfied with the quality of care they provided. All staff also strongly agreed that patient care was the practice's top priority and stated they would be happy with the standard of care provided if a friend or relative required treatment at the practice.

Staff reported positive experiences of working within the practice. All respondents agreed or strongly agreed that there were sufficient staff and an appropriate skill mix to enable them to undertake their roles effectively. Staff also felt supported in relation to their health and wellbeing, with all respondents reporting that their job was not detrimental to their health and that the practice took positive action to support staff wellbeing and work-life balance.

Responses indicated a positive safety culture. All staff understood their responsibilities under the Duty of Candour, felt encouraged to raise concerns when things went wrong, and reported that the practice promoted the reporting of incidents, near misses and errors. Staff also confirmed that feedback and learning from incidents were shared with the team.

The survey results also reflected a positive and inclusive workplace culture. No respondents reported experiencing discrimination within the previous 12 months. All respondents agreed that staff had equal access to workplace opportunities and that the practice was supportive of equality and diversity.

The following anonymised comments demonstrated the positive culture within the practice:

"The practice is well organised, appointments run efficiently and we feel listened to and treated with respect."

"Great teamwork which allows the greatest care given to patients, very patient friendly ensuring that patients are aware of treatment required or any concerns

that could occur during treatment.”

“We have a great team work ethic and are able to utilise each member for their individual strengths. There is a place for everyone in our practice and it’s reflected in patient feedback regularly.”

Leadership

Governance and leadership

The practice had a clear management structure in place and staff demonstrated a good understanding of their roles and responsibilities. A Statement of Purpose was available and had been reviewed within the previous 12 months. The practice had recently completed a Maturity Matrix Dentistry assessment in June 2026 as part of its commitment to service development and quality improvement.

Evidence showed that regular team meetings were held on a monthly basis and attended by all staff. Meeting minutes were shared electronically via a QR code distributed through the practice’s staff communication group and displayed on a noticeboard in the staff room. Staff were required to review the minutes and confirm their understanding, ensuring that those unable to attend meetings remained informed of any updates, changes or actions arising.

Effective governance, leadership and accountability arrangements were in place and were appropriate for the size and complexity of the service. Leaders demonstrated the skills, knowledge and experience required to fulfil their roles, and systems were in place to identify, record and manage risks. Safety notices and guidance received from organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA) and Welsh Government were reviewed by senior staff and disseminated to the wider team through established communication channels.

The practice maintained an effective system for managing policies and procedures through an electronic document management system. Staff could access all policies and procedures and were required to review them as part of their responsibilities. Policies were reviewed regularly, with the system facilitating annual reviews and communication of updates to staff.

Workforce

Skilled and enabled workforce

The practice had arrangements in place to ensure there was an appropriate number of suitably trained and qualified staff available to meet patients’ needs. Staffing rotas were planned to include additional staff cover to help manage annual leave and sickness absence. The practice was also supported by a wider network of ten practices, providing access to additional staff when required. The practice did not employ

temporary or agency staff, which helped maintain continuity of care for patients.

Systems were in place to ensure staff maintained their professional registration and training requirements. Information regarding continuing professional development and General Dental Council (GDC) registration was communicated through the practice's electronic management systems and staff communication channels. The practice supported staff with GDC registration fees and reimbursement processes.

Staff described a positive and supportive working culture, with an open-door approach to management and opportunities to discuss concerns through team meetings and established communication systems. Additional support was available through the organisation's human resources platform and employee assistance programme. A whistleblowing policy was available to staff through the electronic document management system and was also displayed in the staff room. Staff told us they felt confident and able to raise concerns if required.

Arrangements were in place to support staff development, supervision and training. Annual appraisals were undertaken, and clinical supervision and mentoring were available where appropriate. Staff had access to mandatory and role-specific training through the organisation's electronic learning system, with separate arrangements in place for CPR and first aid training. A structured induction programme was in place for all new staff, including completion of an induction checklist, protected induction time and a probationary period with regular reviews. Performance issues were monitored through audit activity and other governance processes and were addressed when identified.

The practice had robust recruitment procedures in place to ensure staff met fitness-to-work requirements. Recruitment processes included advertising vacancies, shortlisting, interviews, pre-employment checks, Disclosure and Barring Service (DBS) checks and obtaining references before employment commenced.

Culture

People engagement, feedback and learning

The practice actively sought and responded to feedback from patients to support continuous improvement. Patients were able to provide feedback through a variety of methods, including online reviews accessed via QR codes, patient satisfaction questionnaires and a suggestion box located in the reception area. Information demonstrating how the practice had responded to feedback was displayed in waiting areas through 'You Said, We Did' and 'What We Did Right' notices. Patient feedback was monitored regularly through an electronic feedback system, with questionnaires sent to patients following appointments and responses reviewed by the practice management team. The practice was able to demonstrate that changes had been made as a result of patient feedback. For example, following comments requesting clearer

information about treatment costs, the practice introduced a process whereby treatment plans and fee breakdowns were reviewed and signed by patients before leaving the practice.

The practice had appropriate arrangements in place to manage complaints effectively. A complaints procedure was readily available to patients and was accessible within surgeries and patient information folders located in waiting areas. The procedure included information about how to make a complaint, expected response times, sources of support and advocacy, and the process to follow where local resolution could not be achieved. Responsibility for managing complaints had been assigned to a named individual, with appropriate cover arrangements in place during periods of absence. Complaint records were maintained, and verbal concerns could also be documented and managed through the incident reporting system. Although the practice had not received any formal complaints, systems were in place to identify and address any emerging themes should they arise.

The practice was aware of its responsibilities under the Duty of Candour. A Duty of Candour policy was in place and clearly outlined staff roles and responsibilities. Staff demonstrated an understanding of the requirements of the Duty of Candour, including the importance of being open and honest with patients when things go wrong. Records confirmed that staff had received appropriate training and were encouraged to raise concerns and communicate openly with patients in line with the principles of the Duty of Candour.

Information

Information governance and digital technology

The practice had systems in place to record and manage patient safety incidents. Adverse incidents were recorded electronically through the practice's management system, enabling incidents to be documented, reviewed and monitored. Staff were able to provide an example of a recent incident where emergency oxygen had been administered to a patient. Information relating to patient safety incidents was shared with staff through team meetings to promote learning and awareness across the practice. The arrangements in place supported the reporting and discussion of incidents and helped ensure that relevant information was communicated to the wider team.

Learning, improvement and research

Quality improvement activities

The practice demonstrated a commitment to continuous quality improvement through a structured quality assurance programme and regular audit activity. Staff told us the practice participated in annual quality improvement initiatives and worked closely with

other practices within the organisation to share learning and good practice. Clinical and non-clinical audits were undertaken regularly to monitor performance and identify opportunities for improvement.

Audits included antimicrobial prescribing, disability access, data protection (GDPR), hand hygiene, infection prevention and control, record keeping, healthcare waste management and waiting times. The practice had also completed health and safety audits and an audit relating to smoking cessation. Clinical staff had received training in providing Brief Interventions for Smoking Cessation, enabling them to support patients in improving their oral and general health.

The practice promoted shared learning and professional development through peer review arrangements within the practice and across the wider provider organisation. Staff also benefited from links with dental foundation training practices within the provider group, which provided opportunities for discussion, professional support and peer review amongst clinicians.

The most recent clinical audit completed by the practice was the Health Education and Improvement Wales (HEIW) antimicrobial prescribing audit in May 2026. The practice also undertook regular record keeping audits to monitor the quality of patient records and ensure documentation standards were maintained.

Evidence demonstrated that the practice actively engaged with quality improvement initiatives provided by Health Education and Improvement Wales (HEIW) and used these tools to support service development and ongoing improvements.

Whole-systems approach

Partnership working and development

The practice worked collaboratively with a range of healthcare partners to support the delivery of safe and effective patient care. Staff liaised with external organisations and healthcare professionals, including safeguarding teams, general medical practitioners, secondary care services and other healthcare providers, when required. The practice also actively engaged with local dental cluster groups, which enabled the practice to share learning, remain informed about developments within primary care services and contribute to wider healthcare initiatives.

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: Rhoose Dental

Date of inspection: 21 July 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 found on this 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: Rhoose Dental

Date of inspection: 21 July 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.	No areas for improvement were found on this inspection.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date: