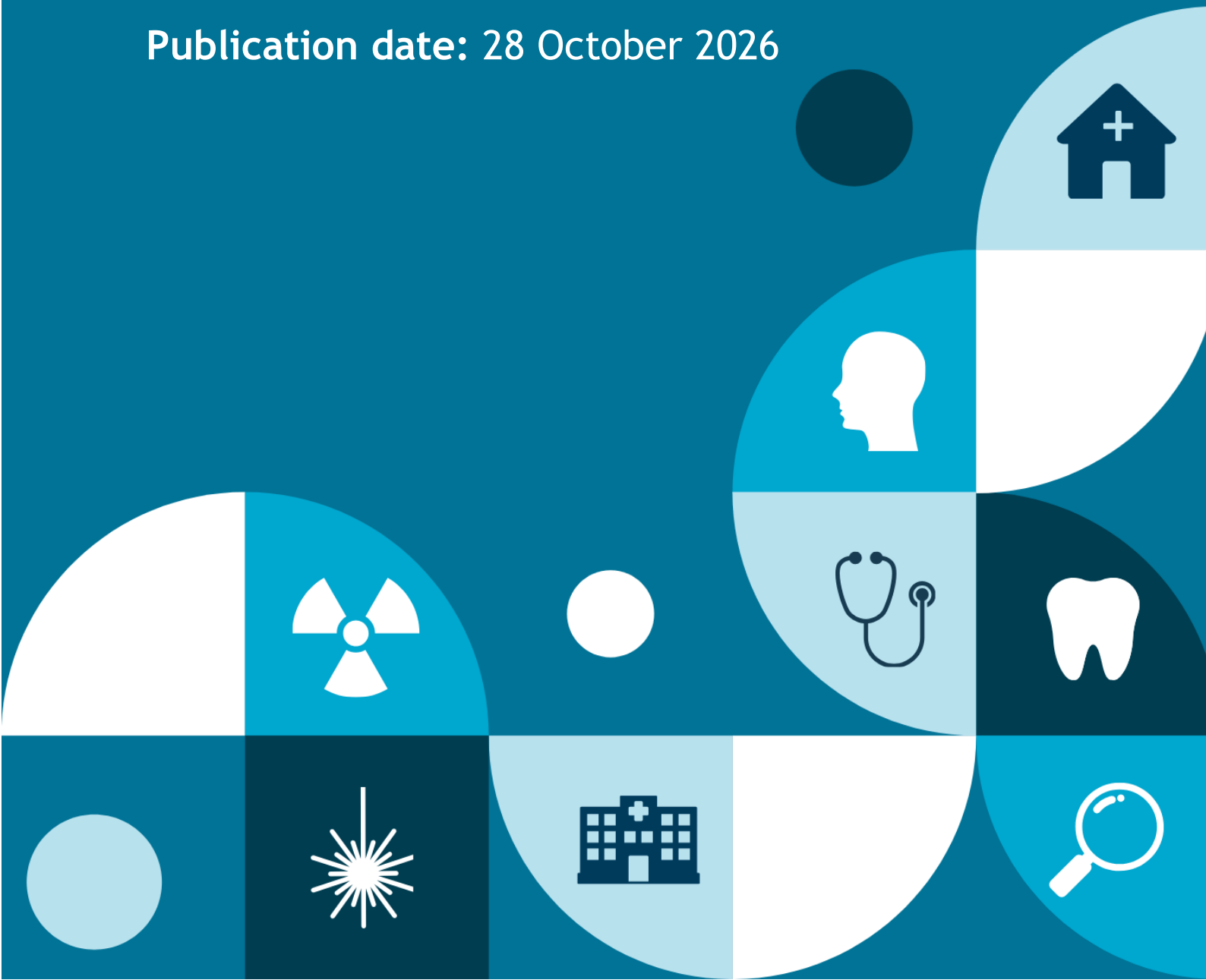
Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

East Street Dental Centre, Cardiff and Vale University Health Board

Inspection date: 28 July 2026

Publication date: 28 October 2026



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Digital ISBN 978-1-80853-603-8

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

Our Purpose

We check the safety and quality of healthcare across Wales.

Our Vision

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

Our Values

We place people at the heart of what we do.

We are:

Independent – we are impartial, deciding what work we do and where we do it.

Objective - we are reasoned, fair and evidence driven.

Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find.

Inclusive - we value and encourage equality and diversity through our work.

Proportionate - we are agile and we carry out our work where it matters most.

Our Priorities

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

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

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

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



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an announced inspection of East Street Dental Centre, Llantwit Major, Cardiff and Vale University Health Board on 28 July 2026.

Our team for the inspection comprised of a HIW healthcare inspector and a 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 nine questionnaires were completed by patients or their carers and four were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that the practice provided person-centred care and promoted patients' oral health through the provision of a range of information and resources. Patients had access to clear information about services, treatment options, costs, opening hours and emergency arrangements. Information about the dental team, including GDC registration numbers, was readily available both within the practice and through the patient information leaflet.

The practice demonstrated a commitment to maintaining patients' dignity, privacy and confidentiality. Clinical room doors were kept closed during consultations and treatment, confidentiality agreements had been signed by staff, and arrangements were available to facilitate private conversations when required.

We found that patients had timely access to care and treatment. Emergency appointments were available each day and patients with the most urgent needs were prioritised appropriately. Patients were informed of delays and offered alternative appointments where necessary. The average waiting time for routine treatment appointments was approximately two weeks.

The practice had taken steps to support communication and equality. Bilingual information was available, translation services could be accessed through Language Line and Google Translate, and support was provided for patients who did not have access to digital services. Staff demonstrated an understanding of the importance of communicating with patients in their preferred language and ensuring patients were treated fairly and with respect. We also found evidence that the rights of transgender and non-binary patients were supported through the recording of preferred names and pronouns.

This is what the service did well:

- The practice provided clear and accessible information to patients regarding oral health, treatment options, costs and how to access urgent dental care
- Effective arrangements were in place to maintain patients' dignity, privacy and confidentiality, including private consultation areas and signed staff confidentiality agreements
- The practice demonstrated a strong commitment to equality and inclusion through the use of translation services, bilingual information and personalised support for patients with differing communication needs.

Delivery of Safe and Effective Care

Overall summary**:**

We found that the practice had appropriate arrangements in place to support the delivery of safe, effective and efficient care. The premises were generally well maintained, suitably equipped and supported the safe provision of dental services. Comprehensive arrangements were in place for risk management, health and safety, fire safety, safeguarding, medicines management, infection prevention and control, and the maintenance of clinical equipment.

The practice demonstrated a proactive approach to managing risks and maintaining patient safety. Health and safety assessments, fire risk assessments, equipment servicing and emergency preparedness arrangements were all in place and supported by appropriate policies and procedures.

We found that infection prevention and control arrangements were generally effective. Staff followed recognised decontamination processes, equipment testing and maintenance records were maintained, and waste was appropriately segregated and disposed of. However, a small number of improvements were identified relating to the use of personal protective equipment during instrument cleaning, the storage of RO water tubing and infection control record keeping.

Medicines management arrangements were generally robust. Medicines were stored securely, emergency medicines and equipment were available, and staff had appropriate training in managing medical emergencies. During the inspection, an issue was identified in relation to paediatric midazolam; however, the practice acted immediately and provided evidence the following day that the appropriate medication had been obtained.

Safeguarding arrangements were strong. Staff had completed the required training, safeguarding policies and procedures were available, and staff demonstrated a good understanding of their responsibilities in identifying and reporting concerns relating to children and adults at risk.

Clinical equipment, including radiographic equipment, was maintained appropriately. Robust governance arrangements were in place to ensure compliance with IR(ME)R regulations, and patient records demonstrated that radiographs were justified, authorised and clinically evaluated. An issue relating to scratched phosphor plates was identified and addressed on the day of the inspection through replacement of the plates.

We found evidence that patients received effective care and treatment. Patient records reviewed demonstrated appropriate assessment, diagnosis, treatment planning and record keeping. The practice also had effective arrangements to monitor referrals,

including suspected oral cancer referrals, which were followed up proactively and discussed at staff meetings.

The practice operated efficiently, with effective referral pathways, systems for managing urgent appointments, and processes to maximise appointment availability through the use of cancellation lists and timely follow-up.

This is what we recommend the service can improve:

- The practice must ensure that the walls in surgery one are repaired and redecorated to maintain a suitable clinical environment
- The registered provider must ensure that a dedicated medicines refrigerator is used for the storage of medicines and that medicines are not stored alongside food
- The registered provider must strengthen aspects of infection prevention and control by ensuring appropriate PPE is worn during instrument cleaning, RO tubing is stored appropriately and water line testing records are maintained within the practice's formal governance systems.

This is what the service did well:

- The practice demonstrated strong safeguarding, risk management and emergency preparedness arrangements, supported by comprehensive policies, staff training and regular monitoring
- Robust systems were in place for the management of referrals, including proactive follow-up of suspected oral cancer referrals, which represented notable good practice
- The practice responded promptly to issues identified during the inspection, including obtaining the appropriate paediatric dose of midazolam and replacing scratched phosphor plates on the day of the inspection.

Quality of Management and Leadership

Overall summary:

We found that the practice had effective leadership, governance and workforce arrangements in place to support the delivery of safe and high-quality care. Clear management structures defined responsibilities and appropriate accountability arrangements were evident throughout the service. The practice demonstrated a commitment to continuous improvement through participation in recognised quality improvement programmes, regular audits and the use of governance systems to monitor risks, incidents and service performance.

Leaders were visible and accessible, and staff described a positive and supportive culture where concerns could be raised openly. Regular team meetings were held and provided opportunities to discuss patient feedback, audits, significant events, complaints and operational matters. Policies and procedures were regularly reviewed, and staff were required to confirm that they had read and understood relevant guidance.

The practice maintained appropriate staffing levels and had effective recruitment, induction and training arrangements in place. Staff records demonstrated good compliance with mandatory training, professional registration requirements and pre-employment checks. A training matrix was used to monitor compliance and support workforce development.

The practice actively sought and reviewed patient feedback through a variety of methods, including questionnaires, online reviews and a comments and concerns log. Feedback was discussed at team meetings and used to inform service improvements. Clear complaints and Duty of Candour arrangements were also in place, and staff demonstrated an understanding of their responsibilities when concerns arose.

We found strong information governance processes and systems for recording and sharing patient safety information. The practice also engaged in a range of quality improvement activities, including HTM 01-05, antimicrobial prescribing and mouth cancer audits. Partnership working was evident through attendance at dental cluster meetings and collaboration with a range of healthcare professionals and organisations to support patient care.

This is what we recommend the service can improve:

- The practice should ensure that documented appraisal records for all staff, including dentists, are maintained and readily available for review
- The practice should formally document peer review discussions.

This is what the service did well:

- The practice demonstrated strong leadership and governance arrangements, supported by regular team meetings, effective risk management processes and a clear commitment to quality improvement
- Staff training, recruitment and workforce oversight were well managed, with good compliance demonstrated through training records, professional registration checks and structured induction arrangements
- The practice actively engaged in quality improvement activities and maintained effective relationships with external healthcare partners to support patient care and shared learning.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, patient feedback was positive and demonstrated a high level of patient satisfaction with the care and services provided. Satisfaction with the service was excellent, with all respondents rating the service as ‘very good’.

Additional patient comments highlighted the professionalism, kindness and supportive nature of staff. Comments included:

> *"[Name] my dentist is the best I've ever been to. She's very patient and sympathetic when she puts up with my poor gag reflex. I was able to have an X-ray for the first time."*
>
> *"I am very anxious about dentists, but X was great in reassuring me."*
>
> *"Exceptionally helpful and friendly staff at all times."*
>
> *"X the dentist is so lovely and professional."*

All respondents stated that they felt able to access the right healthcare at the right time regardless of their individual circumstances or protected characteristics.

Person-Centred

Health promotion and patient information

We found that the practice promoted good oral health by making a range of health promotion information available to patients within the practice. This included information on oral health benefits, smoking cessation, teeth whitening, Invisalign treatment and Denplan Care.

Patients were provided with relevant and up-to-date information about the services available at the practice. The practice's statement of purpose and patient information leaflet were available on the practice website. Information about treatment charges was clearly available to patients through the patient information leaflet and in information folders located at reception.

Patient feedback from HIW’s patient questionnaire indicated that they were well informed throughout their treatment journey. All respondents either strongly agreed or agreed that they had received sufficient information about available treatment options, the risks and benefits of treatment, treatment costs and the review of their medical history prior to treatment. All respondents strongly agreed that they had received

appropriate aftercare advice to help maintain good oral health. Most respondents also reported receiving clear information about what to do in the event of an infection or emergency and how to raise any concerns or complaints about the service.

We saw that details of the dental team, including General Dental Council (GDC) registration numbers, were displayed prominently at the entrance to the practice and were also included within the patient information leaflet. Practice opening hours and emergency and out-of-hours contact information were displayed in a visible location at the practice entrance and were also available in the patient information leaflet.

Dignified and respectful care

We found that the practice took steps to protect patients' dignity and confidentiality. Evidence was available to show that staff had signed confidentiality agreements, with a signed agreement seen in a staff file.

We observed that clinical room doors were kept closed during consultations and treatments, which helped maintain patients' privacy. Staff told us that although telephone calls were usually taken at reception, alternative arrangements were available for confidential conversations, including using a spare surgery or a private area such as the kitchen when required.

We saw that the General Dental Council's nine ethical principles were displayed on the reception desk, promoting professional standards and patient-centred care.

Feedback from HIW's patient questionnaire relating to patient care was particularly positive. All respondents strongly agreed that staff treated them with dignity and respect, explained procedures throughout appointments, listened to their concerns and explained oral health matters in a way they could understand. In addition, all respondents stated they were involved as much as they wished to be in decisions about their treatment.

Timely

Timely care

We found that the practice had arrangements in place to keep patients informed about waiting times and any delays. Patients were advised of delays while in the waiting area, and where delays were expected to be significant, staff offered patients the option to rebook their appointment. Dentists also used the practice management system to monitor appointment schedules and communicate delays.

The practice did not offer online appointment booking. Patients accessed appointments by telephone or by attending the practice in person.

We found that patients could access emergency dental care by contacting the practice. The practice reserved two emergency appointment slots each day, one in the morning

and one in the afternoon, to accommodate patients requiring urgent treatment.

Patients with the most urgent care needs were prioritised according to the severity of their condition. Patients experiencing significant pain, facial swelling or symptoms affecting their ability to sleep were offered same-day emergency appointments. Patients whose needs were considered less urgent were offered appointments at the earliest available opportunity, usually the following day.

The average waiting time between treatment appointments was approximately two weeks. We were told that the practice was aware of potential pressures on appointment availability due to changes in a dentist's working pattern and was planning adjustments to appointment scheduling to help manage demand and minimise waiting times.

Appointments were available from 8:30am until 5:00pm. Although the practice did not offer late evening appointments, after-school appointments were available to support patients who required appointments outside of school hours.

All respondents to HIW's patient questionnaire reported that it was very easy to obtain an appointment when needed and all stated they knew how to access the out-of-hours dental service if they required urgent care.

Equitable

Communicating and language

We found that the practice had taken steps to support communication with patients and to promote access to services in both Welsh and English. A range of bilingual information was available, including the patient information leaflet and complaints procedure. We were informed that the practice owner was able to speak Welsh, although no other Welsh-speaking staff were employed at the practice. Bilingual signs, posters and reading materials were available throughout the practice.

The practice did not currently provide patient information in alternative formats such as large print, easy read, Braille or audio. The practice may wish to consider how information could be made available in alternative formats, where required, to support patients who may have different communication needs. We found that arrangements were in place to support patients whose first language was not English. Staff had access to Language Line and Google Translate, and signage was displayed to inform patients that translation support was available.

Staff demonstrated an understanding of the importance of communicating with patients in their preferred language to support the delivery of safe and effective healthcare.

The practice also had measures in place to support patients who did not have access to digital technology. New patients were able to complete registration forms at the

practice, letters could be used as an alternative method of communication, and staff supported patients who required assistance completing paperwork, particularly older patients.

Rights and equality

We found that the practice promoted equality and diversity through staff training and the implementation of an equality and diversity policy. Staff told us that all patients were treated fairly and with respect, regardless of their personal circumstances or protected characteristics.

We found examples of reasonable adjustments being made to support individuals with different needs. The practice considered patients' personal preferences and ensured that patient records on the practice management system were updated to reflect individual requirements. The practice was located on the first floor and was accessed via a flight of stairs. There was no alternative step-free access. We saw that this information was clearly highlighted within the Patient Information Leaflet and that prospective patients were informed of the access arrangements when registering with the practice.

Whilst most respondents to HIW's patient questionnaire felt the premises were accessible, three respondents indicated that accessibility was either only partial or not available. One patient commented that the practice was:

> *"Not wheelchair friendly. First floor premises."*

We saw evidence that the rights of transgender and non-binary patients were respected. Staff told us that patients were asked about their preferred name and pronouns during registration and that patient records were updated accordingly. This helped ensure patients were addressed in a manner that reflected their identity and preferences.

Delivery of Safe and Effective Care

Safe

Risk management

We found that the practice environment was generally fit for purpose and provided suitable facilities for the delivery of dental care. The premises were in a satisfactory state of repair internally and externally, although we noted that the walls in surgery one required refurbishment to improve the overall condition of the clinical environment.

The practice must ensure that the walls in surgery one is repaired and redecorated to maintain the premises in a good state of repair and provide an appropriate clinical environment for patients and staff.

The practice consisted of two treatment rooms which were appropriately sized and equipped. There was a large waiting area with sufficient seating available for patients, and the size of the waiting room was appropriate for the number of surgeries within the practice.

We found that the general condition of the premises was satisfactory. Lighting, heating, ventilation, cleanliness and signage were all suitable and supported the safe and effective operation of the service.

Staff told us they changed in a private area within the kitchen, which could be secured, and storage was available for personal belongings in a dedicated cupboard.

Patient toilet facilities were clean, appropriately signposted and equipped with suitable handwashing, drying and sanitary disposal facilities.

A comprehensive health and safety risk assessment was in place and arrangements existed to identify, assess and manage risks within the practice. We saw evidence that the practice had policies and procedures to ensure the premises remained fit for purpose, risks were appropriately managed, the health and safety of patients and staff were protected, and emergency contingency arrangements were in place to support the continued safe operation of the service.

Valid Portable Appliance Testing (PAT) records and a current electrical installation inspection and testing report were available.

We saw that valid employers' liability and public liability insurance certificates were displayed in the waiting area and were in date. A completed health and safety poster was displayed in the staff kitchen with the relevant details appropriately completed.

We found that the practice had appropriate fire safety arrangements in place. An up-to-date fire risk assessment had been completed and was supported by an action plan to address any identified risks. The practice also had a fire safety equipment maintenance

contract in place, and records demonstrated that fire detection equipment was tested regularly.

Although the practice had only one means of access and escape, a comprehensive fire risk assessment had been undertaken, and no concerns had been identified regarding evacuation arrangements. Staff had completed fire safety training, regular fire drills were undertaken, and fire safety precautions were reviewed at least annually.

Fire extinguishers were available throughout the practice, including within each treatment room and the reception area, and evidence of servicing was available. Fire action notices, fire exit signage and no-smoking signage were clearly displayed throughout the premises.

Infection prevention and control (IPC) and decontamination

We found that the practice had arrangements in place to support effective infection prevention and control. An infection control lead had been identified, and staff had access to occupational health support through the Cardiff and Vale University Health Board for vaccinations and the management of sharps injuries. Staff were aware of the sharps injury protocol, and information was displayed within clinical areas alongside emergency contact details.

The practice used a combination of safer sharps devices and Jenker re-sheathing devices to reduce the risk of sharps injuries. We found that appropriate arrangements were in place for the decontamination and storage of reusable instruments. A dedicated decontamination room was available, and instruments were transported between treatment rooms and the decontamination area in lidded, labelled containers which were cleaned between uses.

Pre-cleaning of instruments was undertaken using manual scrubbing and an ultrasonic cleaner. We reviewed decontamination records and found evidence that periodic testing of equipment was undertaken in accordance with relevant guidance, including foil and protein residue testing. Daily maintenance checks and start-of-day and end-of-day checks were completed and recorded in logbooks. Daily surgery checklists were displayed within the treatment rooms.

The practice used autoclaves appropriately, and sterilisation cycle records were recorded electronically and stored automatically on a computer system. We saw a current inspection certificate for the autoclaves. Infection prevention and control audits had also been completed, and recommendations arising from the audits had been identified and acted upon.

Appropriate arrangements were in place for the segregation, storage and disposal of waste. Waste disposal contracts were in place for clinical waste, medicines and other waste streams. Clinical waste was stored securely in a locked external waste container. Staff were responsible for laundering their own uniforms.

During the inspection we identified a small number of areas where infection prevention and control arrangements could be strengthened. We observed that a disposable plastic apron was not worn during a demonstration of the instrument cleaning process. We also noted that the reverse osmosis (RO) filter tubing and dispenser tubing were stored within the decontamination room handwashing sink, which created a potential contamination risk and reduced access to the sink for hand hygiene purposes.

We were advised that instrument cleaning solution was not routinely measured before use to ensure the correct concentration in accordance with the manufacturer's instructions, resulting in inconsistent dilution. In addition, dip-slide test results for dental unit water lines were shared through a WhatsApp group rather than being retained within a formal record-keeping system.

The practice must:

- **Ensure that all appropriate personal protective equipment, including disposable aprons, is worn during the cleaning and decontamination of instruments**
- **review the arrangements for the RO water filtration system to ensure tubing is not stored within the handwashing sink and consider connecting the system directly to the mains water supply to minimise contamination risks**
- **Ensure that instrument cleaning solutions are measured accurately in accordance with the manufacturer's instructions to achieve the correct concentration and effective decontamination**
- **Ensure that records of dental unit water line testing are maintained within the practice's formal governance and record-keeping systems.**

Patients who responded to HIW's patient questionnaire gave positive feedback regarding the cleanliness of the practice. All respondents described the practice as very clean, and all felt that infection prevention and control measures were being followed appropriately.

Medicines management

We found that the practice had arrangements in place to support the safe management of medicines. A medicines management policy and associated procedures were available to guide the ordering, recording, handling, storage, administration and disposal of medicines used within the practice. Medicines requiring disposal were removed through the practice's clinical waste contractor.

Records of medicines administered were maintained. We saw that antibiotics prescribed or supplied were recorded in a logbook together with the relevant prescription number. Patients were routinely asked about changes to their medical history during appointments to ensure information relating to prescribed medicines

remained up to date.

The practice had arrangements in place to support the reporting and management of adverse drug reactions and staff were aware of the processes to follow should concerns arise. Prescription pads and medicines were stored securely, and medicines requiring refrigeration were subject to regular temperature monitoring. Fridge temperatures were recorded and action was taken if temperatures fell outside the recommended range. However, we found that medicines were stored within a refrigerator that was also used for food storage. This did not reflect best practice for the safe storage of medicines.

The practice must ensure that medicines are stored in a dedicated medicines refrigerator and are not stored alongside food items.

The practice had appropriate arrangements in place for the management of controlled drugs, including disposal through its waste management contractor.

We found that the practice had arrangements in place to manage medical emergencies. Appropriate policies and procedures were available, including guidance on contacting emergency services, and these were based on current national guidance. Staff were aware of the practice's emergency procedures and had completed training in cardiopulmonary resuscitation (CPR), including the management of anaphylaxis.

Emergency medicines were available and generally met national guidance. However, we noted that the oromucosal midazolam held by the practice was suitable for adults and children aged 10 years and over only. Appropriate formulations and dosages should be available to meet the needs of all paediatric patients in line with national guidance. During the inspection, the practice immediately ordered the appropriate paediatric dose of midazolam. We received confirmation from the practice the following day that the correct medication had been obtained, providing assurance that this issue had been addressed promptly. More details can be found in Appendix A.

We examined the emergency equipment and found it to be available, appropriately maintained and within expiry dates. This included oxygen, an automated external defibrillator (AED), airway management equipment and emergency oxygen delivery systems. The practice used BOC oxygen cylinders and staff had access to the BOC online training programme. Evidence was available to demonstrate that oxygen cylinder management and servicing arrangements were in place.

We found that a first aid kit was available, appropriately stocked and within date. There were two trained first aiders working within the practice.

Safeguarding of children and adults

We found that the practice had appropriate safeguarding arrangements in place to support the protection of children and adults at risk. Safeguarding policies and procedures were available and included up-to-date local contact details for reporting

concerns. We also saw that the Wales Safeguarding Procedures were accessible to staff.

The practice ensured that staff were able to access current guidance relating to safeguarding through established procedures, the safeguarding application and NHS resources.

Discussions with staff demonstrated a good understanding of safeguarding responsibilities. Staff were able to describe who they would contact if they had concerns and told us they would refer to the safeguarding policy or seek support from the safeguarding leads. Staff were also able to explain the steps they would take to identify, respond to and report concerns or allegations of abuse.

We were told that staff received support from the practice manager when safeguarding concerns arose and could also access additional wellbeing support through NHS services if required.

We found that all staff had completed safeguarding training appropriate to their roles for both children and adults. This helped to ensure staff had the knowledge and confidence to recognise and respond appropriately to safeguarding concerns.

Management of medical devices and equipment

We found that clinical equipment was safe, suitable for its intended purpose and maintained appropriately. Staff demonstrated familiarity with the equipment used within the practice and had received the training necessary to use equipment safely and effectively. Reusable medical devices were handled, disinfected and maintained in line with established decontamination procedures.

Arrangements were in place to respond promptly to any equipment or system failures. We saw evidence that the air compressor had been serviced within the previous 12 months and a valid maintenance certificate was available for review.

We found that the practice had appropriate arrangements in place to ensure the safe use of ionising radiation. The practice received support from a Medical Physics Expert through Dental Directory and maintained a comprehensive Radiation Protection File containing the required documentation.

IR(ME)R employer procedures, protocols and policies were available and supported the safe and effective use of radiographic equipment. These included procedures for correctly identifying patients, defining the roles of referrers, practitioners and operators, quality assurance processes, diagnostic reference levels, patient dose assessment, clinical evaluation and the management of accidental or unintended exposures.

Patients were provided with information regarding the benefits and risks associated with X-ray exposure. We saw information displayed within treatment rooms to support

discussions with patients about the risks and benefits of radiographic examinations.

Staff demonstrated an awareness of their responsibilities under IR(ME)R. Evidence was available to confirm that relevant staff had completed IR(ME)R training and were individually entitled to carry out their designated roles. Clinical evaluation of radiographs was routinely completed and recorded within patient records.

The practice had a quality assurance programme in place for radiographic equipment and image quality. Clinical audit results were reviewed regularly, and feedback was provided to clinicians to support continuous improvement. Patient records demonstrated that each exposure was justified, authorised and clinically evaluated.

An up-to-date inventory of radiographic equipment was maintained within the Radiation Protection File. Relevant equipment reports, maintenance records, critical examination reports and quality assurance certificates were available for review. Local rules were displayed within each surgery, and staff knew how to access them.

The practice had registered with the Health and Safety Executive for work involving ionising radiation and had completed a radiation risk assessment. Staff who were required to do so wore personal dosemeters and records showed no significant radiation exposure. The practice received support from a Radiation Protection Adviser through Dental Directory and had arrangements in place for maintenance, testing and incident reporting.

During the inspection, some phosphor plates showed signs of scratching, which had the potential to affect image quality. The practice informed us that replacement plates had been ordered and, during the inspection, evidence was provided to demonstrate that the plates had been replaced. This provided assurance that the issue had been addressed promptly.

The practice should continue to monitor the condition of phosphor plates and replace them promptly when deterioration is identified to maintain optimal image quality.

For digital radiography, image data was securely backed up through the Dentally cloud-based system.

Effective

Effective care

We found evidence that the practice followed relevant professional, regulatory and statutory guidance when providing care and treatment. Local Safety Standards for Invasive Procedures (LocSSIPs) checklists were available within treatment rooms and were used to help reduce the risk of wrong-site tooth extractions.

As part of the inspection, a sample of 10 patient records was reviewed. The sample

included records of adult patients undergoing complex treatment, patients who smoked, children under 10 years of age, children aged between 10 and 15 years, patients who had been prescribed antibiotics and patients who had been referred to secondary care. The records reviewed demonstrated that patients were appropriately assessed, diagnosed and treated, and that treatment decisions were documented within the clinical records.

We found that the practice had effective systems in place to support records management and protect patient information. Patient records were held electronically using the Dentally system, which provided secure digital record keeping. A consent policy was in place to support the obtaining and recording of valid consent prior to treatment.

We saw evidence that systems were in place to ensure follow-up and discharge correspondence was acted upon appropriately. Referral and discharge letters were uploaded to patient records and tasks were assigned to the relevant dentist through the practice management system to ensure any necessary action was taken.

We found examples of effective monitoring of urgent referrals. Patients referred under suspected oral cancer pathways were proactively followed up by telephone after one week to confirm they had been contacted by hospital services. These referrals were also discussed during staff meetings and patients were routinely recalled to the practice after three months for review. This demonstrated good practice and provided additional assurance that patients received timely follow-up care.

Efficient

Efficient

We found that the practice had arrangements in place to support the efficient delivery of care and treatment. Services were organised to ensure patients moved appropriately through treatment pathways and received care from the most suitable member of the dental team.

The practice had robust referral processes in place. Referrals were logged, monitored and followed up using the practice task management system to ensure that patients received timely access to onward care and that any required actions were completed.

We found that arrangements were in place to support patients requiring urgent dental treatment. The practice reserved two emergency appointment slots each day which enabled patients with urgent needs to be assessed and treated promptly, reducing the likelihood of attendance at urgent care or out-of-hours services.

The facilities and premises were appropriate for the services delivered. The practice had suitable clinical and non-clinical areas which supported the safe and effective delivery of patient care.

We were told that when appointments became available due to cancellations, reception staff contacted patients and offered earlier appointments where appropriate. This helped to maximise appointment availability and reduce waiting times.

Clinical sessions were managed efficiently, and we found that the number and skill mix of clinicians were sufficient to meet the needs of the patient population and support the delivery of quality care.

Quality of Management and Leadership

Staff Feedback

We received four completed staff questionnaires from staff working at the practice.

All respondents confirmed they had received appropriate training to undertake their role, including mandatory and role-specific training, and all stated they had received an appraisal or development review within the previous 12 months. Staff also told us that the facilities, equipment and environment enabled them to carry out their work effectively and support patients' needs.

All respondents strongly agreed that they had adequate equipment and resources to do their jobs, that there were sufficient staff to provide care safely, and that they were able to access the information technology systems required to support patient care. Three respondents strongly agreed and one agreed that there was an appropriate skill mix within the practice.

Feedback relating to patient care was overwhelmingly positive. 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.

Staff also expressed positive views about the culture within the practice. All respondents strongly agreed that patient care was the practice's top priority, that they would recommend the practice as a good place to work, and that they would be happy for friends or family members to receive treatment there.

Responses relating to health and wellbeing were also positive. All respondents strongly agreed that the practice supported staff wellbeing, that their working pattern allowed a good work-life balance and that their job was not detrimental to their health.

Staff demonstrated a good understanding of the Duty of Candour and incident reporting processes. All respondents strongly agreed that the practice encouraged staff to raise concerns, report incidents and near misses, and shared learning to help prevent incidents from recurring.

All respondents also strongly agreed that effective infection prevention and control measures were in place, including appropriate cleaning schedules, access to personal protective equipment and suitable infection control arrangements.

Staff comments highlighted a positive and supportive working environment. One respondent stated:

> *"We have a fantastic practice manager who goes above and beyond their duties to keep the practice running. They ensure all who enters are safe and comfortable."*

Another respondent commented:

> *"The practice is well staffed with an amazing team of clinicians who provide top quality care to patients. It is well organised and I am very well supported in my role with very much an amazing team around me."*

Leadership

Governance and leadership

We found that the practice had a clear management structure in place, with defined leadership responsibilities and accountability arrangements appropriate to the size and complexity of the service. A current statement of purpose was available and had been reviewed within the previous 12 months.

The practice demonstrated a commitment to quality improvement and team development through the use of recognised tools, including the Maturity Matrix Dentistry (MMD) framework and the SOSET quality improvement programme.

We found evidence of regular team meetings taking place on a monthly basis. Meeting records demonstrated that a range of topics were discussed, including patient feedback, significant events, audits, complaints and operational matters. Minutes were comprehensive and provided a clear record of discussions and agreed actions. Staff who were unable to attend meetings were kept informed through the circulation of meeting minutes by email, and apologies for non-attendance were recorded.

We found effective governance, leadership and accountability arrangements in place. Leaders demonstrated the skills, knowledge and experience required to oversee the service and support staff. Arrangements were in place to identify, record and manage risks, incidents and improvement actions. Significant events were documented using a significant event analysis process and learning points were discussed at team meetings to support continuous improvement.

The practice had systems in place to ensure safety notices and alerts, such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and Welsh Government, were disseminated to relevant staff members. Updates were shared by email and discussed during team meetings where appropriate.

We found that the practice maintained a register of policies and procedures. Staff were required to read policies and sign to confirm their understanding. Policies were reviewed regularly and updated as necessary by the practice manager to ensure they remained current and reflected changes in guidance and legislation.

Workforce

Skilled and enabled workforce

We found that the practice had arrangements in place to ensure appropriate staffing levels were maintained. Staff rotas were planned by the practice manager up to eight weeks in advance, which helped ensure sufficient numbers of suitably qualified staff were available to meet the needs of patients and support the safe delivery of services.

The practice had arrangements in place to maintain continuity of care when temporary clinical staff were required. At the time of the inspection, a locum dentist was providing cover for a dentist who was on maternity leave and subsequent sick leave. Patients were informed when they were being seen by a different clinician, and signage was displayed within the practice to advise patients when a new dentist was working at the practice.

We found that appropriate oversight arrangements were in place for temporary staff. The practice was able to demonstrate that suitable checks were undertaken when using locum clinicians to ensure they were appropriately qualified and registered to undertake their role.

The practice supported staff to maintain their professional registration, and we were told that General Dental Council (GDC) registration fees were paid by the practice.

Staff described an open and supportive culture where concerns relating to service delivery, patient care or management could be raised through a variety of channels, including face-to-face discussions, telephone messages, emails and text messages. A whistleblowing policy was available, and staff told us they felt confident and supported in raising concerns when required.

We found that induction arrangements were in place for new staff. An induction checklist was used to ensure staff received the information and training required to undertake their roles safely. Trainee dental nurses were also provided with an induction workbook to support their development and learning.

The practice supported staff development through annual appraisals and access to a range of training opportunities, including external training platforms. Supervision arrangements were in place for trainee dental nurses, with oversight provided by senior nursing staff.

During the inspection, we were informed that appraisals for dentists were done by the practice owner. However, evidence of these records was not available for review on the day of the inspection.

The practice should ensure that documented appraisal records for all staff, including dentists are maintained and readily available for review.

We found that the practice had effective systems in place to ensure staff received appropriate training and continuing professional development (CPD). Overall, staff compliance with training requirements was good.

We reviewed staff training records and saw evidence that mandatory training had been completed. Training certificates were maintained within individual staff CPD files, providing assurance that staff remained up to date with the training required for their roles.

A training matrix was in place to monitor training compliance and support oversight of staff competency. The practice maintained local training records, enabling managers to identify training needs and monitor completion of mandatory and role-specific training.

We found that the practice had suitable systems in place to ensure staff complied with their professional and employment obligations. Overall, compliance with professional requirements was good.

We reviewed a sample of staff records and found evidence that appropriate professional checks were in place. These included General Dental Council (GDC) registration, professional indemnity insurance, Disclosure and Barring Service (DBS) checks and occupational health requirements, including Hepatitis B immunisation status where applicable. This provided assurance that staff were suitably qualified and fit to undertake their roles.

We found that the practice had an induction and selection policy in place which supported the safe recruitment of staff, including locum clinicians. The policy also covered induction arrangements, employment requirements and training expectations.

Culture

People engagement, feedback and learning

We found that the practice had several ways for patients to provide feedback, including patient satisfaction questionnaires, Google reviews, Facebook reviews and a comments and concerns log. Reception staff recorded verbal and informal feedback, which was then discussed at team meetings.

Patient feedback was regularly reviewed and discussed by the team. Where changes were made as a result of patient feedback, the practice informed patients of the actions taken where appropriate.

We found that the practice had a complaints procedure which was clearly displayed and readily accessible to patients. The procedure was in line with Listening to People arrangements for NHS services and included clear information on how to make a complaint, timescales for responding, sources of advocacy and support, escalation processes and HIW contact details for private patients.

The practice manager was responsible for handling complaints, and this was made clear to patients. Formal complaints would be recorded confidentially and monitored appropriately. Verbal and informal concerns were also recorded and reviewed.

The practice had not received any formal complaints since the previous inspection; therefore, no complaint themes or trends had been identified.

We found that the practice had a Duty of Candour policy in place which clearly outlined staff roles and responsibilities. All staff had completed Duty of Candour training and demonstrated an understanding of their responsibilities to be open and honest when things go wrong.

Staff told us they were encouraged to raise concerns and share information with patients where appropriate. The practice had not experienced any incidents requiring the Duty of Candour process to be formally exercised since the previous inspection.

Information

Information governance and digital technology

We found that the practice had systems in place to record patient safety incidents. A patient safety policy was available, and we saw a standard incident reporting form which would be used to document, investigate and learn from any incidents that occurred.

Patient safety information was shared with staff through regular team meetings. This provided opportunities to discuss incidents, share learning and ensure that any relevant information was communicated to the wider team and, where appropriate, to other NHS organisations.

Learning, improvement and research

Quality improvement activities

We found that the practice actively engaged in quality improvement activities and used a range of audits and improvement tools to monitor performance and support the delivery of safe and effective care.

Clinical audits undertaken by the practice included infection prevention and control audits in line with HTM 01-05 guidance and an antibiotic prescribing audit. The most recent HTM 01-05 audit identified 10 recommendations, which had been developed into an action plan to support improvement.

We saw evidence that the practice had recently completed an antibiotic prescribing audit to review prescribing practices and ensure they remained aligned with current guidance.

The practice also participated in a range of quality improvement initiatives and tools,

including record card audits, antimicrobial prescribing (AMP) audits, mouth cancer quality improvement projects and HTM 01-05 audits. These activities helped the practice review performance against recognised standards and identify areas for development.

Staff told us that audit findings were discussed across the provider's three practices, enabling shared learning and the dissemination of good practice. However, no documented evidence of peer review activity or records of these discussions were available for review during the inspection.

The practice should ensure that peer review activities and discussions relating to clinical audit findings are formally documented and retained as evidence of shared learning, quality improvement and professional development.

We found that health and safety audits and disability access audits had been completed.

Whole-systems approach

Partnership working and development

We found that the practice worked collaboratively with external healthcare partners to support the delivery of safe and effective patient care. Staff told us they attended local dental cluster meetings, which provided opportunities to share information, discuss service developments, learn from peers and engage with wider healthcare colleagues.

The practice also worked with a range of healthcare professionals and organisations, including safeguarding teams, general medical practitioners and secondary care services, to support patient referrals and ensure patients received appropriate care when specialist input was required.

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
Emergency medicines were available and generally met national guidance. However, we noted that the oromucosal midazolam held by the practice was suitable for adults and children aged 10 years and over only.	Appropriate formulations and dosages should be available to meet the needs of all paediatric patients in line with national guidance.	Escalated to the Practice Manager during the inspection	During the inspection, the practice immediately ordered the appropriate paediatric dose of midazolam. We received confirmation from the practice the following day that the correct medication had been obtained, providing assurance that this issue had been addressed promptly.

Appendix B – Immediate improvement plan

Service: **East Street Dental Centre**

Date of inspection: **28 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 identified at this inspection	
Improvement needed		**Standard / Regulation**
1.		

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: **East Street Dental Centre**

Date of inspection: **28 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.	We found that the practice environment was generally fit for purpose and provided suitable facilities for the delivery of dental care. The premises were in a satisfactory state of repair internally and externally, although we noted that the walls in surgery one required refurbishment to improve the overall condition of the clinical environment.	**The practice must ensure that the walls in surgery one is repaired and redecorated to maintain the premises in a good state of repair and provide an appropriate clinical environment for patients and staff.**	The Private Dentistry (Wales) Regulations 2017- Regulation 22 (2)(b)	The damaged areas of the walls in Surgery 1 will be repaired and redecorated to ensure the surgery is maintained in a good state of repair and provides an appropriate clinical environment for patients and staff.	Practice Manager	29.12.26

2.	During the inspection we identified a small number of areas where infection prevention and control arrangements could be strengthened. We observed that a disposable plastic apron was not worn during a demonstration of the instrument cleaning process. We also noted that the reverse osmosis (RO) filter tubing and dispenser tubing were stored within the decontamination room handwashing sink, which created a potential contamination risk and reduced access to the sink for hand hygiene purposes. We were advised that instrument cleaning solution was not routinely measured before use to	**The practice must:** • **Ensure that all appropriate personal protective equipment, including disposable aprons, is worn during the cleaning and decontamination of instruments** • **review the arrangements for the RO water filtration system to ensure tubing is not stored within the handwashing sink and consider connecting the system directly to the mains water supply to minimise**	The Private Dentistry (Wales) Regulations 2017- Regulation 13	**Personal Protective Equipment** All clinical staff have been reminded that appropriate PPE, including disposable aprons, must be worn at all times when cleaning and decontaminating instruments. This requirement has been reinforced with the team and will continue to be monitored as part of our routine decontamination procedures and audits. **RO Water Filtration System** The arrangements for the RO water filtration system have been reviewed. The tubing is no longer stored within the handwashing sink, reducing the risk of contamination. We will also investigate the feasibility of connecting the RO system directly to the mains water supply and	Decontamination Lead	Immediate and ongoing.

	ensure the correct concentration in accordance with the manufacturer's instructions, resulting in inconsistent dilution. In addition, dip-slide test results for dental unit water lines were shared through a WhatsApp group rather than being retained within a formal record-keeping system.	**contamination risks** • **Ensure that instrument cleaning solutions are measured accurately in accordance with the manufacturer's instructions to achieve the correct concentration and effective decontamination** • **Ensure that records of dental unit water line testing are maintained within the practice's formal governance and record-keeping**		implement this where practicable. **Instrument Cleaning Solution** Staff have been reminded that instrument cleaning solutions must be measured accurately and prepared at the correct concentration in accordance with the manufacturer's instructions. Clear instructions are now available within the decontamination area to support staff in preparing the solution correctly and this will be monitored through routine decontamination checks and audits. **Dental Unit Water Line Testing Records** Dental unit water line testing records will be formally maintained and retained within the practice's governance and record-keeping		

		systems.		system. This will ensure that testing is clearly documented, readily accessible and available for review and audit.		
3.	we found that medicines were stored within a refrigerator that was also used for food storage. This did not reflect best practice for the safe storage of medicines.	**The practice must ensure that medicines are stored in a dedicated medicines refrigerator and are not stored alongside food items.**	The Private Dentistry (Wales) Regulations 2017- Regulation 31(3)(b)	The practice has reviewed its arrangements for the storage of medicines following the inspection. Due to limited space within the practice, we are sourcing a suitable compact medicines refrigerator which can be safely accommodated within the premises. A dedicated medicines refrigerator will be installed within one month. All medicines requiring refrigeration will then be stored separately from food, with appropriate temperature monitoring and recording arrangements in place.	Practice Manager	1 month

4.	During the inspection, some phosphor plates showed signs of scratching, which had the potential to affect image quality. The practice informed us that replacement plates had been ordered and, during the inspection, evidence was provided to demonstrate that the plates had been replaced. This provided assurance that the issue had been addressed promptly.	**The practice should continue to monitor the condition of phosphor plates and replace them promptly when deterioration is identified to maintain optimal image quality.**	The Private Dentistry (Wales) Regulations 2017- Regulation 13(2)(a)	Replacement phosphor plates had already been purchased and brought into use prior to the inspection, and evidence of their replacement was provided to the inspection team. The practice will continue to monitor the condition of phosphor plates as part of its ongoing radiography quality assurance arrangements. Plates will be inspected regularly and replaced promptly where signs of deterioration or damage are identified to ensure optimal diagnostic image quality is maintained.	Practice Manager	Ongoing – checked routinely and replaced when deterioration identified

5.	During the inspection, we were informed that appraisals for dentists were done by the practice owner. However, evidence of these records was not available for review on the day of the inspection.	**The practice should ensure that documented appraisal records for all staff, including dentists are maintained and readily available for review.**	The Private Dentistry (Wales) Regulations 2017- Regulation 17(3)(a)	The practice has reviewed its arrangements for recording and retaining staff appraisals. Appraisals for dentists are undertaken by the practice owner; however, the documented records were not readily available for review on the day of the inspection. Going forward, documented appraisal records for all staff, including dentists, will be retained within the practice's governance records and will be readily accessible for review when required. A review of current staff appraisal records will be undertaken to ensure that records are complete, up to date and readily accessible.	Practice Manager	Initial Review by 31.10.26, Continuous thereafter

6.	Staff told us that audit findings were discussed across the provider's three practices, enabling shared learning and the dissemination of good practice. However, no documented evidence of peer review activity or records of these discussions were available for review during the inspection.	**The practice should ensure that peer review activities and discussions relating to clinical audit findings are formally documented and retained as evidence of shared learning, quality improvement and professional development.**	The Private Dentistry (Wales) Regulations 2017- Regulation 16(2)(d)(ii)	Clinical audit findings are shared and discussed to support shared learning and quality improvement. However, the practice acknowledges that these discussions and peer review activities were not being formally documented. Going forward, discussions relating to clinical audit findings, peer review and shared learning will be formally recorded and retained within the practice's governance records. Records will include the topic or audit discussed, key findings, learning points, any agreed actions and, where appropriate, evidence of follow-up. This will provide a clear record of shared learning, quality improvement and professional development.	Practice Manager	Immediate and ongoing – records to be maintained following each peer review/audit discussion

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): Louise Slimings

Job role: Practice Manager **Date: 29.9.26**