Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Smiles Better (BUPA), Abergavenny

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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 Smiles Better (BUPA), Abergavenny on 18 August 2026.

Our team for the inspection comprised of a HIW healthcare inspector and a clinical peer reviewer.

During the inspection we invited patients 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 10 questionnaires were completed by patients and 12 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 positive feedback to the HIW patient questionnaire regarding their experience at Smiles Better (BUPA), Abergavenny, including several positive free text comments. Patients told us staff listened to them and answered their questions while also explaining what they were doing throughout their appointment. Patients said they found it easy to get an appointment when they needed one and rated the service provided as 'very good' or 'good'.

We found an effective appointment management process was in place, which utilised the time of practitioners appropriately. Emergency appointments were triaged by staff, and we were told no patient would wait longer than 24 hours to be seen.

The staff we spoke with were aware of the importance in communicating with patients in a language of their choice. We saw translation tools were available for staff to communicate with patients, included through British Sign Language. The practice had a hearing loop at the front desk for patients with hearing requirements.

We saw how the rights and equal treatment of individuals were actively supported by the practice. A corporate initiative promoted staff to speak their voice on diversity matters and other corporate diversity arrangements were available to support staff.

This is what the service did well:

- Patient and staff feedback was all positive
- Patients were provided with dignified and respectful care
- The timely delivery of care was prioritised by the practice.

Delivery of Safe and Effective Care

Overall summary:

We found patient facing areas of the practice to be visibly tidy and organised, with the internal and external areas of the practice building appearing to be in a satisfactory state of repair. Health and safety arrangements and fire precautions for the practice were appropriate, ensuring patients received safe care in a secure and well-maintained environment. Overall, we found the practice was kept clean, however, in two surgeries we found windowsills were accumulating dust which we resolved with the practice during the inspection. In addition, some staff-only areas such as the basement and a storage cupboard were unkempt which we require the service to improve.

We saw personal protective equipment (PPE) was readily available for all staff and staff told us appropriate PPE was supplied and used. Medical devices at the setting were being kept clean and were in good condition and we saw reusable devices were cleaned effectively in a designated decontamination room. Overall compliance with diagnostic imaging regulations were suitable, although we found some areas to improve regarding X-ray image processing which were resolved by the setting shortly after the inspection.

Appropriate and up to date safeguarding procedures were in place to protect children and adults. The staff members we spoke with knew who to report a safeguarding concern, felt confident they could recognise the signs of abuse and said they would feel supported should they raise concerns.

All the patient records we reviewed during the inspection were fully complete and provided a comprehensive picture of the care being provided to patients. We saw urgent referrals were appropriately recorded and followed up in a timely manner by clinicians.

This is what we recommend the service can improve:

- Ensure non-patient facing areas are kept clutter free and cleaning mops left to dry appropriately.

This is what the service did well:

- Patient records provided a clear and comprehensive picture of the care provided to patients
- Safeguarding measures were comprehensive and routinely reviewed.

Quality of Management and Leadership

Overall summary:

The staff we observed during the inspection were professional, knowledgeable and treated patients with kindness. We noted supportive arrangements in place for staff by a well-established management team and suitable governance arrangements. Induction procedures and on-going support for learning and development were appropriately managed. All staff who responded to the HIW questionnaire confirmed they had received an appraisal in the last 12 months.

The staffing and training records we reviewed were fully compliant with expected standard. All respondents to the HIW questionnaire said they had received appropriate training to undertake their roles and there was an appropriate skills mix at the practice.

Quality improvement activities were routine at the practice. We saw audits taking place in several areas outside of those that were mandatory which we noted as positive practice. However, radiographic quality audits had missed diagnostic images which were blurred and we require the practice to improve their auditing in this area.

Patient feedback and complaints were managed in an effective way to ensure the voice of patients was suitably considered. On review of a sample of complaints, we saw no common themes, and all were responded to in line with practice policy.

This is what we recommend the service can improve:

- The registered manager must ensure radiographic quality audits are reviewed and improved.

This is what the service did well:

- Supportive management and robust governance arrangements helped to support the effective running of the practice
- Patient feedback was regularly collected, reviewed and acted upon.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW patient questionnaire were positive. Respondents rated the service they received from the practice as 'very good' (9/10) or 'good' (1/10).

It was positive to note several supportive patient comments about the practice and its staff. These comments included:

> *"Excellent dental practice, friendly and professional staff. Treatment options explained clearly and kind, caring treatment."*
>
> *"Super kind and helpful every single time."*
>
> *"Yes clear explanations, good follow up care, made to feel welcome everyone clearly explained."*
>
> *"They know me and my requirements. Have been a patient of this and preceding practices for over 40 years."*

Person-Centred

Health promotion and patient information

We saw information displayed in the patient waiting area which advised ways for patients to maintain good oral health, alongside information regarding sepsis and good tooth brushing techniques. Paediatric patients were offered complimentary toothpaste at reception to promote good oral health which we noted as a positive initiative. The patient information leaflet and statement of purpose were up to date and available for patients to review at reception in a patient guidebook and on the practice website. The fees for treatments and the names and General Dental Council (GDC) registration numbers of practitioners were displayed where they could be easily seen around the practice. The opening hours and emergency contact details for the practice were clearly displayed at the exterior of the building.

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their care journey. All respondents to the HIW patient questionnaire told us they were treated with dignity and respect and that staff listened to them and answered their questions. Patients said staff explained what they were doing throughout the appointment, and that they were involved as much as they wanted to be in decisions about their treatment. All questionnaire respondents felt they could access the right healthcare at the right time, regardless of their protected characteristics. Patients told

us:

> *"It is the first practice I have been to where people listen to me. Before I have always felt very rushed and treated like a silly old lady wasting people's time. Here they listen and make sure that I understand everything, and also the fillings stay in!!!"*
>
> *"Most supporting and caring dentist practice I have ever had in 57 years."*

The practice environment promoted dignified care and steps were taken by staff to ensure the privacy of patients when being treated in surgeries. The reception and waiting areas were adjoined but we did not hear any patient information being discussed in person nor over the telephone. Staff advised us that no personal information was repeated over the telephone, and an office was used when confidential conversations needed to take place.

All respondents to the HIW staff questionnaire said patient privacy and dignity is maintained, and patients are informed and involved in decisions about their care. All staff also said they were satisfied with the quality of care and support they gave to patients.

The practice had a confidentiality clause in contracts which outlined staff responsibilities with regards to the protection of patient information. Confidentiality agreements were utilised where these clauses were not included in employees with older contracts. We noted the nine core principles prepared by the GDC were on display at reception.

Individualised care

All patients responding to the HIW questionnaire stated their oral health was explained to them in a manner they could understand and said they were given aftercare instructions on how to maintain good oral health. All patients told us they were given enough information to understand which treatment options were available, including the risks and benefits of each option. Patients who received sedation were given oral health and aftercare information in both verbal and written formats. All patients said they were given information on how the setting would resolve any post-treatment concerns, while most respondents said the costs were made clear to them before treatment.

Timely

Timely care

We found an effective appointment management process was in place, which utilised the time of practitioners appropriately. Staff explained the waiting time between routine treatment appointments was approximately two weeks, and for some specialist treatments this could range to four weeks. Patients were able to make appointments in

person after their treatments, over the telephone or online. Staff informed us that appointments rarely ran behind time, but where there were delays, clinicians told reception so that patients could be informed. Longer delays would be communicated to patients over the telephone and alternative appointments would be offered when requested. Respondents to the HIW patient questionnaire indicated they found it 'very easy' (8/10) or 'fairly easy' (2/10) to get an appointment when they needed one. We were informed how appointments were arranged in accordance with patient availability wherever possible.

We saw the reception team operated a patient telephone triage system to prioritise those most in need of urgent care, consulting practitioners when needed. We saw time allocated in the practice diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen. An out-of-hours telephone number was provided for patients to contact the practice in the event of an emergency. Most respondents to the HIW patient questionnaire said clear guidance was given on what to do in the event of an infection or emergency and said they would know how to access out of hours dental services if they had an urgent dental problem.

Equitable

Communicating and language

We saw suitable arrangements in place to help enable effective communication between clinicians and patients. The staff we spoke with were fully aware of the importance in communicating with a patient in a language of their choice. Staff had access to translation tools to communicate with patients, which included British Sign Language. The practice had a hearing loop at the front desk for patients with hearing requirements. Some patient information was available in different formats such as large print and staff said they could source more specialised formats upon request by patients.

Rights and equality

We saw how the rights and equal treatment of individuals were actively supported by the practice. Satisfactory policies were in place, and staff undertook specific training to protect the rights of patients and the prevention of harassment or discrimination. We saw a corporate initiative which promoted staff to speak their voice and workplace diversity groups were available for staff to join.

Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees, including a specialist chair for a staff member and a patient standing stool in the waiting area. We found the rights of transgender patients were upheld by allowing patients to choose their preferred pronouns, names and gender on their records.

Delivery of Safe and Effective Care

Safe

Risk management

The building appeared to be in a good state of repair internally and externally. We saw the six surgeries, patient waiting areas and the decontamination room were of a suitable size and layout to enable safe and effective care to be delivered to patients. Respondents to the staff questionnaire said the facilities and environment were appropriate to carry out their roles while ensuring patients receive the care they required. We heard telephone lines in working order and saw suitable changing areas with personal storage available for staff. We saw the toilets for staff and patients were clean and properly equipped. We saw the downstairs patient toilet was available for those with mobility difficulties.

We found the practice dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We saw single use items were used where appropriate. Respondents to the HIW staff questionnaire told us they had the materials, equipment and supplies to do their work.

Satisfactory policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Safety certificates were available for portable appliance testing, five-year fixed electrical wire testing and annual gas safety checks. We saw risk assessments for fire safety and health and safety had been completed and met expected standards. Staff who responded to the HIW questionnaire told us their practice encouraged them to report errors, near misses and incidents. They also said they would be treated fairly if they raised a concern and action would be taken to prevent incidents occulting again in future.

We found robust and comprehensive fire safety arrangements were in place. These included regular maintenance and testing of fire safety equipment, alongside clearly displayed fire exit and no smoking signage. The practice Employer Liability Insurance certificate and Health and Safety Executive information poster were both on display.

Infection prevention and control (IPC) and decontamination

Infection prevention and control (IPC) policies outlined the processes staff were expected to follow to deliver safe and effective care. Respondents to the HIW patient questionnaire said the practice was ‘very clean’ and said they thought staff were following infection, prevention and control measures. However, during our inspection we saw the windowsills partially behind cabinetry in two surgeries were dusty and on one of the surgery windowsills we found a piece of single use dental equipment alongside discarded personal items. This was discussed with staff who escalated this to their contracted cleaner. It was established the cleaning behind the cabinetry had

been missed from the cleaning schedule for the practice. The areas were deep cleaned the next working day, and the areas were added to the practice cleaning checklist. Elsewhere in the patient-facing areas of the practice, the environment was maintained to good level of cleanliness. In contrast, during our inspection of the practice basement, we found boxes were being stored on floors and the area was generally unkempt. In addition, on inspection of the practice storeroom and cleaning cupboard, we found additional items being stored on the floor and cleaning mops being left to dry in buckets – not being clipped into the designated wall clips. Items being stored on floors prevent these areas being decontaminated effectively or could prevent exit in an emergency. Leaving cleaning mops to dry within their buckets risks the build-up of contaminants.

The registered manager must ensure non-patient facing areas are kept clutter free and cleaning mops left to dry appropriately.

In the practice decontamination room, we observed the environment and all equipment being maintained to a high standard to support the effective cleaning and decontamination of reusable instruments. Procedures for the decontamination and sterilisation of instruments within the decontamination room were robust. We reviewed records of daily autoclave cycle checks and testing for all machines. Training records confirmed all staff had received the correct level of training for equipment decontamination. Clinical waste was being stored and disposed of correctly under a suitable waste disposal contract. The arrangements for the Control of Substances Hazardous to Health (COSHH) were satisfactory.

We saw personal protective equipment (PPE) was readily available for all staff. Respondents to the HIW staff questionnaire said appropriate PPE was supplied and used. Routine hand hygiene was promoted through robust procedures and signage in patient and staff facing areas. We noted suitable arrangements were in place for the management of needlestick injuries, with risk assessments documenting the hazards associated with sharps. Occupational health services were available for all staff, and the details were readily available around the surgery and online. Most staff responding to the HIW questionnaire told us they were aware of the occupational health support available to them.

Medicines management

We found the arrangements in place for the safe handling, storage, use and disposal of any medicines were comprehensive. Emergency medicines available at the practice were in line with national guidance, and we also found appropriate emergency drugs available for patients receiving intravenous conscious sedation. Staff records evidenced qualifications in cardiopulmonary resuscitation and first aid.

On inspection of the emergency equipment, we found all items were present and within their expiry dates. We noted routine checks took place on the first aid kit, defibrillator

and oxygen. We also saw evidence that oxygen cylinders had been subject to required service maintenance checks. Staff were reminded of the requirement to keep oxygen cylinders immediately available in a surgery when conscious sedation was taking place which was added to practice checklists during our inspection. We noted most staff had completed BOC specific oxygen training in accordance with Patient Safety Notice 041 issued by Welsh Government, but gaps remained in compliance. The practice was advised to continue encouraging their staff to complete the training during their designated training time.

Safeguarding of children and adults

Appropriate and up to date safeguarding procedures were in place to protect children and adults. The procedures included the details of local authority contacts and identified a named safeguarding lead. This policy was accompanied by the Wales Safeguarding Procedures, with any updates communicated through training and their corporate body. We saw all staff were trained to an appropriate level in the safeguarding of children and adults. The staff members we spoke with knew who to report a safeguarding concern, felt confident they could recognise the signs of abuse and said they would feel supported should they raise concerns.

Management of medical devices and equipment

The medical devices and clinical equipment we inspected appeared to be in good condition. We saw these items were used in a manner to promote safe and effective care and the staff we observed during the inspection were confident in using the equipment. However, during our review of patient records, we found that all the radiographic images examined demonstrated some degree of distortion. In some cases, the image quality was sufficiently distorted that it may have affected the ability of clinicians to make an accurate diagnosis or reach robust clinical conclusions.

We discussed these findings with several clinicians and members of the practice management team during the inspection. We established that the issues had arisen following the installation of a new X-ray image processor. Distorted radiographic images increase the risk of missed or delayed diagnoses, inconclusive findings, and avoidable patient harm.

Confirmation was sent to HIW of a new high-resolution system having been introduced shortly after the inspection.

The practice radiation protection folder was readily available and generally kept organised. We noted one document was initially unable to be located; however, this was sent to HIW shortly after the inspection. We saw copies of the local rules were readily available next to each X-ray device. Staff training records confirmed all staff had received suitable training for their roles in radiation exposures. Clinicians outlined clearly in patient records the discussions held regarding the risks and benefits of exposure to radiation and we saw this information was also displayed.

The records we reviewed confirmed all staff had received suitable training for the safe and effective use of the medical devices and clinical equipment. Suitable arrangements were in place for servicing and the prompt response to system failure for the equipment we inspected.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance. The clinical staff we spoke with demonstrated a clear understanding of their responsibilities whilst being aware of when to seek relevant professional advice, where necessary.

We found suitable processes in place to record patient understanding and consent to surgical procedures, along with comprehensive clinical checklists to prevent wrong tooth site extractions. The practice also had robust arrangements in place for the safe delivery of conscious sedation. The environment used for conscious sedation was appropriate and supported safe care, with adequately sized surgeries to support treatment, patient recovery and the effective management of medical emergencies.

Patient records

We reviewed a total of ten patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations.

The records we reviewed provided a comprehensive picture of the care provided to patients. The records included effective note taking of full base charting, reasons for attendance, oral cancer screening as well as a contemporaneous account of the treatments provided. The records we reviewed included two patients who had received conscious sedation at the practice, both these records contained all the required information for a complete picture of their care to be captured.

All respondents to the HIW questionnaire said their medical history was checked prior to treatment.

Efficient

Efficient

We found clinicians were committed to delivering a comprehensive service that met the needs of their patients within suitable premises. Patients progressed through internal and external treatment pathways efficiently and we saw urgent referrals were appropriately recorded and followed up in a timely manner by clinicians. We saw how appointments were utilised effectively by staff with an appropriate skills mix.

Quality of Management and Leadership

Staff Feedback

The feedback we received from staff was positive. Staff told us the care of patients was the dental practice's top priority. Respondents added they would recommend the practice as a good place to work and if a friend or relative needed dental care, they would be happy with the standard of care provided at the practice.

Most respondents (11/12) told us there were enough staff to allow them to do their jobs properly and all respondents said they were able to meet the conflicting demands of their time at work. Respondents also said there was an appropriate skills mix at the practice and they could access all the digital systems they needed to provide good care to patients.

All staff told us the practice takes positive action on health and wellbeing and that their working patterns allowed for a good work-life balance. All respondents to the questionnaire told us their jobs were not detrimental to their health.

One staff member said:

> "*I have rarely worked with such a consistently kind, caring and supportive team. Everyone is approachable and committed to providing the highest standard of patient care. The facilities are excellent, well maintained and equipped to support both staff and patients. It is a welcoming environment, and I thoroughly enjoy working here.*"

Leadership

Governance and leadership

We found clear management structures in place to support the effective running of the practice. The practice manager was confident and told us they had the right skills and knowledge to undertake their leadership role effectively. The practice manager told us they were well supported by their membership of the corporate group, BUPA. We saw managers were visible and staff told us they felt they could approach managers to discuss changes or raise concerns.

We heard how formal staff meetings were held monthly and attended by all staff. On review of the meeting minutes, we saw discussions had taken place on clinical audits, operational updates and complaints.

A digital system was used to identify, record and manage risks, issues and any mitigating actions. An online document sharing system was used for all practice policies and guidance. The policies we reviewed were up to date and we saw how changes were communicated to staff in an effective manner.

We saw suitable arrangements in place to communicate safety notices to staff with any relevant notices being displayed.

Workforce

Skilled and enabled workforce

We found there was a positive working environment at the practice. The staff we spoke with were knowledgeable, professional and friendly, while the interactions we observed between staff showed they supported each another. We saw induction procedures were overseen by the practice manager and the evidence we reviewed indicated these procedures were suitable. For the few occasions the practice used agency workers, the systems in place for checking training documentation and recruitment information were robust. The practice operated a rota to ensure there were always an appropriate number of suitably trained staff working at any one time.

We reviewed a sample of six personnel records of the staff working at the practice. Within these records, we found all staff had up to date GDC registrations, documented Hepatitis B immunity and pre-employment reference information. Every staff member had an enhanced Disclosure and Barring Service (DBS) check recorded in their file on commencement of employment.

The staff records we reviewed also evidenced full compliance with all mandatory training and annual appraisals. We noted the staff involved in the provision of conscious sedation were appropriately trained and competent to undertake their roles. We saw all staff were given the time to undertake their training, and we were told that staff were supported to complete additional training relevant to their roles which was evident in the records we reviewed. All staff who responded to the HIW questionnaire said they had received appropriate training to undertake their roles and confirmed they had received an appraisal in the last 12 months.

The practice whistleblowing policy provided guidance to staff on how they could raise concerns.

Culture

People engagement, feedback and learning

We found suitable arrangements in place for the collection and review of patient feedback. The practice had quick response (QR) codes available around the reception area to enable patients to provide their views through an online provider. In addition, on completion of a course of treatment, patients were sent an online survey to complete and paper forms were also available. Feedback was reviewed routinely and audited by both practice and the area management on an annual basis to ensure any common themes were identified and addressed. Responses to feedback were advertised in a ‘you said, we did’ format in the patient information folder at reception. Staff explained

patients had fed back to the practice about opening hours and these had been adjusted as a result.

The complaints policy was available at reception for patients without needing to request a copy. The complaints procedure provided a named member of staff for patients to contact. Any verbal complaints were logged in the practice complaints system. The means of escalating a complaint were outlined within the patient complaint policy, including contact details for HIW and the dental complaints service. We reviewed a sample of complaints and saw these had been handled in line with practice policy and we identified no common themes.

All staff responding to the HIW questionnaire said they understood the Duty of Candour and their role in meeting the standards. All staff also said their organisation encouraged them to raise concerns when something had gone wrong and to share this with their patients.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with all mandatory quality improvement activities taking place. These included routine and comprehensive audits on patient records, antibiotic prescribing as well as infection prevention and control audits. While radiographic image quality audits had been taking place, these had failed to identify the distorted X-ray images which are mentioned elsewhere in this report. Audits are designed to ensure X-rays are diagnostically acceptable, identify trends and to reduce errors. The radiographic quality audits should have identified the distorted images and action taken as a result.

The registered manager must ensure radiographic quality audits are reviewed and improved.

The practice completed in house development tools, however, no external tools such as the Maturity Matrix Dentistry available through Health Education and Improvement Wales had been complete. The benefits of the Maturity Matrix were discussed with the practice, and consideration would be given to undertaking these audits or those available through the British Dental Association.

Whole-systems approach

Partnership working and development

Staff explained they maintained good working relationships with other health system partners, including the local GP. We saw an appropriate process in place to monitor and maintain incoming and outgoing referrals to and from those healthcare partners.

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: **Smiles Better (BUPA), Abergavenny**

Date of inspection: **18 August 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 concerns were identified during this inspection.

Appendix C – Improvement plan

Service: **Smiles Better (BUPA), Abergavenny**

Date of inspection: **18 August 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.	During our inspection of the practice basement, we found boxes were being stored on floors and the area was generally unkempt. In addition, on inspection of the practice storeroom and cleaning cupboard, we found additional items being stored on the floor and cleaning mops being left to dry in buckets – not being clipped into the designated wall clips. Items being stored on	The registered manager must ensure non-patient facing areas are kept clutter free and cleaning mops left to dry appropriately.	Regulation 22 (2) of the Private Dentistry (Wales) Regulations 2017	Cleaner informed of Mop handles to be stored in the designated brackets available. Lead nurse will also monitor this. Cleaning room have been reorganised to ensure floors can be properly cleaned. Basement – boxes will be removed from the floor	Gemma Danter Gemma Danter	Completed 2/12

	floors prevent these areas being decontaminated effectively or could prevent exit in an emergency. Leaving cleaning mops to dry within their buckets risks the build-up of contaminants.					
2.	While radiographic image quality audits had been taking place, these had failed to identify the distorted X-ray images which are mentioned elsewhere in this report. Audits are designed to ensure X-rays are diagnostically acceptable, identify trends and to reduce errors. The radiographic quality audits should have identified the distorted images and action taken as a result.	The registered manager must ensure radiographic quality audits are reviewed and improved.	Regulation 16 (1) of the Private Dentistry (Wales) Regulations 2017	The carestream resolution has been updated and set to higher resolution to improve clarity. We have also purchased new plates to reduce any risk of equipment failure. Logs are completed by GDP's who rate the quality of the xray as acceptable or unacceptable. This has been discussed in a staff meeting,	GEMMA DANTER To discuss audit outcomes GDPS to audit effectively	Ongoing – improvements to audits already been implemented

				explaining to the GDPS that they need to identify any low resolution, poor clarity more effectively, so when the audits are completed, this will be identified. Clinicians review their audits then they cross check audit images to identify any improvements required and that an improvement plan is then added into the audit for the clinician's action plan. Overall clinician audit outcome are then discussed in practice meeting for lesson sharing and practice improvement purposes.		

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): Gemma Danter

Job role: Practice manager **Date: 29.09.26**