

# General Dental Practice Inspection Report (Announced)

Clifton Dental Practice, Powys  
Teaching Health Board

Inspection date: 23 September 2025

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

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## 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 goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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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 Clifton Dental Practice, Newtown on 23 September 2025.

Our team for the inspection comprised of a HIW healthcare inspector and a dental 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 23 questionnaires were completed by patients and five were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found Clifton Dental Practice was committed to providing a positive experience for patients.

All patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

We observed staff greeting patients bilingually, in a polite and friendly manner, both in person and on the telephone.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- There was good disabled access to the building. Wheelchair users and individuals with mobility issues could access two surgeries located on the ground floor, the reception and waiting area
- A bilingual service was offered to Welsh speaking patients
- Arrangements in place to protect the privacy of patients, including designated areas for patients to have private conversations with staff
- Treating patients in a caring and friendly manner within surgeries that preserved their dignity.

### Delivery of Safe and Effective Care

Overall summary:

We found that Clifton Dental Practice was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

We found a staff team who were very patient centred and committed to delivering a quality service.

Measures were in place to ensure the safety and wellbeing of staff and visitors. The premises were well-maintained, free from hazards, and equipped with serviced equipment. Current risk assessments included fire, environment, and health and safety.

Infection prevention and control (IPC) measures were in place, including an IPC policy. Cleaning schedules were followed, and personal protective equipment and hand sanitisers were readily available. Measures were in place to prevent and address sharps injuries, and clinical staff were immunised against Hepatitis B. Staff had completed mandatory IPC training.

Safeguarding policies, procedures and flowcharts were present to support staff. We saw evidence that all staff had completed safeguarding training, and they knew how to recognise safeguarding concerns.

There were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely.

The practice is preparing to open a third surgery, which was not operational at the time of inspection. Before use, it must meet Ionising Radiation (Medical Exposure) Regulations requirements for the Xray machine by submitting required documentation to HIW, confirming staff training, and updating the radiation protection file.

Cardiopulmonary resuscitation (CPR) training was provided to all staff, and emergency drugs and equipment were securely stored and regularly checked.

There was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

The dental team were very knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

This is what we recommend the service can improve:

- Submit required documentation, confirm staff training and update the radiation protection file for the new X-ray machine in the third surgery
- Ensure that X-ray grading system is updated to reflect current guidance.

This is what the service did well:

- The practice had been refurbished to a high standard
- The practice premises was visibly well maintained, clean and free from obvious hazards
- Surgeries were clean, well equipped and fit for purpose
- Excellent clinical records maintained
- Effective arrangements were described and demonstrated in relation to safeguarding
- Designated decontamination room.

## Quality of Management and Leadership

Overall summary:

We found staff provided good leadership, and there were clear lines of accountability. A strong ethos and positive culture were present, and staff aimed to provide a high standard of patient care.

The day-to-day management of the practice was the responsibility of the practice manager, who we found to be very committed and dedicated to the role and the practice.

We saw that the staff team worked very well together and were committed to providing a high standard of care for patients.

Our online staff survey received five responses, and the feedback was very positive, with staff expressing satisfaction with patient care quality and safety. All staff felt involved in decision-making processes and were comfortable suggesting improvements.

Staff had access to appropriate training opportunities to fulfil their roles, and all staff had received a staff appraisal. We saw evidence that all members of the team had a suitable Disclosure and Barring Service certificate in place.

Information governance and digital technology arrangements were adequate, ensuring patient confidentiality and compliance with General Data Protection Regulations (GDPR) 2018.

This is what we recommend the service can improve:

- The registered manager is required to assess and monitor the quality of service as required by the regulations.

This is what the service did well:

- A range of policies were readily available to staff to support them in their roles
- We witnessed all staff, clinical and non-clinical, working very well together as part of a team
- Well maintained staff files
- Good staff induction process in place
- Practice managed by a committed and dedicated practice manager
- All clinical staff had attended training relevant to their roles and were meeting their Continuing Professional Development (CPD) requirements.

## 3. What we found

# Quality of Patient Experience

### Patient feedback

All patients who completed a HIW questionnaire rated the service provided by the dental practice as very good. Some of the comments provided by patients on the questionnaires included:

*"Excellent service all round. Best practice I have been too."*

*"Good, friendly service & helpful."*

*"Excellent. Always helpful. Thank you, great practice."*

*"Friendly and polite."*

*"Very friendly, helpful staff."*

### Person-centred

#### Health promotion and patient information

Health promotion material was on display and some of this information was available in English and Welsh. This meant patients had access to information which could support them in caring for their own oral hygiene.

We saw 'No Smoking' signs within the practice confirming that the practice adhered to the smoke free premises legislation.

Price lists were also clearly on display in the reception and waiting area.

All patients who completed a questionnaire told us that the dental team had given them aftercare instructions on how to maintain good oral health.

#### Dignified and respectful care

There were arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.

All patients who completed a questionnaire stated they felt that staff at the practice treated them with dignity and respect.

All patients stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it. All patients also told us that things were always explained to them during their appointment in a way they could understand. Some patients told us:

*“Very good and I feel I’m involved in treatment as much as I can be.”*

*“Everyone is friendly, caring and always clear in explaining everything. They are approachable.”*

*“Lovely dentist, was nervous but was soon put at ease.”*

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way. Doors to the surgeries were kept closed during treatments.

We found that the Nine Principles, as set out by the General Dental Council (GDC), were displayed on the patient notice board.

### **Individualised care**

In response to the HIW questionnaire, all patients told us that they were given enough information to understand which treatment options were available. All patients also told us that their medical histories were checked before treatment.

We found that the medical history of patients was checked and recorded within the sample of patient records viewed.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options and costs were made clear to them before treatment.

We found that treatment planning and options were recorded within the sample of patient records viewed. This meant patients were provided with information which enabled them to make an informed decision about their treatment.

## **Timely**

### **Timely care**

We saw that staff made every effort to ensure dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

Most patients (20/23) who completed the questionnaire said it was very easy to get an appointment when they needed one, and three patients told us it was fairly easy.

The majority of patients (17/23) who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and six told us they did not know. An emergency number was available should patients require urgent out of hours dental treatment. Contact information was displayed by the main entrance, given on the answer phone message and patient information leaflet.

## **Equitable**

### **Communication and language**

Almost all patients (21/22) who completed a questionnaire told us their preferred language was English, and one told us it was Welsh.

Some staff working at the practice were Welsh speakers, which helped to meet the needs of Welsh speaking patients. We were also told that the practice would endeavour to provide information to patients in their preferred language and format.

We were also told that, if required, staff could access translation services to help them communicate with patients whose first language was not English or Welsh.

The practice had a range of patient information available, including a patient information leaflet, which contained all the information required by the regulations and a complaints policy. All information was available in English and Welsh.

### **Rights and equality**

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

We found there was good access to the building. Wheelchair users and patients with mobility issues could access the reception, the waiting area and two surgeries located on the ground floor.

# Delivery of Safe and Effective Care

## Safe

### **Risk management**

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be very well maintained internally and externally. We saw that all areas were very clean, tidy and free from obvious hazards.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training.

Emergency exits were visible, and a Health and Safety poster was displayed.

The practice had a range of policies and procedures, as well as risk assessments in place, such as, fire and health and safety. All risk assessments were current and regularly reviewed.

We were assured that the premises were fit for purpose, and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

There was a business continuity plan in place to ensure continuity of service provision and safe care for patients.

### **Infection, prevention and control (IPC) and decontamination**

The practice had designated space for the cleaning and sterilisation (decontamination) of dental instruments. The facility was very clean, well-organised, well equipped and uncluttered.

The decontamination arrangements were good. Staff demonstrated the decontamination process, and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- There was ample personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded

- Instrument storage containers were sturdy and secure.

There were procedures in place for cleaning, sterilisation and storage of instruments which were in line with latest best practice guidelines.

An infection control audit had been completed using the Health Education and Improvement Wales (HEIW) audit tool, which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclave start and end of the day safety checks.

Each surgery had a cleaning checklist, and we saw that these had been regularly completed.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

There were appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags and containers in accordance with the correct method of disposal.

### **Medicines management**

There were suitable procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had two full time trained first aiders.

The emergency drugs were stored securely, and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was an effective system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

We were informed that all staff receive appropriate training on how to use oxygen cylinders as part of their annual cardiopulmonary resuscitation (CPR) training.

We saw that prescription pads were being stored securely.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

### **Safeguarding of children and adults**

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults. The Registered Manager was the nominated safeguarding lead and had completed level three training. In addition, all clinicians, including the therapist had also completed level three training.

Staff told us that they felt able to raise any work-related concerns directly with the practice manager and were very confident that concerns would be acted upon.

We saw that the practice had a whistleblowing policy in place.

### **Management of medical devices and equipment**

We viewed the clinical facilities and found that they contained the relevant equipment. The surgeries were very well organised, clean and tidy.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment and regular image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff.

The practice is in the process of introducing a third surgery on the first floor, which had been refurbished to a high standard. However, this surgery was not operational at the time of inspection. Before it can be brought into use, the practice must ensure full compliance with radiation protection requirements under the Ionising Radiation (Medical Exposure) Regulations. This includes providing evidence of the required documentation, confirmation of staff training, and updates to the radiation protection file.

The registered manager must ensure that a copy of the X-ray installation certificate, the critical examination report, and the X-ray local rules for the third surgery are submitted to HIW prior to the surgery becoming operational. In addition, the registered manager must confirm that all operators have received appropriate training in the safe use of the new X-ray equipment and that the radiation protection file has been updated to reflect the new installation and associated procedures.

## Effective

### Effective care

There were satisfactory arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

### Patient records

A sample of ten patient records were reviewed. Overall, there was evidence that excellent clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All records were individualised and included appropriate patient identifiers and reasons for attendance. The records were clear, legible, and of good quality. We found that language preferences for children were being recorded but not for adults. We discussed this issue with the principal dentists who immediately arranged for the medical history form to be updated to include language preferences for all patients during our visit.

We also noted that the practice currently graded radiographs using the traditional 1,2,3 system. We advised the practice to update its approach in line with current guidance, which recommends grading radiographs as either 'diagnostically acceptable (A)' or 'not acceptable (N)'. This change will ensure consistency with national standards and support accurate quality assurance processes, which the principal dentists agreed to implement.

The registered manager must ensure that the X-ray grading system is updated to reflect current guidance.

## Efficient

### Efficient

We found that the facilities were appropriate for dental services to be provided and there were processes in place for the efficient operation of the practice.

All staff we spoke with told us the facilities at the practice were suitable for them to carry out their duties and the environment was appropriate to ensure patients received the care they require.

We were told that referrals to other healthcare professionals were made electronically, which enabled efficient information sharing. We were also told that practice staff would follow up any referrals considered urgent, such as suspected oral cancer, to ensure patients were given a timely appointment.

Wherever possible, patients requiring urgent care and treatment were seen at the practice within normal opening hours to avoid patients having to attend urgent care or out of hours services.

# Quality of Management and Leadership

## Staff feedback

Staff who responded to the HIW questionnaire provided positive responses.

All staff who responded confirmed that the practice employed suitably trained staff and that they are able to manage the competing demands of their role. All staff also confirmed they had received an annual appraisal.

All staff agreed that the care of patients was a top priority and that they were satisfied with the quality of the care and support provided. All staff who responded would recommend the practice as a good place to work and agreed they would be happy for a friend or relative to receive the standard of care provided at the practice.

All staff confirmed that patient's privacy and dignity was maintained and that patients were always informed and involved in decisions about their care.

## Leadership

### Governance and leadership

We found good leadership and clear lines of accountability in place.

The day-to-day management of the practice was the responsibility of the practice manager who we found to be very committed and dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the practice manager and/or the principal dentists and they all felt well supported in their roles.

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures. All policies and procedures contained an issue and/or review date ensuring that they were reviewed regularly and that practices were up to date.

There were appropriate arrangements for the sharing of information through practice wide team meetings. A breadth of relevant topics was covered during these meetings and minutes maintained.

All clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had current public liability insurance cover.

## **Workforce**

### **Skilled and enabled workforce**

The practice manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

All staff working at the practice had a contract of employment and there was an induction programme in place, which covered training and relevant policies and procedures. We also saw that staff appraisals had been undertaken.

Staff files contained the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The registered manager confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

## **Culture**

### **People engagement, feedback and learning**

There was a written complaints procedure in place. This was available to all patients in the waiting area. Details were also included within the patient information leaflet and statement of purpose.

We discussed the mechanism for actively seeking patient feedback. Patients could give feedback verbally or via social media. We recommend that the practice introduce a more formal process for seeking patients' feedback and display the feedback analysis to demonstrate to patients that their individual feedback had been captured and acted upon to enhance learning and service improvements.

We discussed the mechanism for actively seeking patient feedback, which was done by providing patients with paper questionnaires. Patients were also able to give feedback via social media. In addition, a comments box was located by the reception desk. Details of the feedback analysis were discussed with the dental team and will be published on the practice website once redeveloped.

A Duty of Candour policy was in place. All staff who we spoke with told us they knew and understood their responsibilities under the Duty of Candour.

## **Information**

### **Information governance and digital technology**

Suitable communication systems were in place to support the operation of the practice.

The storage of patient information was appropriate, ensuring the safety and security of personal data. All paper records were kept securely, and electronic files were backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

## **Learning, improvement and research**

### **Quality improvement activities**

It was very evident that staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of patient records, X-rays, infection prevention and control and decontamination (compliance with WHTM 01-05), prescriptions, clinical waste, hand hygiene, health and safety, waiting times and patient feedback.

We found the dental team to be proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

However, we were informed that the registered manager had not yet assessed and monitored the quality of service provision as required by The Private Dentistry (Wales) Regulations 2017.

**The registered manager must arrange to assess and monitor the quality of service and provide HIW with a copy of the subsequent report.**

## **Whole-systems approach**

### **Partnership working and development**

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

We were told that an electronic system was used to refer patients, including those who required an urgent referral, to secondary healthcare services.

## 4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's [website](#).

# Appendix A - Summary of concerns resolved during the inspection

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

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

# Appendix B - Immediate improvement plan

**Service:** Clifton Dental Practice

**Date of inspection:** 23 September 2015

The table below includes any immediate 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan was required for this inspection.					

# Appendix C - Improvement plan

**Service:** Clifton Dental Practice

**Date of inspection:** 23 September 2025

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. Before the third new surgery can be brought into use, the practice must ensure full compliance with radiation protection requirements.	The registered manager must ensure that a copy of the x-ray installation certificate, the critical examination report, and the x-ray local rules for the third surgery are submitted to HIW prior to the surgery becoming operational. In addition, the registered manager must confirm that all operators have received appropriate training in the safe use of the new x-ray equipment and that the	IR(ME)R 2017	All certificates forwarded to HIW All training complete	Usman Ahmed  Usman Ahmed	Completed  Completed

		radiation protection file has been updated to reflect the new installation and associated procedures.				
2.	We found that the practice was not following the current guidance for grading x-rays.	The registered manager must ensure that the x-ray grading system is updated to reflect current guidance.	IR(ME)R 2017	Xray grading system updated and all clinicians on board	Usman Ahmed	Completed
3.	We found that the registered manager had not yet assessed and monitored the quality of service provision as required by The Private Dentistry (Wales) Regulations 2017	The registered manager must arrange to assess and monitor the quality of service and provide HIW with a copy of the subsequent report.	Regulation 16	Regulation 16: Monitoring and assessment of the quality of service provision report forward to HIW as required by The Private Dentistry (Wales) Regulations 2017	Usman Ahmed	Completed

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

### Service representative

**Name (print): Usman Ahmed**

**Job role: Principal Dentist & Registered Manager**

**Date: 17<sup>th</sup> November 2025**