

# General Dental Practice Inspection Report (Announced)

Cowbridge Dental Specialists, Cardiff  
and Vale University Health Board

Inspection date: 09 December 2025

Publication date: 11 March 2026



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Digital ISBN 978-1-83745-231-6

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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.



# Contents

1. What we did .....	5
2. Summary of inspection .....	6
3. What we found .....	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	13
• Quality of Management and Leadership .....	17
4. Next steps.....	20
Appendix A - Summary of concerns resolved during the inspection .....	21
Appendix B - Immediate improvement plan.....	22
Appendix C - Improvement plan .....	23

# 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 Cowbridge Dental Specialists, Cardiff and Vale University Health Board on 09 December 2025.

Our team for the inspection comprised of two HIW Healthcare Inspectors 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 spoke to staff working at the service during our inspection. In total, we received 21 responses from patients and five responses from staff. Some questions were skipped by some respondents, meaning not all questions had responses. 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 very positive feedback about the care and service provided by the dental practice. The majority of patients who completed the HIW questionnaire rated the service as 'very good.'

There was a good range of patient information displayed relating to orthodontics and sedation, although there was limited general oral healthcare information available.

Staff were polite and treated their patients with dignity and respect throughout the inspection.

Patients requiring emergency treatment could call at any time with the aim to be seen on the same day. The ground floor of the practice appeared well adapted for wheelchair users.

This is what we recommend the service can improve:

- To make additional relevant oral healthcare information available for patients.

This is what the service did well:

- Separate room for confidential conversations with patients
- Most patients found it easy to get appointments
- Notices displayed promoting the Active Offer of receiving treatment in the Welsh language with several staff able to speak Welsh.

### Delivery of Safe and Effective Care

Overall summary:

The dental surgeries were modern, well maintained, and decorated to a high standard. Patient areas were clean and free of hazards providing a safe environment to receive care.

Overall, we found good fire safety arrangements in place, with fire extinguishers serviced and fire exits signposted and clear of obstructions. However, improvements were required relating to the management of fire drills.

There were suitable arrangements for the safe management of drugs while equipment for use in an emergency was readily available and in date.

We found appropriate arrangements in place for safeguarding of children and vulnerable adults with a lead appointed and staff trained in the subject.

Patient dental records were detailed and easy to follow although there were some omissions that needed to be addressed.

This is what we recommend the service can improve:

- To ensure the business continuity policy is up to date with appropriate version control documented
- To ensure fire drills are conducted twice a year as a minimum, and that each event is recorded in a log.

This is what the service did well:

- Clean and well organised decontamination room, with all logs up to date
- Infection control lead very knowledgeable and organised
- Emergency and sedation drugs well managed
- Good X-ray compliance with well organised radiography file.

## Quality of Management and Leadership

Overall summary:

We found an effectively run and well-managed practice with a clear management structure in place. Suitable systems were seen for sharing information with staff, and there was a comprehensive range of policies to help staff in their roles.

There was an appropriate recruitment process in place with all necessary checks to ensure staff were fit to work at the practice. We found compliance with professional obligations and training was very good.

We found good arrangements to actively seek patient feedback, and this was regularly reviewed. A clear complaints procedure was in place with a dedicated staff member appointed to handle any that were received.

This is what we recommend the service can improve:

- To ensure the consistent recording of all details relating to the investigations of complaints.

This is what the service did well:

- Automated feedback requested from patients following a course of treatment

- Good level of compliance with mandatory staff training
- Good scheme of clinical audits in place as part of the practice's quality improvement activity.

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Overall, the responses to the HIW questionnaire were positive. 19 of the 21 respondents rated the service as either ‘good’ or ‘very good.’

Some of the comments provided by patients on the questionnaires included:

*“Staff are very pleasant. Calm environment. I am always put at ease. Very efficient appointments, easy to make. Extremely happy with the treatment that I am receiving.”*

*“I actually cannot fault the practice. From the level of care, information, guidance and help, everyone has been amazing.”*

*“I would like to thank you all for my care and treatment... the practice is fab and staff very caring and always try to fit me in for an appointment and solve any problems. Thank you all very much.”*

#### Person Centred

##### Health Promotion

We found lots of information displayed relating to orthodontics and sedation services provided at the practice. Treatment charges and the practice complaints procedures were also on display. The practice used a digital screen to provide additional information which ran on a loop. However, there was limited general dental healthcare information available such as smoking cessation, preventative oral care and diet advice.

**The registered manager must ensure additional relevant oral healthcare information is made available for patients at the practice.**

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice. However, these documents were not available on the practice website. We raised

this with the registered manager who rectified this shortly following the inspection.

The names of the dental team and their General Dental Council (GDC) registration numbers were displayed where they could be easily seen.

All respondents who answered the question on the HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand and were provided with aftercare instructions on how to maintain good oral health.

### **Dignified and Respectful Care**

During the inspection we found that staff were polite, friendly and treated patients with respect and kindness. Whilst the reception desk and waiting area were in the same room, we felt there was sufficient separation to enable discreet conversations to be held. Confidential and sensitive discussions could be conducted in private within the treatment co-ordinator's office. A confidentiality agreement was in place and formed part of staff employment contracts.

We saw that surgery doors were closed during treatments maintaining the privacy and dignity of the patients. Windows had an opaque film covering to restrict the view into surgeries from the corridor.

The GDC nine core ethical principles of practice were clearly displayed in the waiting area in both Welsh and English.

All except one respondent who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

### **Individualised care**

All except one respondent who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available and said they were given enough information to understand the risks and benefits associated with those treatment options. Most of the respondents agreed that charges were made clear prior to commencing treatment

All except one respondent told us they had been involved as much as they had wanted to be in decisions about their treatment and confirmed that their medical history was checked before receiving treatment.

We saw signs displayed to remind patients to inform the practice of any changes in their medical history, which we considered good practice.

## Timely

### Timely Care

We were told that the reception team would inform patients of any known delays to their appointment time. We were advised that waiting times between treatments were between four and eight weeks depending on where patients were within their course of treatment.

We were told that patients who required emergency treatment could contact the practice at any time with the majority seen on the same day, or within 24 hours at most. The practice opening hours, along with the out-of-hours contact details were clearly displayed outside the premises although this was not easily found on the practice website.

Most patients found it easy to get appointments when needed. Whilst most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, four respondents said that they did not.

## Equitable

### Communication and Language

We found some written information displayed in the practice was available in Welsh and English with several staff also able to communicate in Welsh. The practice had access to an appropriate translation service for patients whose first language was not English. We saw a notice in the waiting area promoting the Active Offer of providing a service in Welsh with further additional Welsh Language promotion material within the patient information folder.

There were four respondents to the patient questionnaire who said that Welsh was their preferred language. Three respondents said they felt comfortable using Welsh at the setting. One patient commented:

*“It was very nice to have my service in Welsh. More dentists should speak good Welsh.”*

Consultation appointments could be arranged via the practice online booking system, with subsequent in-treatment appointments arranged by the clinician and communicated to patients via text, email or appointment card whilst patient is in reception.

We were told information could be made available in other formats such as large print. A hearing loop was installed to assist the hard of hearing.

## **Rights and Equality**

We found dental care at the practice was being provided in a way that recognised the needs and rights of patients. We saw an up-to-date equality and diversity policy in place, and we saw that staff had completed training in this subject. We were assured that the rights of transgender patients were upheld including the use of preferred names and pronouns.

The practice was located on the ground floor with all surgeries and X-ray rooms well adapted for patients with impaired mobility with wide doorways, level flooring and a fully accessible toilet. We noted a lowered area on the front desk to help accommodate wheelchair users when reporting to reception.

All respondents who completed the HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice. Most considered the building to be accessible with one respondent being unsure.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We saw the dental practice was well maintained with spacious, well-lit, air-conditioned surgeries that had a consistent design layout. Internally, the environment was decorated and furnished to a high standard with comfortable waiting areas that were free from clutter and hazards. We found a buildings maintenance policy to help ensure the premises always remain fit for purpose.

We saw suitable arrangements for staff to change their clothes with personal belongings securely stored in the staff only area. There were appropriate up-to-date policies in place for health and safety and managing risks at the practice. An approved health and safety poster and the employer's liability insurance were displayed as required.

We found a business continuity policy in place to help ensure continuous safe running of the practice in the event of an emergency event. This contained the relevant emergency contacts and included the details of a local dental practice that could be used as a contingency. However, this document was missing a review date.

**The registered manager must ensure the business continuity policy is up-to-date and that any review dates are recorded as part of the version control of the document.**

We were assured that all appliances in the practice were safe to use with the five yearly Electrical Installation Condition Report (EICR), Portable Appliance Testing (PAT) records and annual gas safety certificate all completed within the last year.

The practice had a current fire equipment maintenance contract with an external provider. We saw that fire exits were well maintained and signposted, and that all fire extinguishers had been serviced within the last year. A fire risk assessment had been completed recently, and we discussed ensuring this was reviewed on an annual basis. We were told that fire drills were conducted just once a year, and they were not recorded.

**The registered manager must ensure fire drills are conducted twice a year as a minimum, and that each event is recorded in a log.**

We saw signs throughout the practice advising visitors that smoking was not permitted on the premises in accordance with legislation. We saw evidence that all staff had completed fire safety training.

### **Infection Prevention and Control (IPC) and Decontamination**

The dental surgeries were visibly clean and suitably furnished to enable effective infection control processes, while schedules were in place to support effective cleaning routines. Suitable hand wash facilities were available in each of the surgeries and toilets, and we found appropriate personal protective equipment (PPE) was readily available for staff to use. A designated IPC lead was appointed who we found to be very knowledgeable.

There was an appropriate IPC policy in place, and we saw evidence of regular infection control audits undertaken within the audit file. We saw that staff had completed relevant infection prevention and decontamination training.

All patients who answered the question in the HIW questionnaire told us they felt the practice was very clean and that staff followed infection prevention and control measures.

The practice had sharps injury protocols in place, and we saw that needlestick injury flowcharts were available in each surgery as a quick reference for staff in the event of an incident. The practice had appropriate access to local health board occupational health services.

The practice had a dedicated decontamination room which we considered to be well organised with suitable arrangements demonstrated for the decontamination of reusable dental equipment. We found daily checklists and cycle records logged and up to date. We saw evidence of regular maintenance and periodic checks of the decontamination equipment as required.

We saw a current contract was in place to safely transfer waste from the practice. Clinical waste produced by the practice was safely stored while awaiting collection.

Suitable arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH), with a comprehensive file that was being regularly reviewed.

### **Medicines Management**

We were told there were no medicines stored at the practice other than drugs for sedation and medical emergencies. There was an appropriate written policy in

place for responding to medical emergencies at the practice with suitable arrangements for emergencies where sedation is used.

We inspected emergency equipment and medicines at the practice and confirmed that all medicines were stored appropriately with a suitable process in place for the disposal of any out-of-date drugs. We saw evidence that all staff had completed resuscitation training within the last year.

We saw that service maintenance of oxygen cylinders had been carried out and that staff had completed relevant training in their use. We saw that the first aid kit was appropriately stocked and that there was a trained first aider appointed with another planned to complete training in January 2026 to ensure cover during staff absence.

### **Management of Medical Devices and Equipment**

We found all surgeries were suitably equipped to provide safe and effective dental treatment including sedation. Clinical equipment appeared clean and in good working order and we saw evidence of maintenance contracts in place for all devices.

We found documentation showing safe arrangements were in place for the use of the X-ray equipment including an up-to-date radiation risk assessment. Appropriate X-ray signage was displayed outside the relevant rooms, and we saw evidence of mandatory maintenance and testing of the X-ray equipment. An appropriate quality assurance programme was in place for the use of this equipment.

We saw evidence that all staff who were involved in the use of X-rays and providing sedation had completed the necessary training.

### **Safeguarding of Children and Adults**

We found a suitable policy in relation to safeguarding of children and vulnerable adults which included the contact details for the relevant local safeguarding team. The practice had a dedicated safeguarding lead appointed and staff had access to the latest guidance via the Wales Safeguarding Procedures mobile app.

All staff were appropriately trained and knowledgeable about child and adult protection while quick reference safeguarding flowcharts were available to aid staff in the event of a concern. We were told that wellbeing support was available for staff via the local health board occupational health team.

## Effective

### Effective Care

We found there was sufficient trained staff in place at the practice to provide patients with safe and effective care. Staff that we spoke to knew their roles and responsibilities. We were assured that statutory guidance was being followed when providing dental care and that relevant professional advice was available to staff if required. We saw recommended checklists were in use to minimise the risk of wrong tooth extraction.

### Patient Records

We saw that a suitable system was in place to help ensure patient records were managed safely and securely. We were told that patient records were retained for the appropriate periods in accordance with the Regulations.

We reviewed a sample of 10 dental care records for a range of patients. In general, we considered the quality of patient records to be good, clear and comprehensive. However, we identified some omissions in the records. There was inconsistent recording of verbal medical history checks, justifications for X-rays, basic periodontal examination (BPE) and of oral cancer screening conducted. We also found that historically, patient language preference was not being recorded, although we were told that this had now been implemented, and saw evidence to confirm this.

**The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.**

# Quality of Management and Leadership

## Staff feedback

Five staff responded to the HIW questionnaire and overall, responses were positive. Comments relating to the patient dignity and staff wellbeing were positive, with all respondents agreeing that care of patients was the top priority of the practice. All said they would be happy with the standard of care provided if a friend or relative needed treatment.

All respondents said that they felt facilities were appropriate to carry out their tasks, with adequate materials and access to information technologies to carry out their duties. All said that there was appropriate PPE available and used. However, whilst all said there was an appropriate skill mix at the practice, one respondent disagreed that there were enough staff to allow them to do their job properly.

Most staff (4/5) who completed the HIW questionnaire agreed that their working pattern allowed for a good work-life balance and said they would recommend the practice as a great place to work.

Some of the comments provided by staff included:

*“Lovely friendly multidisciplinary practice to work in with a great team approach to patient centred care. Standards of care are maintained to a high level.”*

*“Having a decontamination nurse would help the busy clinics and ten-minute appointment turn arounds using only one suitable autoclave.”*

However, one staff member said:

*“Lack of communication within the dental team.”*

The practice may wish to reflect on this feedback to ensure there is effective communication across the whole dental team.

## Leadership

### Governance and Leadership

There was a clear management structure in place, with the practice manager and principal dentist responsible for the day-to-day running of the practice with the assistance of the wider practice team. We found the practice to be well led with a

clear commitment to providing a high standard of service. On the day of our visit, we found the management team to be open and approachable to staff.

There were suitable arrangements for sharing relevant information and urgent safety notices including regular staff meetings. We saw minutes of meetings were recorded and shared with staff. These minutes appeared to be well organised although key action points were not always identified. We discussed implementing a system to consistently document confirmation that staff had read the minutes.

We found a comprehensive range of written policies available to support staff in their roles. All policies had been subject to regular reviews with a policy register maintained on the practice computer system.

Most staff (4/5) who completed the HIW questionnaire agreed that they had fair and equal access to workplace opportunities, and felt the workplace was supportive of equality and diversity.

## **Workforce**

### **Skilled and Enabled Workforce**

We considered the number and skill mix of staff were appropriate to deliver the dental services provided.

The practice had an up-to-date recruitment policy which set out the requirements in respect to the employment of staff at the practice. We found that a suitable induction process was in place to ensure new staff were aware of practice procedures and competent in their role.

We reviewed the personnel files of staff working at the practice and found compliance with professional obligations such as the General Dental Council (GDC) registration, indemnity insurance and Disclosure and Barring Service (DBS) certificates. We were told that compliance with workforce obligations were monitored by the practice management team.

We saw that staff had completed training on a range of topics relevant to their roles. Mandatory training compliance was good and was suitably monitored by practice management. A review of staff files indicated that staff had regular appraisals to review individual performance and identify development needs.

## Culture

### People Engagement, Feedback and Learning

We were told that patient feedback was obtained via an automated email sent to each patient following a course of treatment. Other suitable methods were described including a comments book in reception to enable patients without digital access to provide feedback. We discussed considering the use of a suggestions box to allow patients to provide any feedback anonymously. We were told that feedback is regularly reviewed and discussed at team meetings.

We saw the practice complaints procedure available in a patient folder in the waiting area. This indicated which staff member was appointed to handle complaints and included details of other organisations that patients could approach if dissatisfied with the response. We reviewed the complaints folder and noted there were very few raised. Those we found were mostly well documented with timely responses in accordance with the practice procedure. However, there was one complaint where the investigation notes lacked dates.

**The registered manager must ensure that the dates of all actions taken as part of the investigation process are suitably recorded.**

## Learning, Improvement and Research

### Quality Improvement Activities

Cowbridge Dental Specialists had a practice improvement policy with a good scheme of audits in place as part of their quality improvement activity. We saw examples of audits that had been recently completed including radiography, infection control, records management and patient waiting times. We saw evidence to show that changes were made because of these audits and national reviews.

We were told that the practice carries out peer reviews regularly with their clinical staff, and that all specialists worked at other practices and hospitals, providing lots of opportunities for peer review.

## 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 summaries 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
There were no immediate concerns resolved during this inspection.			

# Appendix B - Immediate improvement plan

**Service:** Cowbridge Dental Specialists

**Date of inspection:** 09 December 2025

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance concerns were identified on this inspection.					

## Appendix C - Improvement plan

**Service:** Cowbridge Dental Specialists

**Date of inspection:** 09 December 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
There was limited general dental healthcare information available such as smoking cessation, preventative oral care and diet advice.	The registered manager must ensure additional relevant oral healthcare information is made available for patients at the practice.	Quality Standard - Patient Centred	We will provide written information for adults and children. This will be in the form of leaflets to read and take away but also posters displayed in discrete areas such as the patient WC. This will include information on:  1.Maintaining good oral hygiene (suitable brushing techniques).  2.Preventative advice (healthy eating and diet	Registered manager	End of February 2026

			advice), smoking and vaping cessation and reducing alcohol consumption).		
The business continuity policy was missing a review date.	The registered manager must ensure the business continuity policy is up-to-date and that any review dates are recorded, as part of the version control of the document.	Regulation 8(1)(o)	We will update the business continuity policy with means of recording review dates	Registered manager	With immediate effect, policy updated and to be reviewed annually.
We were told that fire drills were conducted just once a year, and they were not recorded.	The registered manager must ensure fire drills are conducted twice a year as a minimum, and that each event is recorded in a log.	Regulation 22(4)(d)	Diarise 6-monthly fire drills and record attendance and date.	Registered manager	With immediate effect.
We identified some omissions in the patient records.	The registered manager must provide HIW with details of the action taken to address our findings in relation to the	Regulation 20(1)	At the next practice meeting highlight with staff the omissions in relation to completeness of patient records.	Registered manager	With immediate effect.

	completeness of patient records.		Regular clinical note audits to be undertaken.		
Mostly complaints were well documented with timely responses in accordance with the practice procedure. However, there was one complaint where the investigation notes lacked dates.	The registered manager must ensure that the dates of all actions taken as part of the investigation process are suitably recorded.	Regulation 21(5)	Registered manager made aware of omission of dates.  Complaints log must be followed and any complaints reviewed with registered manager.	Registered manager	With immediate effect.

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):** Clare Evans  
**Job role:** Registered manager  
**Date:** 05/02/2026