

# General Dental Practice Inspection Report (Announced)

Grand Valley Dental, Cwm Taf  
Morgannwg University Health Board

Inspection date: 20 January 2026

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In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

# 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 Grand Valley Dental, Cwm Taf Morgannwg University Health Board on 20 January 2026.

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 19 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:

Overall, patients provided positive feedback to the HIW questionnaire. All patients rated the service as very good or good, with comments describing friendly staff and professional care.

The practice demonstrated a commitment to providing patient-centred information, offering a wide range of health promotion materials and ensuring treatment options and costs were explained appropriately.

Staff were observed to be polite and respectful. Patients generally reported timely access to appointments, with same-day emergency care available and effective communication in the event of delays.

The practice supported equal access through bilingual communication, interpreter services, and adjustments for individual needs. Policies and training relating to equality, diversity and human rights were in place, and reasonable adjustments helped to ensure the service remained accessible to all.

This is what the service did well:

- Offered bilingual and inclusive communication
- Enabled timely access to routine and emergency appointments
- Provided clear, comprehensive patient information and health promotion materials.

### Delivery of Safe and Effective Care

Overall summary:

The environment was clean, generally well maintained, and appropriately equipped, with relevant health and safety risk assessments and maintenance certificates in place. Fire safety arrangements were robust, and staff had completed the required training.

Infection prevention and control (IPC) processes generally complied with Welsh Health Technical Memorandum (WHTM) 01-05 guidance; however, improvement was needed to ensure decontamination room surfaces were continuous and impervious.

Medicines were managed safely, although some dental materials were found without expiry dates, and one item was out of date. Emergency medicines and equipment were available and in date in line with Resuscitation Council UK guidance.

Clinical equipment was well maintained, and radiation protection arrangements met regulatory requirements. However, we noted quality checks of computer screen calibration were required.

Generally patient records were clear and well maintained. However, we found recordings of Basic Periodontal Examinations (BPE) were inconsistent, and there was no process in place for following up suspected oral cancer referrals.

This is what we recommend the service can improve:

- Ensure a process is in place to check dental material expiry dates
- Ensure patient records are fully maintained in line with best practice guidelines.

This is what the service did well:

- Demonstrated robust fire safety arrangements and compliant staff training
- Emergency medicines and equipment were available and in date
- Appropriate safeguarding procedures with the safeguarding lead trained to level three.

## Quality of Management and Leadership

Overall summary:

Overall, staff feedback indicated a positive and supportive working environment. Staff who responded to the HIW questionnaire felt the facilities were appropriate to ensure safe patient care, and all agreed they would be happy for family members to receive treatment at the practice.

The practice demonstrated a clear and effective leadership structure, with regular team meetings, documented policies, and established governance arrangements. Systems for risk management, information governance and incident learning were in place and used to support service improvement.

Staffing levels and skill mix were reported as appropriate, and staff had access to mandatory and additional training opportunities. Recruitment processes were generally sound; however, some staff were missing references.

The practice used a range of audits and quality improvement tools to support safe and effective care. Partnership working with external organisations supported continuity of care and enabled effective communication.

This is what we recommend the service can improve:

- Strengthen recruitment processes to ensure references are obtained for all staff.

This is what the service did well:

- Demonstrated clear leadership and governance arrangements
- Used audits and quality improvement tools to support safe and effective care
- Held regular team meetings with documented learning and communication.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Overall, the responses to the HIW questionnaire were positive. We asked patients how they would rate the service provided by the setting. All respondents rated the service as 'very good' (18/19) and 'good' (1/19).

Patient comments included:

*"Excellent service from start to finish."*

*"... All the staff are very friendly and helpful, they all go above and beyond in their duties at this dental practice."*

*"Every contact with the practice is excellent and I really value the time they give me at appointments, never feel rushed which my friends say they feel at their dentist."*

*"The service at every visit is always exemplary. Friendly and professional. The practice is clean and well maintained."*

#### Person-centred

##### Health promotion and patient information

We saw a range of patient information available within the reception area. This included information on smoking cessation, an eat well guide, looking after mouths, sepsis and various oral health information. We noted posters were displayed to inform patients of the dental hygienist and therapist job roles and the treatments they provide. The practice had a patient information leaflet and Statement of Purpose available in the waiting area and within a dedicated patient information folder. The practice Statement of Purpose was also available on the practice website. We found both documents contained the information required by the Private Dentistry (Wales) Regulations 2017.

Information on NHS and private treatment prices were displayed within the waiting room and within the patient information folder. Signs were displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation.

The names and General Dental Council (GDC) registration numbers of staff were displayed in the waiting area and externally in an area easily seen by patients. Information on non-GDC registered staff was also available.

The practice telephone number, website address, opening hours, and emergency out of hours number was displayed clearly outside the practice. We noted this information was available bilingually.

### **Dignified and respectful care**

During the inspection we observed staff being polite, friendly and treating patients with kindness and respect. We saw the GDC nine core principles of ethical practice were displayed in English and Welsh within the waiting area. All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

The reception desk was located within the waiting room. We were told staff were able to use dental surgeries or the office should patients request to have a conversation in private. We found doors to clinical areas were solid and were kept closed whilst treating patients. We saw a confidentiality policy and procedure in place which had been reviewed and signed by all staff.

### **Individualised care**

We reviewed a sample of eight patient records and confirmed appropriate identifying patient information, medical histories and treatment options were being recorded.

Where applicable, all respondents who completed the HIW questionnaire agreed they were given enough information to understand treatment options available to them and the majority agreed the cost was made clear to them before receiving treatment.

## **Timely**

### **Timely care**

Patients could access appointments by telephone or in person at the reception desk. We heard the telephone lines working effectively on the day. We were told private patients had access to an online booking system where they could book examination, emergency and hygiene appointments.

We were advised the current average waiting time between treatment appointments was three weeks; this was dependant on the treating clinician. Where an appointment may be needed sooner, patients would be triaged and the practice would be flexible to arrange an appointment as required. Patients are informed they can access emergency appointments by phoning the practice, and

we were told patients were typically seen on the same day. The practice also provided emergency appointment slots for non-registered NHS patients five times per week through the local health board.

In the event of a delay to an appointment time, clinicians communicated with reception via an internal messaging system. Staff would then inform patients verbally in person or ring the patient ahead of their appointment to offer an alternative time.

Most (15/19) respondents to the HIW questionnaire said it was 'very easy' to get an appointment when they needed one, with 2/19 stating it was 'fairly easy' and 2/19 saying 'not very easy'.

## **Equitable**

### **Communication and language**

We found the practice provided a bilingual service, with posters and leaflets available in both Welsh and English, including information such as the Statement of Purpose, NHS Putting Things Tight, chaperone policy and smoking cessation advice.

We were told one staff member at the practice spoke Welsh fluently and others were able to use basic phrases. Staff were encouraged to wear 'Iaith Gwaith' badges, and these were observed during the inspection. We were told some staff had completed an online course in basic Welsh phrases, and further Welsh language training would be provided if requested.

The practice recorded the preferred language of each patient on their records. Staff used Welsh language with patients where possible and we observed staff answering the phone bilingually on the day of the inspection.

Patient information was available in alternative formats such as large print when requested. The practice had access to Language Line interpreter services to enable them to treat patients whose first language is not English. Staff understood the importance of communicating with patients in their preferred language to support the delivery of good health care.

For patients without digital access, appointments could be made by telephone or in person, and printed appointment details or letters were provided when needed.

### **Rights and equality**

We found the practice had an Accessibility policy and an Equality, Diversity and Human Rights policy in place which had been reviewed by staff. All staff had completed Equality and Diversity training. The practice ensured the equality rights

of transgender patients were upheld by recording preferred pronouns and names on patient records.

All respondents to the HIW questionnaire told us they had not faced discrimination when accessing the services provided by the practice.

We found reasonable adjustments were in place to ensure the setting was accessible to all. One dental surgery was located on the ground floor, and a portable ramp was available if required at the front entrance. A hearing loop was available at the reception desk for those with difficulty hearing.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found that the practice was visibly clean, safe, and secure. The premises were in a good state of repair both internally and externally, and the size and layout was suitable for the services provided. There was one waiting room which was appropriate for the three dental surgeries. Staff had suitable storage facilities to allow them to store personal items and use toilet facilities to change.

Lighting, heating, and ventilation appeared appropriate. We found signage was clear, including door signs and toilet signs which were bilingual. Toilets were signposted and equipped with sanitary disposal, handwashing and drying facilities.

Dental equipment was in good condition, and appropriate items were available to enable effective decontamination between uses. Single-use items were in place where appropriate.

A health and safety risk assessment had been completed within the last year, and relevant policies were in place, including building and equipment maintenance, health and safety, and business continuity. An employers' liability insurance certificate was displayed, and a Health and Safety Executive (HSE) poster was accessible to staff.

We saw evidence of certificates for gas safety and five-year electrical installation, which had been completed within the last year. We noted the certificate for Portable Appliance Testing (PAT) was no longer valid having expired its 12-month period. This was raised to the registered manager and resolved on the day of the inspection.

We found fire safety arrangements to be robust. A fire risk assessment had been completed and reviewed annually. Fire extinguishers were serviced in December 2025, with multiple located throughout the practice. Fire alarm and emergency lighting maintenance contracts were in place and had been completed within the last year. Weekly fire alarm tests were undertaken, and fire drills took place every six months, with the last drill completed in January 2026. All staff had completed fire safety awareness training. Fire exits were clearly signposted, and instructions in the event of a fire were displayed.

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

We found the practice had appropriate infection control policies and procedures in place to maintain a safe and clean clinical environment. Hand hygiene facilities were appropriate, and personal protective equipment (PPE), including gloves and aprons, were accessible and used appropriately.

The practice had two designated decontamination rooms available which we found were both equipped with appropriate facilities for the decontamination and sterilisation of dental instruments. Suitable processes and equipment were in place to safely transport instruments around the practice. However, we noted in both decontamination rooms the work surfaces were not continuous, with gaps visible between the walls and the countertops. We raised this to the registered manager, who told us the practice is undergoing renovation and the practice will soon only have one decontamination room and would be completely redesigned. This was due to be completed by April 2026.

**The registered manager must ensure worksurfaces are impervious and continuous within the decontamination room and provide HIW with evidence of works completed.**

Occupational health support was available to all staff through the local hospital. Staff were aware of the needlestick injury protocol, which was accessible in clinical areas. We were told dentists used a re-sheathing technique for needles and they were currently reviewing the use of safer sharps. We were also provided with an appropriate sharp instruments risk assessment.

We found decontamination processes were appropriate. Pre-sterilisation cleaning was carried out using an ultrasonic bath and magnification light, and autoclaves were in use with cycle records maintained. Daily maintenance checks and start/end-of-day protocols were followed, and periodic tests were completed in line with Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

Waste disposal arrangements were appropriate, with contracts in place for clinical waste, amalgam, sharps, and other hazardous materials. Clinical waste was stored securely in separate bins and expired medicines were disposed of appropriately. We saw Control of Substances Hazardous to Health (COSHH) materials were stored securely and appropriately.

### **Medicines management**

We saw an appropriate medicines management policy in place, supported by procedures for ordering, safe handling, and disposal of medicines. Medicines were stored securely in a locked drawer within a designated room.

We identified some dental materials that did not have expiry dates available and one item that was out of date. This was brought to the attention of the registered manager and appropriate action was taken on the day to dispose of the items.

**The registered manager must implement a robust procedure to ensure all medical materials are checked on a regular basis and kept in date.**

Records of medicines administered were kept within patient notes. Patients were provided with information about prescribed medicines, and the staff were aware of the Yellow Card scheme for the reporting of adverse effects if required.

A designated medicines fridge was available, and temperatures were being checked and recorded daily. Staff were aware of the procedure to follow in the event of a temperature falling outside the acceptable range.

We found a medical emergency policy was in place which was based on current national guidelines and reviewed annually. We saw evidence that all staff had completed cardiopulmonary resuscitation (CPR) training within the last year, and evidence was shown of the next planned training. All emergency drugs were available, in date, and met national guidelines. Systems were in place to replace expired items and record checks.

Resuscitation equipment that is recommended by the Resuscitation Council UK was available and in date, oxygen cylinders were serviced annually. We saw a first aid kit was available with all items in place and in date. Two staff members were trained first aiders.

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

We found an appropriate safeguarding policy and procedure was available which had been reviewed within the last year. The policy included local contact details for safeguarding teams, including names and telephone numbers. Safeguarding flow charts were also available in each dental surgery.

Staff were able to access up-to-date guidance on child and adult protection matters through the Wales Safeguarding Procedures app and by completing safeguarding training. All staff had completed safeguarding training to the required level, and the safeguarding lead had completed level 3 training.

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

We found that clinical equipment at the practice was safe, in good condition, and suitable for its intended purpose. Staff had received appropriate training to ensure they could safely use all equipment, and arrangements were in place to promptly

deal with any device or system failure. A maintenance and inspection schedule was in place for the compressor, which had been serviced within the last year.

Radiation protection arrangements complied with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) requirements. Staff were aware of their duty holder roles and responsibilities, which were reviewed annually. Patients were provided with information about the benefits and risks of X-rays, and pregnancy enquiries were made in line with practice policy.

Radiation protection documentation included local rules, risk assessments, and arrangements for maintenance and incident reporting. Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS) information was available, and X-ray equipment and maintenance records were seen. However, we noted the practice did not complete quality checks on computer screens to ensure calibration was correct.

**The registered manager must complete quality checks on computer screens to ensure calibration is correct to read dental X-rays.**

## Effective

### Effective care

There was evidence that professional, regulatory, and statutory guidance was followed when providing treatment. The practice used Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong-site tooth extractions.

### Patient records

We reviewed a sample of eight patient records. Overall, the recording of information was clear and was being maintained to a good standard. Each patient had identifiers, reason for attendance, risk assessments and oral hygiene and diet advice. However, we found the recording of Basic Periodontal Examinations (BPE) for patients was not consistent.

**The registered manager must ensure Basic Periodontal Examinations are recorded consistently and in line with GDC guidance.**

The practice had systems in place for record keeping and records management that supported patient care and upheld the rights of patients. An appropriate records management policy was in place.

The practice appropriately managed and protected personal information in compliance with the Data Protection Act 1988 and General Data Protection

Regulation (GDPR). Paper records, including radiographs and photographs, were securely stored in locked filing cabinets. Digital records were backed up to a secure cloud system, and records were retained in line with appropriate retention policies.

Follow-up and discharge letters for referred patients were documented in patient notes and managed online. However, we noted there was no process in place to follow up suspected oral cancer referrals.

**The registered manager must ensure a robust follow up process is in place for suspected oral cancer patients.**

## **Efficient**

### **Efficient**

A system was in place to offer appointments that became available due to cancellations, ensuring efficient use of clinical time. We found dentists referred patients to hygienists or therapists as appropriate. The registered manager said they are currently expanding the premises allowing further dental surgery space.

# Quality of Management and Leadership

## Staff feedback

Staff who responded to the HIW questionnaire provided positive comments overall. All those who responded felt the environment and facilities were appropriate to ensure patients received the care required. Staff felt patient care was a top priority and patients were informed and involved with care decisions. All those who responded said they would be happy for their family members to receive care at the practice and agreed it is a good place to work.

Staff comments included:

*" Staff are treated equally. Patients are treated fairly with empathy and understanding of their individual needs."*

*"...Very supportive manager and boss, postgraduate graduate training courses are also paid for by the practice which is very helpful."*

*"Very supportive environment..."*

## Leadership

### Governance and leadership

We found the practice had a clear and effective management structure in place to support the running of the practice. Team meetings were held monthly with topics including decontamination, diary management, health and wellbeing, and compliance. We were told there were also separate meetings for dental nurses in addition to the whole team meeting. Meetings were documented, and staff who could not attend were updated verbally, with key points shared via WhatsApp where appropriate.

Governance, leadership, and accountability were appropriate for the size and complexity of the service. Team development tools such as the Maturity Matrix had been completed within the last year. There were clear arrangements for identifying, recording, and managing risks, with issues reported to the practice manager being addressed promptly. Safety alerts were received by the practice manager and shared with the team in meetings as necessary.

A policy folder was maintained, and policies were reviewed annually with version control present. Staff signed to confirm they had read and understood the policies.

## Workforce

### Skilled and enabled workforce

A rota system was in place to plan staffing levels effectively. We were told the practice made use of agency staff, and we saw an induction check list that was used to ensure they knew all the relevant information about the practice.

All staff who responded to the HIW questionnaire agreed that there was an appropriate skill mix at the practice. Most staff members agreed that there was enough staff to allow them to do their job properly with one disagreeing.

The practice supported staff to maintain their professional registration, and we were told checks were carried out online to confirm staff remained compliant.

Staff were able to raise concerns to the practice manager or practice owner. We saw a whistleblowing policy was in place, including contact details for external advice. We also saw evidence of internal whistleblowing training to ensure staff were aware of the processes.

We reviewed a sample of five staff records and found evidence of GDC registration, Disclosure and Barring Service (DBS) checks, appraisals and employment history. However, we noted the following which required improvement:

- 3/5 did not have any references available
- 1/5 had one reference available
- 1/5 did not have Hepatitis blood results available.

Evidence of Hepatitis B blood results were provided to HIW shortly following the inspection. Further details on actions taken can be found in [Appendix A](#).

**The registered manager must review their employment procedures to ensure pre-employment checks are appropriately completed, and records are routinely reviewed to ensure compliance.**

Staff had access to online training, with evidence that all staff had completed the necessary mandatory training to the required levels. Personal Development Plans (PDP) were kept within staff personnel folders and a training matrix to show Continuing Professional Development (CPD) was available to monitor compliance with mandatory training. The practice supported staff to undertake additional courses, and we were told one dental nurse had recently completed fluoride varnish training and another was currently completing a radiography course. All staff that responded to the HIW questionnaire said they felt they had appropriate training to undertake their role.

A staff recruitment policy was in place, and an induction checklist was completed for all new staff. New employees received an employee handbook, and we were told the practice manager would observe new clinical staff to support their transition into the role.

Any performance concerns were escalated to the practice manager. We were told these would be raised in appraisals or sooner in one-to-one meetings where required. A disciplinary procedure was also in place if necessary.

## Culture

### People engagement, feedback and learning

Patients were able to leave feedback online and a suggestions box with feedback forms were available in reception. Patients also received automated feedback requests via the practice management system, which allowed anonymous responses.

We were told patient feedback was reviewed monthly and shared with the team in meetings with any relevant learning discussed. A “You said, we did” display was available to demonstrate how patient comments had led to improvements. Evidence was available to show learning had taken place and changes made following incidents.

A complaints procedure was available and easily accessible to patients within the waiting area. The complaints process was in keeping with the Putting Things Right arrangements for NHS patients, with relevant information displayed at reception. The written information set out clear processes, timescales for acknowledgement and response, and signposting to a range of external support services including HIW, GDC, Public Service Ombudsman for Wales, Dental Complaints Service, citizens advice and Llais. The information included details of how to escalate concerns if local resolution was not achieved.

We were told the practice owner was responsible for managing complaints, and staff roles were outlined within the complaints policy. We saw a complaints folder was in place, and we were told informal or verbal concerns were documented in a dedicated book for staff to review and monitor for themes.

We saw a Duty of Candour policy which had been reviewed in the last year. The policy clearly outlined staff roles and responsibilities. Staff were able to describe the principles of Duty of Candour, and all staff had completed Duty of Candour training.

## Information

## **Information governance and digital technology**

The practice used an electronic system to manage patient records. A mixture of paper and digital system was in place for staff training records and all policies and procedures.

An accident book was maintained, and both staff and patient-related incidents were logged appropriately. Information relating to patient safety was shared with the team through staff meetings. The practice used information from incidents to support improvements in the quality and safety of the service.

## **Learning, improvement and research**

### **Quality improvement activities**

We found that the practice had systems in place to monitor and support ongoing quality improvement. Quality-related activity was undertaken through the completion of a range of clinical and non-clinical audits, and monitoring feedback from patients. The practice monitored and responded to information arising from complaints, patient feedback and regulatory reports.

We saw a range of audits were undertaken, including radiography, Welsh Health Technical Memorandum (WHTM 01-05), and healthcare waste. Peer review took place through dentist meetings led by the senior clinician; however, this was not formally recorded.

## **Whole-systems approach**

### **Partnership working and development**

The practice demonstrated effective partnership working with a range of external organisations. Staff contacted the GPs of patients when required to obtain relevant clinical information and maintained regular communication with local pharmacists.

We found that the practice engaged with external quality management systems, including eDEN dashboards and NHS Compass. These systems were used to help the practice meet contractual requirements and maintain oversight of key performance indicators.

## 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
One staff member did not have Hepatitis blood results available.	The absence of Hepatitis B results poses a risk of staff infection and may lead to potential patient exposure.	Raised immediately to the registered manager.	Issue was raised to the staff member, and they provided evidence of Hepatitis B vaccination and blood results which were then stored within the staff member's personnel file.

## Appendix B - Immediate improvement plan

**Service:** Grand Valley Dental

**Date of inspection:** 20 January 2026

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
1. There were no immediate assurance / non-compliance issues found.					

# Appendix C - Improvement plan

**Service:** Grand Valley Dental

**Date of inspection:** 20 January 2026

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. We noted in both decontamination rooms the work surface was not continuous, with gaps visible between the wall and the countertop.	The registered manager must ensure worksurfaces are impervious and continuous within the decontamination room and provide HIW with evidence of works completed.	WHTM 01-05 Chapter 6 (6.46)	The practice is beginning expansion and renovations; both decontamination rooms are being replaced by a centralised decontamination suite which will be compliant with WHTM 01-05	James Grandfield	Estimated completion date is April 2026
2. We identified some dental materials that did not have expiry dates available and	The registered manager must implement a robust procedure to ensure all medical materials are	The Private Dentistry (Wales) Regulations 2017 13(4)	All materials will be kept in original boxes until used - unless a date is present on the capsule/container.	James Grandfield	February 2026

	one item that was out of date.	checked on a regular basis and kept in date.		Staff involved in checking stock dates will be rotated to try improving the accuracy of checks		
3.	We noted the practice did not complete quality checks on computer screens to ensure calibration was correct.	The registered manager must complete quality checks on computer screens to ensure calibration is correct to read dental X-rays.	The Private Dentistry (Wales) Regulations 2017 13(2)(a)	Quality checks of computer screens have been carried out, and this has now been added to our clinical governance calendar.	James Grandfield	February 2026
4.	We found the recording of Basic Periodontal Examinations (BPE) for patients was not consistent.	The registered manager must ensure Basic Periodontal Examinations are recorded consistently and in line with GDC guidance.	The Private Dentistry (Wales) Regulations 2017 20(1)(a)	This has been fed back to clinicians and will be highlighted in our next clinical notes audit. In our next clinician's meeting, the 'essentials of note keeping' will be on the agenda	James Grandfield	March 2026
5.	We noted there was no process in place to follow up suspected oral cancer referrals.	The registered manager must ensure a robust follow up process is in place for suspected oral cancer patients.	The Private Dentistry (Wales) Regulations 2017 13(9)(a)	Each surgery will now have a referrals log. Urgent referrals will have their own section, and this be followed up weekly	James Grandfield	February 2026

6.	3/5 staff members did not have a reference available, and 1/5 staff members had only one reference available.	The registered manager must review their employment procedures to ensure pre-employment checks are appropriately completed, and records are routinely reviewed to ensure compliance.	The Private Dentistry (Wales) Regulations 2017 18	The recruitment pack has now been updated and a 'reference request form' added. This is also added to our pre-employment checklist. New staff members have already been employed and this followed successfully	James Grandfield	February 2026
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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): JAMES GRANDFIELD**

**Job role: Practice Owner**

**Date: 17/02/2026**