Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Smart Smiles Ystrad Mynach, Aneurin Bevan University Health Board

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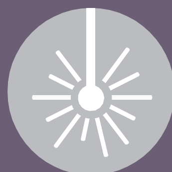

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

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 12
- Quality of Management and Leadership 17

4. Next steps 21

Appendix A – Summary of concerns resolved during the inspection 22

Appendix B – Immediate improvement plan 23

Appendix C – Improvement plan 24

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 Smart Smiles Ystrad Mynach, Aneurin Bevan University Health Board on 12 January 2026.

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 invited staff to complete a questionnaire to tell us their views on working for the service. A total of 37 questionnaires were completed by patients and 4 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.

A wide range of oral health promotion information was available in the waiting areas, and the practice ensured that key documents; including the Statement of Purpose and patient information leaflets, were accessible and compliant with regulations. Information on NHS and private fees, opening hours and emergency arrangements were displayed clearly.

Staff were observed treating patients with dignity, maintaining confidentiality and following ethical guidance. Patient records sampled during the inspection contained appropriate information, and patients reported that treatment options and costs were explained before care was provided. The practice facilitated timely access, offering telephone, in-person and online booking options, with systems in place to accommodate emergencies promptly. Extended hours provided additional flexibility for patients.

The service supported equal access by offering a bilingual service, recording preferred languages and providing interpretation when required. Staff had completed equality and diversity training, and policies were in place to promote fair treatment and prevent discrimination. Reasonable adjustments were made wherever possible to support individual needs.

This is what the service did well:

- Staff treated patients with kindness and respect
- Timely access to appointments
- Bilingual service provided.

Delivery of Safe and Effective Care

Overall summary:
The environment was visibly clean, well maintained and suitably equipped, with appropriate ventilation, clear signage and accessible facilities. Risk assessments, including health and safety and fire safety, had been completed and were up to date. We saw evidence of safety checks being carried out as required. Infection prevention and control procedures were robust, with a dedicated decontamination room, clear cleaning schedules and compliant decontamination processes following

Welsh Health Technical Memorandum (WHTM 01-05) guidance. Staff had access to occupational health support, and sharps safety procedures were well established.

Medicines were managed safely, stored securely and monitored effectively. Emergency drugs and equipment were present, in date and maintained according to national guidance. Safeguarding arrangements were appropriate, with staff trained to the required level and able to describe the correct escalation process. Clinical equipment was well maintained, and radiation protection requirements were met, with appropriate documentation and quality assurance processes in place.

The practice followed national clinical guidelines, and patient records were comprehensive, securely stored and maintained in line with data protection legislation.

This is what the service did well:

- Robust processes in place for the treatment of periodontal disease
- Clinical records were robust
- All staff had access to Wales Safeguarding Procedures.

Quality of Management and Leadership

Overall summary:
Staff responses to the HIW questionnaire were positive, with respondents reporting that the practice was a good place to work and that patient care was prioritised. A defined management structure was in place, supported by regular team meetings, risk-management processes and the timely sharing of safety alerts. Policies were well organised, reviewed annually, and staff had signed to confirm they had read and understood them.

Staff were appropriately skilled, with effective staffing arrangements, annual appraisals, and access to training and professional development. Most recruitment information was available in staff files; however, of the four reviewed, only one reference was available for each staff member. Staff felt supported to raise concerns, and a whistleblowing policy and open-door culture were in place.

The practice encouraged patient feedback through several accessible methods, and learning from feedback was shared with staff. Complaints were managed in line with Putting Things Right guidance and signposted clearly. Governance arrangements supported safe information management, and incidents were used to drive improvements. Quality improvement activity evidenced, with regular audits, peer review, and engagement with external quality systems.

This is what we recommend the service can improve:

- To ensure all staff going forward have two references available
- Paper feedback forms available in the reception area to be made clearly visible.

This is what the service did well:

- Clear and effective management structure in place
- Improvements made following audits
- Training, appraisal and professional development systems were well established.

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' (34/37) or 'good' (3/37).

Patient comments included:

> *"... The setting is very bright and clean and takes the worry away. Explanations are offered to my own level of understanding."*
>
> *"The staff are always very kind."*
>
> *"Excellent service and care."*

Person-centred

Health promotion and patient information
We saw a wide range of health promotion leaflets and posters available within the waiting areas. This included information on diet, smoking cessation and oral hygiene. The practice patient information leaflet was readily available at the reception desk. The Statement of Purpose was available on the practice website and was available from reception when requested. 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 area. We saw signs notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation.

The names, General Dental Council (GDC) numbers and job roles of the dental team were available internally and externally in an area easily seen by patients. We noted information on non-GDC registered staff was also available.

The opening hours, telephone number and emergency out of hours numbers for NHS and private patients were displayed clearly outside at the entrance to the practice. This information was also available on the practice website.

Dignified and respectful care

During the inspection we observed staff treating patients with kindness and respect. The GDC nine core principles of ethical practice were displayed in the waiting area in English and Welsh.

The reception desk was located within the downstairs waiting area. Staff were able to use an 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 evidence that staff had signed a confidentiality agreement which was kept within their individual personnel folders.

Individualised care

We reviewed a sample of ten patient records and confirmed appropriate identifying patient information and medical histories were included.

Where relevant, all respondents who completed the HIW questionnaire agreed they were provided with enough information about the treatment options available, and agreed the cost was clearly communicated before they received treatment.

Timely

Timely care

Patients could book appointments by telephone or in person at the reception desk. An online booking system was in place for private patients. This system allowed private patients to book routine examinations, new patient assessments, and consultations through the practice website.

We were told the average waiting time between treatment appointments was one week. To minimise delays, all treatment appointments were scheduled during the initial consultation or examination, enabling patients to plan their care in advance. Slots were reserved within the diary specifically for emergencies, ensuring that patients with the most urgent needs were seen promptly. We were told patients requiring an emergency appointment were typically seen on the same day. The practice also provided emergency slots for non-registered NHS patients once a 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, and reception staff then informed patients verbally. Additionally, the practice was able to send SMS messages to patients to notify them of any delays.

The practice offered appointments at times convenient to patients, including extended hours one weekday evening and Saturday openings on a rota basis. These

arrangements provided flexibility for patients with varying schedules. All respondents to the HIW questionnaire said it was ‘very easy’ or ‘fairly easy’ to get an appointment when they needed one.

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 GDC nine principles, Putting Things Right, and smoking cessation advice. We were told the practice was supported by the health board to implement the Active Offer. Staff were encouraged to wear ‘Iaith Gwaith’ badges, and these were observed during the inspection, along with signage in the reception area.

The practice recorded patients’ preferred language on their records. Staff used Welsh language with patients where possible. We were told Welsh language training was available for staff if requested.

Patient information was available in alternative formats, such as large print or audio, if requested. The practice had use of Language Line interpreter services and could arrange British Sign Language interpreters with prior notice. 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 an equal opportunities policy was in place, which had been signed by staff and last reviewed in September 2025. We were told staff had completed equality and diversity training. The practice reported that everyone was treated equally and without judgment.

Procedures were in place to protect patients and staff from discrimination, including a bullying and harassment policy that referenced the Equality Act 2010.

Reasonable adjustments were made where possible to ensure access for all patients. The practice ensured the equality rights of transgender patients were upheld by recording preferred pronouns and names on patient records.

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 were suitable for the services provided. There were two waiting rooms, one upstairs and one downstairs, which were appropriate for the number of dental surgeries. There were four dental surgeries, one of which was on the ground floor, and an orthopantomogram (OPG) X-ray room. Staff had access to a designated area for storing personal items and changing.

Lighting, heating, and ventilation appeared appropriate, with air conditioning in each surgery and ventilation in the decontamination room. We found signage was clear, including door signs, toilet signs, and X-ray warning lights. Toilets were signposted and equipped with sanitary disposal, handwashing and drying facilities, grab rails, and baby changing facilities.

Clinical facilities and equipment promoted safe and effective care. 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.

The practice had suitable accessibility measures in place. A downstairs surgery and accessible toilet with grab rails were available, and a hearing loop was installed. We were told patients unable to use the external steps to the practice were offered appointments at another Smart Smiles practice in the locality, and staff checked accessibility needs during booking.

An appropriate health and safety risk assessment had been completed in May 2025, and relevant policies were in place, including building maintenance, health and safety, risk assessment in dentistry, and business continuity. We saw evidence of certificates for gas safety, Portable Appliance Testing (PAT), and electrical installation. Employers' liability insurance was displayed, and a Health and Safety Executive (HSE) poster was accessible to staff.

We found fire safety arrangements were robust. A fire risk assessment had been completed in January 2026, and all actions had been addressed. Fire extinguishers were serviced in October 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 carried out, and fire

drills took place every six months, with the last drill completed in January 2026. All staff had completed fire safety training in September 2025. 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. A designated decontamination room was available and equipped with appropriate facilities. The environment was in a good state of repair to enable effective cleaning, and cleaning schedules were available. Hand hygiene facilities were appropriate, and personal protective equipment (PPE), including gloves and aprons, were accessible and used appropriately.

A designated infection control lead was in place, and occupational health support was available through the local hospital. All staff were able to access this support, which included assistance with vaccinations and sharps injuries. We were told dentists used a re-sheathing technique and a risk assessment had been completed for the safe use of needles. Staff were aware of the needlestick injury protocol, which was accessible in clinical areas.

We found decontamination processes were robust. Instruments were transported in appropriate boxes and processed separately from clinical work in the decontamination room. Pre-sterilisation cleaning was carried out using an ultrasonic bath, and dental impressions were disinfected appropriately. Two autoclaves were in use, with cycle records downloaded weekly. Daily maintenance checks and start/end-of-day protocols were followed, and periodic tests were completed in line with Welsh Health Technical Memoranda (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) substances 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 cabinet within a designated room with the key kept in a separate location.

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 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. 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, including an automated external defibrillator (AED) with adult and child pads. Oxygen cylinders were serviced annually, and staff had completed BOC specific oxygen cylinder training. 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.

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, with some staff members having completed level 3 training, which is considered best practice.

During discussions, staff demonstrated awareness of who to contact locally in the event of a concern and understood the steps they would take to identify, respond to, and report allegations of abuse. Staff confirmed that support would be available from senior staff if needed.

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 in February 2025. We saw evidence that the practice was registered

with the Medicines and Healthcare products Regulatory Agency (MHRA) to manufacture custom made dental appliances using their milling machine.

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 with posters available around the practice, 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. X-ray equipment and maintenance records were available, and Quality Assurance (QA) reports were completed as required. We advised the practice to complete the Health Education and Improvement Wales (HEIW) Quality Improvement Tool for Ionising Radiation as it would enable them to have more information regarding carers and comforters.

Effective

Effective care

There was evidence that professional, regulatory, and statutory guidance was followed when providing treatment, including the use of guidance such as Delivering Better Oral Health (DBOH).

The practice used Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong-site tooth extractions. There was also evidence that staff sought relevant professional advice, including making referrals to specialists for further guidance when required.

Patient records

We reviewed a sample of eight patient records and found each had identifiers, reason for attendance, risk assessments and oral hygiene and diet advice. The practice had systems in place for record keeping and records management that supported patient care and upheld patients' rights. An appropriate records management policy was in place, and a consent policy. Both written and verbal consent were obtained as required.

The practice appropriately managed and protected 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 models were scanned and stored digitally. 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. Dentists contacted patients referred for suspected oral cancer to ensure hospital appointments had been attended.

Efficient

Efficient
The practice had processes in place for patients requiring urgent dental care, which helped avoid attendance at out-of-hours services.

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 as appropriate, and processes such as Skills Optimiser Self-Assessment Toolkit (SOSET) and the Maturity Matrix Dentistry (MMD) tool were completed to ensure the team evaluated and optimised how they work.

Quality of Management and Leadership

Staff feedback

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

Staff comments included:

> *"Practice is managed and run well."*

Leadership

Governance and leadership

We found the practice had a clear and effective management structure in place to support the running of the practice. We saw evidence of team meetings, with topics including stock management, cleaning, X-ray audits, and teamwork. Formal meetings were held every three months, and due to the small size of the team, additional informal meetings were arranged on an ad-hoc basis when needed. 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. 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 as necessary.

A policy folder was maintained, and policies were reviewed annually. 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 did not use agency staff. The setting made use of staff from within the wider Smart Smiles group when additional staff were required, which ensured continuity of care for patients. All staff who responded to the HIW questionnaire

said there was enough staff to allow them to do their job properly and that there was an appropriate skill mix at the practice.

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

Staff told us they felt able to raise concerns, and the practice manager had an open-door approach in place. Staff were able to raise concerns to the practice manager, practice owner or other senior staff within the organisation. A whistleblowing policy was in place, including contact details for external advice.

We reviewed a sample of four staff records and found evidence of health screening, Hepatitis B blood results, GDC registration certificates where applicable and Disclosure and Barring Service (DBS) checks. Appraisals were carried out annually, and we were told additional reviews took place if required. However, we noted that only one reference was available for each staff member, when two references were required.

The registered manager must ensure processes are in place to ensure two references are gained for new employees to the practice.

Staff had access to online training, with evidence that all staff had completed the necessary mandatory training to the required levels. Continuing Professional Development (CPD) logs and Personal Development Plans (PDP) were kept within staff folders to monitor compliance with mandatory training. The practice supported staff to undertake additional courses, and we were told some dental nurses were completing extended duties courses. Of the staff that responded to the HIW questionnaire, all said they felt they had appropriate training to undertake their role.

An induction 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 head nurse would observe new clinical staff to support their transition into the role. Job vacancies were advertised using recognised platforms, and the practice followed an interview and screening process.

Any performance concerns were escalated to the practice manager, who held one-to-one meetings where required. A disciplinary procedure was also in place if necessary.

Culture

People engagement, feedback and learning

We found that the practice had several methods in place to enable patients to provide feedback about their care and experience. Patients were able to leave feedback using QR codes displayed throughout the practice, and feedback forms

were available in reception. However, we noted that these forms were obstructed by other leaflets, and we advised the practice to make them more visible. Patients also received automated feedback requests via the practice management system, which allowed anonymous responses.

The practice took steps to make feedback accessible to all patients, including those who might be vulnerable. Family members were able to provide feedback on behalf of patients, and individuals were able to raise comments directly with the practice manager. Paper-based feedback opportunities were available via medical history forms.

We were told the practice manager reviewed feedback daily and shared any relevant learning with the team. A “You said, we did” display was available to demonstrate how patient comments had led to improvements. There had been no recent incidents requiring changes, but staff told us they would act on any identified learning.

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 the Dental Complaints Service, GDC, Ombudsman, HIW, and Llais. The information included details of how to escalate concerns if local resolution was not achieved.

We were told the practice manager 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 would be documented in patient notes and placed in the complaints file.

We saw a Duty of Candour policy which had last been reviewed in September 2025. The policy clearly outlined staff roles and responsibilities. Staff were able to describe the principles of Duty of Candour, and reported feeling encouraged to raise concerns and to be open with patients if something went wrong. The practice manager told us staff had participated in discussions on this topic; however, not all staff had completed Duty of Candour training. Evidence of completed Duty of Candour training was provided to HIW shortly following the inspection.

Information

Information governance and digital technology

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

We found that the practice had systems in place to record patient safety incidents. 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. This included making changes to practice procedures and completing risk assessments where required to reduce the likelihood of reoccurrence.

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 staff training, and the completion of a range of clinical and non-clinical audits. 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), hand hygiene, antimicrobial prescribing, healthcare waste and smoking cessation. Evidence was seen of changes being made as a result of audit outcomes. Peer review took place through dentist meetings led by senior clinicians, and the practice planned to introduce study clubs across the organisation to further support professional development. Recent audit activity included work on periodontal pathways, which improved treatment planning and patient outcomes.

We were told the practice made use of Quality Improvement tools such as Denplan Excel and Bronze Quality Improvement (QI).

Whole-systems approach

Partnership working and development

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

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

4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service: Smart Smiles Ystrad Mynach

Date of inspection: 12 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.	No immediate concerns found.					

Appendix C - Improvement plan

Service: Smart Smiles Ystrad Mynach

Date of inspection: 12 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 that some files contained only one reference, when two references are required.	The registered manager must ensure processes are in place to ensure two references are gained for new employees to the practice.	The Private Dentistry (Wales) Regulation 2017 Regulation 18(e)	The Practice manager has reviewed the recruitment process and identified gaps in the referencing procedure. Recruitment policies have been updated to explicitly require two verified references for all new employees prior to commencement. A recruitment checklist has been implemented, and all	Practice Manager	Completed (Ongoing monitoring for all future recruitment)

			current staff files have been audited to ensure compliance. Any missing references have been requested and obtained where possible.		

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): **Billie Taylor**

Job role: **Practice Manager**

Date: **29/01/2026**