

General Dental Practice Inspection Report (Announced)

Tynwydd Dental Practice,
Cardiff

Inspection date: 22 January 2026

Publication date: 24 April 2026



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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

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

Our priorities

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



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Tynewydd Dental Practice, Cardiff and Vale University Health Board on 22 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 14 questionnaires were completed by patients or their carers and five were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that staff at Tynewydd Dental Practice were committed to providing a positive experience for their patients. The premises provided a pleasant environment internally for patients. We observed staff treating patients in a polite, friendly and professional manner. A good range of information was provided to patients about the service and treatments provided.

Appropriate measures were in place to ensure patients were able to easily access both routine and emergency care.

Clinics were positioned to protect the privacy of patients and were not part of a throughfare for the practice. This allowed for patients to have private conversations with staff. We noted that surgery doors had glass panels and staff arranged for frosted coverings to be installed to fully protect patient dignity. The practice provided a calm, clean and well managed environment, which supported patient comfort and contributed to reducing any potential anxiety during their visit.

This is what we recommend the service can improve:

- The documentation of medical history could benefit from enhanced detail and thoroughness.

This is what the service did well:

- Friendly approachable staff
- Treatment information made clearly available to patients
- Provided comprehensive information on all procedures in both standard leaflet format and accessible easy read versions.

Delivery of Safe and Effective Care

Overall summary:

We found that Tynewydd Dental Practice was meeting the relevant regulations associated with the health, safety and welfare of staff and patients. Staff were committed to delivering a quality service.

Comprehensive measures were implemented to safeguard the safety and wellbeing of both staff and visitors.

Risk assessments covered fire safety, environmental considerations, and all aspects of health and safety. The premises were maintained to a high standard internally,

free from hazards, and fitted with regularly serviced equipment. However, we saw a large crack on the external façade running from the roof intermittently to the floor. We advised the registered managers to have an expert assessment undertaken to eliminate any potential risk to the building.

Infection prevention and control (IPC) protocols were well implemented, supported by an established IPC policy and routine audits. Cleaning schedules were adhered to consistently, and personal protective equipment as well as hand sanitiser were readily accessible.

Safeguarding policies, procedures, and flowcharts were available to guide staff. There was clear evidence that all personnel had undertaken safeguarding training and demonstrated an active understanding of identifying safeguarding concerns.

There were appropriate arrangements in place to ensure that X-ray equipment was operated safely and in accordance with relevant regulatory requirements.

All staff had undertaken cardiopulmonary resuscitation (CPR) training, and emergency drugs and equipment were securely stored and subject to routine checks. However, we identified some improvement was required. We identified that there was no expiry date on either contents of the CPR box or on the outside of the box

Clinical records were being maintained; however, further improvement is required to ensure documentation consistently demonstrates the planning, delivery and evaluation of care to safeguard patient safety and wellbeing.

This is what we recommend the service can improve:

- Cardiopulmonary resuscitation equipment should be checked daily and audited weekly to avoid equipment expiring or becoming contaminated

This is what the service did well:

- Surgeries were clean, well equipped and fit for purpose
- There were two designated decontamination rooms one for the first-floor surgery and one for the ground floor. This ensured carriage of contaminated instruments was minimal.

Quality of Management and Leadership

Overall summary:

We found that the practice had good leadership and clear lines of accountability. The two principal dentists owned the practice and demonstrated commitment to providing a high standard of care.

Staff records were well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings being held.

There was a comprehensive range of policies and procedures in place, which were regularly reviewed and updated. The practice made good use of electronic systems to support the management and improvement of the service.

This is what we recommend the service can improve:

- Ensure the policies are version marked so that changes can be identified year on year.

This is what the service did well:

- Effective management of the practice
- A long-established team of staff that worked well together
- Staff files well maintained
- Staff training mechanism was current and regularly updated.

3. What we found

Quality of Patient Experience

Patient feedback

Fourteen patients provided responses to the HIW questionnaire with comments being positive. All those who responded were satisfied with the cleanliness of the practice and felt they were treated with dignity, care and respect.

Patient comments included:

"Care is exceptional. Staff are friendly and polite."

"I have been coming here for years and wouldn't go anywhere else."

Person-centred

Health promotion and patient information

There was a good range of patient information available at the practice promoting healthy living and good oral health. We saw posters and leaflets about various topics including smoking cessation, healthy eating and oral cancer awareness. The leaflets were also available in Easy Read which we noted as good practice.

Copies of the patient information leaflet were readily available in the waiting room. The practice had an up-to-date statement of purpose which we advised should be on display for patients to see. A copy was put on display in the waiting area during our inspection.

'No smoking' signs were clearly displayed, showing that the practice complied with the smoke-free premises legislation.

Dignified and respectful care

There were arrangements in place to protect the privacy of patients. However, we felt this could be improved upon; we noted glass panels on the doors to the dental surgeries. We acknowledged that the glass panels were not in a direct pathway of patients in the waiting area. However, we suggested that a frosted covering may provide patients with additional privacy during treatments. The service arranged for additional frosting to be applied to the glass panels following the inspection which protected privacy while allowing light into the surgeries.

All patients who completed a questionnaire and those who we spoke to during the inspection stated they felt that staff at the practice treated them with dignity and respect. All patients also told us that procedures were always explained to them during their appointment in a way they could understand.

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

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

The names, roles, and GDC registration numbers of the dentists and hygienists were prominently displayed outside the practice. Additionally, all clinical staff members were identified in the waiting area with both their names and photographs to facilitate easy recognition.

Individualised care

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

We found that the medical history of patients was generally checked and recorded within the sample of patient records we viewed, although there were some inconsistencies between the two principal dentists.

The registered managers must ensure that the medical histories of patients are checked and recorded within patient records to help identify any health risks, allergies or relevant conditions that may affect any clinical decisions.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options. All costs were made clear to them before treatment. We also saw listed treatment costs for private treatment and NHS on display in the waiting area.

We found that treatment planning and options were recorded within the sample of patient records viewed.

Timely

Timely care

We saw that the opening hours of the practice were prominently displayed outside the premises and included within the patient information leaflet.

Reception staff indicated that patients would be verbally informed of any delays to their appointment time and offered the option to reschedule if necessary. Staff confirmed that time for emergency appointments was incorporated into each dentist's daily schedule, with prioritisation based on patient symptoms and clinical need. A cancellation list was maintained to optimise appointment utilisation.

Telephone numbers for accessing emergency care outside regular hours, applicable to both NHS and private patients, were provided externally at the practice and featured in the patient information leaflet.

Equitable

Communication and language

It was noted that one dentist was able to communicate with patients in Welsh upon request. Additionally, a HIW questionnaire was completed in Welsh, with the respondent confirming that the option to consult in Welsh was always available if desired.

The practice maintained a well-established team with comprehensive knowledge of patients' needs and communication preferences, which were systematically recorded. Patient information materials were accessible in both English and Welsh.

Staff demonstrated awareness of the 'Active Offer' initiative and understood how to obtain guidance from the local health board regarding its implementation.

Rights and equality

The practice has established an equality, diversity, and human rights policy, which incorporated references to applicable legislation and protected characteristics. Additionally, there was a dedicated policy addressing disability and discrimination.

A disability access assessment had been completed, indicating that wheelchair accessibility is limited due to multiple steps at the entrance. This information is communicated during appointment scheduling via telephone with reception.

Patients who are unable to navigate the stairs within the practice are accommodated with appointments in the ground floor surgery. Individuals who use wheelchairs are directed to a nearby practice with accessible facilities.

Patient records include documentation of preferred names and pronouns.

Delivery of Safe and Effective Care

Safe

Risk management

A substantial crack was identified in the external facade extending from the first floor to ground level. The registered managers had previously commissioned a building survey that offered initial assurance; however, we recommended reassessing the current condition and monitoring for any signs of further deterioration.

The premises were visibly clean, tidy and free from clutter.

The practice had policies in place relating to health and safety and ensuring the quality and suitability of facilities and maintenance of equipment.

The arrangements for handling and storing materials governed by the Control of Substances Hazardous to Health (COSHH) were satisfactory.

We observed detailed documentation of routine water testing for Legionella, followed by an audit process.

We saw evidence of up-to-date portable appliances testing (PAT) and gas appliances and an up-to-date electrical installation condition report.

Documentation pertaining to fire safety was thoroughly reviewed, including records of fire drills and routine inspection and maintenance of fire safety equipment. All escape routes were clearly marked with exits available at both the front and rear of the premises. Fire extinguishers of various types were properly installed, clearly signposted, and had undergone regular inspections and servicing. Staff had access to changing facilities and a secure storage for personal items.

The mixed-gender patient toilets were visibly clean, both upstairs and on the ground floor with suitable hand washing, drying facilities and a sanitary disposal unit. Staff had access to a separate toilet facility.

Infection, prevention and control (IPC) and decontamination

Comprehensive arrangements were established to maintain a high standard of infection control. These measures encompassed well-defined policies and procedures, as well as a robust cleaning protocol. A senior staff member was appointed as the infection control lead, with responsibility for overseeing all clinical audits.

The practice maintained two dedicated rooms for the decontamination and sterilisation of dental instruments, in accordance with Welsh Health Technical Memorandum WHTM 01-05. Procedures relating to processing, decontamination, and sterilisation were found to be suitable and consistently understood by staff. Equipment was subject to regular checks that were appropriately documented.

All respondents to the HIW questionnaire felt that the practice was very clean and that infection prevention and control measures were evident.

Medicines management

A review of medicines management arrangements confirmed that robust and secure protocols were established for the handling and storage of medications.

Appropriate procedures were followed regarding waste disposal. All clinical waste was securely stored within a locked internal area of the building, ensuring appropriate safety measures.

We inspected the arrangements and equipment in place to deal with medical emergencies. Emergency equipment and drugs were available and stored in an accessible area. However, we noted that expiry dates were not visible on the individual items or their containers. We discussed this with staff who immediately ordered new stock for next day delivery.

The registered managers must implement weekly checks of emergency equipment, as required by UK Resuscitation Council guidance, to ensure all items remain within their expiry dates.

Additionally, we noted that an emergency drug intended for paediatric use had expired; this was promptly replaced during our inspection.

We saw that first aid kits were available and regularly checked. We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that two members of staff were trained first aiders.

Safeguarding of children and adults

Up-to-date safeguarding policies and procedures with quick-reference flowcharts were on display in the clinical area and available to all staff. Staff were aware of the All-Wales Safeguarding Procedures and had access to the mobile phone application.

Staff had up to date training in the safeguarding of both adults and children. One of the principal dentists was the safeguarding lead and had appropriate level 3

training. Additional members of the team were also trained up to level 3, and all other staff were trained at level 2.

Management of medical devices and equipment

Clinical equipment at the practice was found to be safe, well-maintained, and suitable for use. Servicing records for all equipment were appropriately documented. One dental chair required refurbishment due to damaged upholstery. However, this matter was being addressed during our visit, and adequate measures were implemented to prevent contamination throughout the process.

The practice maintained a comprehensive radiation protection file, including an inventory of X-ray equipment, documented maintenance records, and established local rules. A review of staff training records confirmed that relevant staff are currently trained in accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). However, it was noted that a Vista Scan X-ray appliance was located in the staff communal area due to Wi-Fi requirements. The registered managers immediately arranged for the Vista Scan appliance to be relocated in a clinical area to better adhere to infection control regulations.

Effective

Effective care

The practice demonstrated effective systems for the acceptance, assessment, diagnosis, and treatment of patients. Staff described the procedures for acquiring and adhering to professional guidance and recommendations. Clinicians engaged in informal, internal peer review processes appropriate for a small practice setting.

We saw clear evidence that the practice invested in updating equipment to provide a high standard of care. One principal dentist had recently completed training in dental implant and equipped the practice with relevant equipment.

Patient records

Patient records were held electronically and in line with an appropriate records management policy.

A review of ten patient records demonstrated that record-keeping practices met acceptable standards. Nonetheless, one principal dentist noted variability in the documentation process and proposed updates where required. Furthermore, although oral cancer screenings were performed, these assessments were not explicitly documented as such.

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

Efficient

Efficient

This team demonstrated effective collaboration and consistently delivered good care to their patients.

Quality of Management and Leadership

Staff feedback

All staff members have been employed at the practice for several years, reflecting stability within the team. Staff reported feeling well-prepared for their roles due to comprehensive training, which included both mandatory requirements and training specific to their individual positions.

Feedback from staff highlighted that the facilities and work environment are well-suited to both completing tasks efficiently and supporting patient care.

Respondents agreed that they are able to meet the demands of their work, and that they have access to ample materials and personnel. The skill mix within the team was considered appropriate, and information and communications technology (ICT) systems were described as reliable.

Staff also rated aspects such as patient privacy, involvement, and the overall quality of care highly. They emphasised that patient care is the primary focus of the practice, with many expressing that they would recommend the workplace to others and are satisfied with the standard of care provided.

Leadership

Governance and Leadership

The two principal dentists were the owners and registered managers. We found there was a commitment to providing a high standard of service and a positive approach to making improvements.

Regular team meetings were held, with minutes circulated and signed off to ensure all staff were kept up to date. Staff had regular appraisals, with an opportunity to discuss progression and training requirements.

A comprehensive set of policies and procedures was established and subjected to regular review. Staff members acknowledged their understanding by signing and dating each policy. However, there was no version control and to note any changes made year on year to any policy this would be required

Workforce

Skilled and enabled workforce

Comprehensive measures were implemented for staff employment. Policies and procedures outlining the recruitment process and verification protocols for prospective employees were available for review. These protocols encompassed validation of identity, assessment of qualifications and vaccinations, and

confirmation of appropriate Disclosure and Barring Service checks. The practice did not engage agency or locum personnel.

A review of five staff records confirmed registration with the General Dental Council, coverage under professional indemnity insurance, and adequate Hepatitis B vaccination compliance. Adherence to mandatory training requirements was exemplary, and management systems supporting these processes were robust and effective.

Staff had consistent access to training opportunities and were actively encouraged to pursue continuous professional development.

Culture

People engagement, feedback and learning

Patient feedback was actively sought, with a designated box available in the waiting area for comments. Upon receipt of feedback, both registered managers were informed and would respond as appropriate.

A comprehensive complaints procedure was established, with a poster prominently displayed to inform patients of the process. Staff confirmed that copies of the procedure could be provided upon request. The procedure outlined relevant contact details, response timescales, and instructions for escalation where necessary.

The complaints policy included information regarding various external organisations that support resolution processes for both NHS and private patients. Staff reported that complaints were infrequent and that any received would be documented in patient records. We suggested an additional file and log be maintained so that themes could be identified

The practice maintained a Duty of Candour policy, with staff completing online training in accordance with requirements.

Information

Information governance and digital technology

Effective communication systems were implemented to facilitate the practice's operations. Patient information was stored appropriately, upholding strict safety and confidentiality standards. All paper records were securely maintained, and electronic files were routinely backed up. Computer screen access remained

protected and discreet. A comprehensive data protection policy informed staff of their responsibilities regarding information security.

Learning, improvement and research

Quality improvement activities

It was clearly demonstrated that the staff at the practice were committed to the ongoing enhancement of service delivery. We were presented with a range of audits undertaken as part of the practice's continuous quality improvement initiatives, including reviews of patient records, radiographs, infection prevention and control measures, decontamination procedures (compliance with WHTM 01-05), prescription management, clinical waste handling, hand hygiene practices, health and safety protocols, waiting times, and patient feedback.

The dental team displayed a proactive approach, extensive knowledge, and professionalism, evidencing their ability to identify and utilise appropriate sources for advice and guidance.

Whole-systems approach

Partnership working and development

The practice communicated effectively with external partners through telephone, email, and online platforms.

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
Paediatric Midazolam from emergency resuscitation kit had expired.	Fail to deliver essential medication in the event of a seizure.	This had already been identified by the registered managers and the medication was replaced during our inspection.	Medication was made available from a local pharmacy.
A number of items within the emergency resuscitation box did not have expiry dates. In such instances the date is generated on the box and applies to all items. There was no date on the box.	Risk of disintegration and contamination if they had expired.	Discussed with both registered managers and stock was reordered.	Items ordered during the visit for next day delivery.

Appendix B - Immediate improvement plan

Service: Tynewydd Dental Practice

Date of inspection: 22.01.2026

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 improvements were identified on this inspection.					

Appendix C - Improvement plan

Service: Tynewydd Dental Practice

Date of inspection: 22 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 identified some omissions in the records. There was also inconsistent recording of oral cancer screening recorded as a tissue assessment and incomplete templates.	The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	Regulation 20(1)(a)(i) and (ii)	Templates have been modified and is now using AI dictation on Dentally.	Christiaan Jenkins	Immediate Completed
2. We found a significant crack in the external facade from first floor to ground level.	The owners must: <ul style="list-style-type: none"> Keep HIW updated on progress of work to resolve the cracked wall 	Regulation 22(2)(b)	Builder has been contacted and photographed crack. Awaiting date for surveyor	Christiaan Jenkins	Surveyor - Apr 26 Completion -6mths

		<ul style="list-style-type: none"> • Provide written assurance as to the structural integrity of the premises Repair/clean damaged guttering and ensure the design of the downpipe enables water from the roof to be carried away from the property to an absorbent area. 		Guttering to be cleaned and repaired	Christiaan Jenkins	To be completed Apr 26
3	We found that all policies required version control	The owners must ensure that all policies are version controlled so that updates and reviews are tracked.	Regulation 20(1)(a)(i) and (ii)	Version dated and signed on all policies	Sian James	Immediate Completed

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

Service representative

Name (print):

Job role:

Date: