

General Dental Practice Inspection Report (Announced)

Cedars Dental Practice, Cardiff and
Vale University Health Board

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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 Cedars Dental Practice, Cardiff and Vale University Health Board on 10 February 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 18 questionnaires were completed by patients and one was 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, patients reported a positive experience of care at the dental practice. Feedback highlighted a friendly, professional team and a service that was easy to access. The practice provided good patient information, promoted dignity and respect, and generally met patients' individual needs. There were effective arrangements in place for appointments, accessibility, and communication.

Staff were observed treating patients with dignity, kindness, and respect. Patients found it easy to get appointments, including urgent appointments when required. Reasonable adjustments were in place to support accessibility, including a chairlift and ground-floor toilet facilities. The practice promoted equality and respected patients' preferences, including names and pronouns.

Some areas for improvement were identified, around ensuring patient privacy and strengthening how feedback and complaints information is displayed.

This is what we recommend the service can improve:

- Improve patient privacy in Surgery 2 so patients cannot be seen during treatment
- Continue to strengthen how patient feedback is shared to show how it is used to improve the service.

This is what the service did well:

- Patients rated the service as 'good' or 'very good' and provided positive comments about staff professionalism and kindness
- Treatment prices, opening hours, emergency contact details, and HIW registration certificates were clearly displayed
- Patient records were well maintained, with clear medical histories and treatment information.

Delivery of Safe and Effective Care

Overall summary:

The practice had good systems in place to keep patients safe and deliver effective care. The environment was clean, well-organised, and supported safe treatment. Infection prevention and control arrangements were strong, and patients felt confident in the cleanliness of the practice. Staff were well trained, emergency

equipment and medicines were generally well managed, and safeguarding arrangements were robust.

The premises were clean, tidy, and free from obvious hazards, with appropriate facilities for patients and staff. Health and safety arrangements were in place, including risk assessments, safety testing, and appropriate insurance cover. Fire safety systems were well managed, with regular testing, training, drills, and maintained equipment. Strong infection prevention and control practices were observed, supported by staff training, audits, and effective decontamination processes.

Emergency drugs and equipment were stored safely, regularly checked, and staff were trained to respond to medical emergencies. Although the medical emergency kit contained a full range of breathing face mask sizes for both adult and children (infant to large), they were not labelled with the required numerical sizing (0-4). Nor were there paediatrics pads for the defibrillator (although they were advised during their cardiopulmonary resuscitation (CPR) training, they can use adult pads) in the emergency equipment.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff were able to demonstrate their knowledge of the procedures to follow in the event of a medical emergency and how to report a medication related incident. However, the setting did not have a standalone medical emergencies policy; instead, relevant information was dispersed across several different policies.

Where issues were identified, these were mostly related to documentation, equipment completeness, and clarity of policies. Most of these were addressed quickly during or shortly after the inspection, showing a positive and proactive approach to improvement.

This is what we recommend the service can improve:

- Introduce a clear, standalone medical emergencies policy so staff can easily access guidance in an emergency
- Ensure all equipment maintenance schedules are fully documented and readily available
- Record patients' language preferences consistently within patient records to support personalised care.

This is what the service did well:

- Safeguarding arrangements for children and adults were robust, with up-to-date policies, trained staff, and a safeguarding lead in place
- Clinical records were of a high standard, clear, and individualised, demonstrating safe and effective care
- The practice operated efficiently, with timely access to urgent care and effective referral processes.

Quality of Management and Leadership

Overall summary:

Staff spoke very positively about working at the practice and felt well supported by management. They were clear about their roles, confident in raising concerns, and committed to providing high-quality care for patients. Leadership and governance arrangements were effective, with good oversight of staff, policies, training, and quality improvement activities.

Leadership arrangements were clear, with a committed and approachable practice manager. Policies and procedures were available, up to date, and supported safe working practices. Recruitment checks, appraisals, and staff training were in place and well managed. Patient information was stored securely, with good information governance arrangements. The practice worked well with other healthcare services to support patient care.

A small number of improvements were identified, mainly around formalising policies and strengthening how patient feedback, complaints information, and Duty of Candour arrangements are shared and embedded.

This is what we recommend the service can improve:

- Develop and implement a formal recruitment and induction policy to ensure consistency for all staff
- Display clear information for patients about the Putting Things Right process
- Share the results and learning from patient feedback so patients can see how their views are used
- Introduce a Duty of Candour policy and provide training to ensure staff fully understand their responsibilities.

This is what the service did well:

- Staff reported high levels of job satisfaction and said they felt supported and valued
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3. What we found

Quality of Patient Experience

Patient feedback

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

“Always been extremely professional and friendly. Really like my dentist and hygienist.”

“The staff are extremely helpful and work as a great team. Kind and caring, everything you need and want from a dental surgery.”

“Very good service, nothing to fault at all.”

Person-centred

Health promotion and patient information

We saw a good range of patient information available in the reception area and waiting room. This included information on smoking cessation, oral health and antibiotic information. The practice had a satisfactory patient information leaflet and statement of purpose, which were both available within the waiting room.

Information on treatment prices was displayed within the waiting room.

We saw signs 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 the clinicians and other GDC registered staff were displayed in the waiting area of the practice..

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

We noted the practice had HIW’s official registration certificates for the registered manager and setting displayed in the reception area.

The practice telephone number, emergency out of hours details and opening hours were displayed clearly at the entrance to the practice.

Dignified and respectful care

During the inspection we observed staff being friendly, polite and treating patients with kindness and respect. Nearly all patients who responded to the HIW questionnaire agreed that staff treated them with dignity and respect. The GDC nine core principles of ethical practice were displayed in the waiting area.

We saw a confidentiality policy in place which had been reviewed by all staff. The main reception desk was within the waiting area, however the two downstairs rooms allowed staff to have confidential conversations both on the phone and in person if necessary. There were solid doors to clinical areas and surgeries which were kept closed whilst treating patients. However, the glass window present in Surgery 2 located to the front of the setting meant patients could potentially be seen having treatment which reduced privacy.

The registered manager must ensure that patient privacy is maintained and prevent patients from being visible during treatment.

Individualised care

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

Where applicable, all respondents who completed the HIW questionnaire agreed that they were given enough information to understand treatment options available to them, was given enough information to understand the risks and benefits of the treatment options available and agreed the cost was made clear to them before receiving treatment. Nearly all respondents agreed that their medical history was checked before treatment.

Timely

Timely care

There was an online booking system available to patients which was mainly used for emergency or hygienist appointments. The setting arranged appointments by telephone, email or in person at reception. We heard telephone lines working effectively on the day.

We were advised the average waiting time between treatment appointments was two weeks. Patients are informed they can access emergency appointments by calling the practice in the morning and we were told they can usually be seen within 24 hours.

Staff working in the dental surgeries informed reception staff of any delays. We were told reception staff would then inform patients verbally in person and would offer the option to rearrange their appointment. Nearly 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 were told none of the staff at the practice were able to speak Welsh fluently. When asked, the registered manager told us staff would be directed to Welsh language training if interest was shown. We were assured that if patients wanted to speak Welsh or needed any other language this would be accommodated through Language Line.

We saw some patient information that was available in English and Welsh. We were told the practice received support and information from the local health board to implement the 'Active Offer'.

We were told patient information would be available in large print if requested; however, other alternative formats were not available. Patients without digital access would receive information by letter and contact would be made via telephone if available.

Rights and equality

The practice had an adequate and up to date policy in place to promote equality and diversity. Staff told us preferred names and/or pronouns were recorded on patients records to ensure all patients were treated equally and with respect.

We found the practice had reasonable adjustments in place to ensure the setting was accessible to all. Although the surgeries were located on the upper floor of the setting, a chairlift had been installed. The toilet facilities were located on the ground floor.

Delivery of Safe and Effective Care

Safe

Risk management

We saw external and internal areas of the practice were visibly clean and tidy with no obvious hazards.

There was one waiting area available which was of an appropriate size for the setting. A staff room was available for lunch breaks and staff had use of locker facilities to store their possessions.

The employer's liability certificate and the public liability certificate was displayed within the waiting room. We found dental equipment was in good working condition and single use items were in use where appropriate.

We saw a health and safety policy in place as well as a health and safety risk assessment. The health and safety executive poster was displayed in the staff room and the key details had been completed.

We saw evidence of gas safety records, five yearly fixed wire testing and portable appliance testing (PAT).

We examined fire safety documentation and found adequate maintenance contracts in place. Fire extinguishers were available around the premises and had been serviced within the last year. We saw appropriate signage displayed and evidence was available of routine fire drills. Fire alarm tests were documented, and emergency lighting was being tested on a regular basis.

We reviewed the fire risk assessment and found that it had been reviewed on an annual basis. The assessment had been completed by the registered manager; however, this may benefit from external oversight to provide additional assurance and ensure best practice is maintained. We also found that all staff had up to date fire safety training certificates available for review.

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

Infection, prevention and control (IPC) and decontamination

We found an appropriate infection, prevention and control policy in place to maintain a safe and clean clinical environment. Cleaning schedules were available to support the effective cleaning of the practice.

We saw personal protective equipment (PPE) was readily available for all staff. The practice had suitable hand hygiene facilities available in each surgery and in the toilets. We were informed there was appropriate Occupation Health support available to staff if required.

The practice had a designated room for the decontamination and sterilisation of dental instruments. We found appropriate processes and equipment in place to safely transport instruments around the practice.

We found the decontamination equipment was regularly tested and was being used safely. We saw evidence of daily logs documented within logbooks and we were told information from the autoclaves were downloaded regularly.

We saw evidence of staff IPC training and the practice had an IPC audit action plan within the last year.

We found that the practice had an appropriate contract in place for the handling and disposal of waste, including clinical waste. The practice made use of a clinical waste bin located to the rear of the premises, which was kept locked; however, it was not secured to a permanent structure. This issue was addressed and rectified on the day of inspection.

We saw appropriate arrangements in the practice for handling substances which are subject to Control of Substances Hazardous to Health (COSHH).

Respondents to the HIW questionnaire said the practice was 'very clean' and 'fairly clean' and all felt that infection prevention and control measures were being followed.

Medicines management

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

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

The medical emergency kit contained a full range of breathing face mask sizes (infant to large) however, they were not labelled with the required numerical sizing (0-4), nor were there paediatrics pads for the defibrillator (although they were advised during their cardiopulmonary resuscitation (CPR) training, they can

use adult pads) in the emergency equipment. These items were ordered immediately during the inspection, for delivery the following day.

We found that the setting held pre-filled Midazolam syringes for patients aged 10-18 years; however, there was no pre-filled syringe available for children under 10 years of age. As an immediate mitigating action, the setting separated one pre-filled syringe and clearly labelled it with a written protocol and dosage instruction card for use in children under 10 years, to ensure it could be used safely in an emergency.

The setting was advised to order a bottle of Midazolam to allow appropriate paediatric doses to be drawn up as required. This was ordered during the inspection, with delivery scheduled for the following day.

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

We saw that prescription pads were being stored securely.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff were able to demonstrate their knowledge of the procedures to follow in the event of a medical emergency and how to report a medication related incident. However, the setting did not have a standalone medical emergencies policy; instead, relevant information was dispersed across several different policies.

The registered manager must develop and implement a standalone medical emergencies policy to ensure staff have clear, accessible guidance in the event of a medical emergency.

Safeguarding of children and adults

We saw evidence the practice had an up-to-date safeguarding policy in place. This was in line with the Wales Safeguarding Procedures (WSP) and included the relevant external contract details for local safeguarding teams. The setting had an appointed safeguarding lead. Staff were aware of the support available to them in the event of a safeguarding concern.

We reviewed safeguarding training records and saw all staff had up to date safeguarding training to an appropriate level.

Management of medical devices and equipment

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

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

During the inspection, we found that there was no maintenance schedule in place, nor evidence of an annual Pressure Vessel Inspection (PVI) for the compressor or autoclave. However, appropriate evidence has since been submitted to HIW to demonstrate that these requirements have been addressed. We also did not see the annual critical test certificate for the Cone Beam Computed Tomography. However, confirmation from the settings Radiation Protection Advisor stated that as they were carrying out the monthly calibration tests, the critical test only needed to be done every three years.

The manufacturer also recommended carrying out a daily vacuum test at the start of the day before using the autoclave, which was not being undertaken.

The registered manager should ensure that a daily vacuum test is completed at the start of each day before using the autoclave.

Effective

Effective care

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

Patient records

A sample of five patient records were reviewed. Overall, there was evidence that excellent clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All records were individualised and included appropriate patient identifiers and reasons for attendance. The records were clear, legible, and of good quality. However, we found that language preferences were not being recorded.

The registered manager must ensure that patient records are complete and include all relevant information in line with professional standards and guidance.

Efficient

Efficient

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

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

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

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

Quality of Management and Leadership

Staff feedback

Staff who responded to the HIW questionnaire provided positive responses.

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

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

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

One staff member commented:

“I feel this practice has the best interests of patients at heart and supports staff in providing a high standard of care. The owners are very open minded to suggestion, quick to take action where anyone has any concerns, and I feel they genuinely care about the wellbeing of patients as well as the staff. There is a strong team of staff who receive a good standard of training and I feel proud to work at Cedars”.

Leadership

Governance and leadership

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

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

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures. All policies and procedures contained an issue

and/or review date ensuring that they were reviewed regularly and that practices were up to date.

There were appropriate arrangements in place for the sharing of information through practice wide team meetings. We saw evidence that a wide range of relevant topics was discussed during these meetings, and records of meetings were appropriately documented and maintained.

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

Workforce

Skilled and enabled workforce

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

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

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

Although the setting had a thorough recruitment and induction process in place, there was no formal recruitment and induction policy available to support and standardise this practice.

The registered manager should develop and implement a formal recruitment and induction policy to underpin the process already in place and ensure consistency for all staff.

Culture

People engagement, feedback and learning

There was a written complaints procedure in place, which was available to patients in the waiting area, with further information also included in the patient guide leaflet. However, during the inspection we did not see a Putting Things Right poster displayed for patients.

The registered manager should ensure that information on the Putting Things Right process (Listening to People post 01 April 2026) is clearly displayed for patients within the setting.

We discussed the arrangements in place for actively seeking patient feedback. Patients were able to provide feedback verbally, via social media, or through a suggestions box located in the waiting area. We recommend that the practice display the analysis of patient feedback to demonstrate to patients that their individual comments have been captured, considered, and used to support learning and service improvement.

The registered manager should display the analysis of patient feedback to demonstrate to patients that their individual comments have been captured, considered, and used to support learning and service improvement.

All staff who we spoke with told us they knew and understood their responsibilities under the Duty of Candour. However, a Duty of Candour policy was not in place; nor had all staff received training in Duty of Candour.

The registered manager should develop, implement, and embed a Duty of Candour policy and provide training to ensure staff are clear about their responsibilities and the processes to follow when incidents occur.

Information

Information governance and digital technology

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

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

Learning, improvement and research

Quality improvement activities

It was very evident that staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of patient records, X-rays, infection prevention, antimicrobial prescribing, disability access and provision of urgent treatment.

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

Whole-systems approach

Partnership working and development

We were told the practice maintains a good working relationship with other primary care services.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>We found that the setting held pre-filled Midazolam syringes for patients aged 10-18 years; however, there was no pre-filled syringe available for children under 10 years of age.</p>	<p>The Private Dentistry (Wales) Regulations 2017 Regulation 31 (3)(b)</p>	<p>To the registered manager</p>	<p>As an immediate mitigating action, the setting separated one pre-filled syringe and clearly labelled it with a written protocol and dosage instruction card for use in children under 10 years, to ensure it could be used safely in an emergency.</p> <p>The setting was advised to order a bottle of Midazolam to allow appropriate paediatric doses to be drawn up as required. This was ordered during the inspection, with delivery scheduled for the following day.</p>

<p>Although the medical emergency kit at the setting contained a range of breathing face mask sizes for both adult and children (infant to large), they were not labelled with the required numerical sizing (0-4) to ensure full compliance. Nor were there paediatrics pads for the defibrillator (although they were advised during their cardiopulmonary resuscitation (CPR) training, they can use adult pads) in the emergency equipment.</p>	<p>The Private Dentistry (Wales) Regulations 2017 Regulation 31 (3)(b)</p>	<p>To the registered manager</p>	<p>These items were ordered immediately during the inspection, for delivery the following day.</p>
<p>We found that there was no maintenance schedule in place, nor evidence of an annual Pressure Vessel Inspection (PVI) for the compressor or autoclave.</p> <p>We also did not see the annual critical test certificate for the Cone Beam Computed Tomography.</p>	<p>The Private Dentistry (Wales) Regulations 2017 Regulation 13 (2)(a)</p>	<p>To the registered manager</p>	<p><u>Appropriate evidence was submitted to HIW to demonstrate that these requirements have been addressed.</u></p> <p>We received confirmation from the settings Radiation Protection Advisor stated that as they were carrying out the monthly calibration tests, the critical test only needed to be done every three years.</p>

Appendix B - Immediate improvement plan

Service: Cedars Dental Practice

Date of inspection: 10 February 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 assurances were found during the inspection					
2.					
3.					
4.					

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:

Appendix C - Improvement plan

Service: Cedars Dental Practice

Date of inspection: 10 February 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. The glass window present in Surgery 2 located to the front of the setting meant patients could potentially be seen having treatment which reduced privacy.	The registered manager must ensure that patient privacy is maintained and prevent patients from being visible during treatment.	The Private Dentistry (Wales) Regulations 2017 Regulation 15(1)	A privacy window film has been added in surgery 2 to prevent the surgery being seen from outside.	Laura Williams	Completed
2. The setting did not have a standalone medical emergencies policy; instead, relevant information	The registered manager must develop and implement a standalone medical emergencies policy to ensure staff have clear,	The Private Dentistry (Wales) Regulations 2017 Regulation 8(1)(q)	A standalone medical emergencies policy has now been created.	Laura Williams	Completed

	was dispersed across several different policies.	accessible guidance in the event of a medical emergency.				
3.	The manufacturer recommended carrying out a daily vacuum test at the start of the day before using the autoclave, which was not being undertaken.	The registered manager should ensure that a daily vacuum test is completed at the start of each day before using the autoclave.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(2)(a)	A daily vacuum test for the autoclave is now being carried out and recorded by the nursing team.	Laura Williams	Completed
4.	Patient records were clear, legible, and of good quality. However, we found that language preferences were not being recorded.	The registered manager must ensure that patient records are complete and include all relevant information in line with professional standards and guidance.	The Private Dentistry (Wales) Regulations 2017 Regulation 20(1)	All clinicians have been instructed to ensure they are including patient language preferences as part of their clinical records.	Laura Williams	Completed, and will be monitored as part of clinical record keeping audit.
5.	The setting had a thorough recruitment and induction process in place, however, there was no formal recruitment and	The registered manager should develop and implement a formal recruitment and induction policy to underpin the process already in place	The Private Dentistry (Wales) Regulations 2017 Regulation 8(1)(h)	The existing recruitment policy has been updated and expanded into a recruitment and induction policy. All	Laura Williams	Completed

	induction policy available to support and standardise this practice.	and ensure consistency for all staff.		staff are required to read and sign the policy.		
6.	During the inspection we did not see a Putting Things Right poster displayed for patients.	The registered manager should ensure that information on the Putting Things Right process (Listening to People post 01 April 2026) is clearly displayed for patients within the setting.	The Private Dentistry (Wales) Regulations 2017 Regulation 21	A Putting Things Right poster is now displayed on the patient notice board in the waiting area.	Laura Williams	Completed
7.	Patients were able to provide feedback verbally, via social media, or through a suggestions box located in the waiting area. We recommend that the practice display the analysis of patient feedback to demonstrate to patients that their individual comments have been captured,	The registered manager should display the analysis of patient feedback to demonstrate to patients that their individual comments have been captured, considered, and used to support learning and service improvement.		We are developing a “Your feedback matters to us” poster for display in the waiting area. We will also use the waiting room TV screen to share recent patient feedback and highlight how this feedback has been used to improve our services.	Laura Williams	By 30/04/26

	considered, and used to support learning and service improvement.				
8.	A Duty of Candour policy was not in place; nor had all staff received training in Duty of Candour.	The registered manager should develop, implement, and embed a Duty of Candour policy and provide training to ensure staff are clear about their responsibilities and the processes to follow when incidents occur.	The Private Dentistry (Wales) Regulations 2017 Regulation 17(3)(a)	A Duty of Candour policy is now in place and must be read and signed by all staff. Staff have been directed to complete appropriate duty of candour training, and this will be reviewed at the next scheduled practice meeting to ensure everyone has completed the training and understands their responsibilities.	Laura Williams By 30/04/26

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): Laura Williams

Job role: Practice manager

Date: 31/03/26