

General Dental Practice Inspection Report (Announced)

Church Road Dental Practice, Cardiff

Inspection date: 11 March 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 Church Road Dental Practice, Whitchurch, Cardiff on 11 March 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. A total of 15 were completed. We also spoke to staff working at the service during our inspection. 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:

Patient feedback about Church Road Dental Practice was positive. All respondents rated the service provided as 'very good'. Patients described a high standard of care and reported that communication was clear, respectful and supportive. Arrangements were in place to support patient understanding of care and involvement in decision-making, and patients were able to access services in a timely way.

Health promotion information relating to preventative care and oral health was displayed in the waiting area. We identified some opportunities to enhance the range of service information available to patients at the time of the inspection. The practice subsequently provided evidence that information including opening hours, the names and General Dental Council (GDC) registration numbers of clinical staff, and the GDC's nine core principles had been added to the patient notice board.

We did not see evidence that patients' language choice or preference was routinely recorded in patient records; however, the practice confirmed that reception staff now routinely ask patients about their language preference and record this information to better support effective communication.

This is what the service did well:

- Patients were treated with dignity and respect, and privacy was maintained
- A good range of oral health promotion information was available to support patients
- Patients were able to access appointments easily and obtain urgent care when required.

Delivery of Safe and Effective Care

Overall summary:

We found that care at the practice was delivered safely and in line with relevant standards and guidance. Systems were in place to support risk management, infection prevention and control, medicines management and safeguarding, and staff demonstrated a clear understanding of their roles and responsibilities. Patient records were clear, comprehensive and well maintained, supporting continuity of care and effective clinical decision-making.

Some areas for improvement were identified during the inspection, including aspects of storage arrangements, such as the location of clinical waste materials and cleaning equipment, and the consistency of medicines monitoring processes. We also identified an opportunity to further strengthen routine clinical safety checks. The practice provided evidence following the inspection that these matters had been addressed promptly. This included making appropriate adjustments to storage arrangements, strengthening medicines monitoring, and introducing additional clinical safety checks through the implementation of an oral surgery dental extraction checklist, providing improved assurance in relation to safety and oversight.

This is what the service did well:

- The practice environment was observed to be clean, tidy and well maintained, providing a pleasant setting for patients to receive care
- Suitable safety checks and fire safety arrangements were in place
- Clinical equipment was well maintained and fit for purpose, supporting safe patient care
- Appropriate safeguarding policies and procedures were in place with a safeguarding lead appointed.

Quality of Management and Leadership

Overall summary:

We found that the practice was well led, with appropriate management arrangements in place. The practice manager was committed and dedicated to the role. Systems and processes were in place to support governance, workforce management and quality improvement, and staff described a positive and supportive working environment with effective communication.

During the inspection, we identified some areas where processes could be further strengthened, including document control arrangements (specifically clarity around version control and policy review dates) and the consistent recording of informal patient feedback. We received evidence following the inspection that prompt action had been taken to address these matters, which helped improve the overall effectiveness of governance and leadership arrangements.

This is what the service did well:

- The practice responded positively to inspection findings and implemented improvements promptly
- Robust recruitment processes were in place, including appropriate pre-employment checks and structured induction
- The practice undertook audit activity and participated in the BDA Good Practice Scheme to support continuous improvement.

3. What we found

Quality of Patient Experience

Patient feedback

Patient feedback about Church Road Dental Practice was very positive. All respondents rated the service provided by the dental practice as ‘very good’. Patient comments included:

“I received a very well informed and connected service excellent.”

“Exceptional care and treatment.”

“I have always been frightened of the dentist but since having treatment here I am cured. Also, reception staff are amazing.”

“I have been a patient at this practice for many years and have never been tempted to change. That speaks for itself.”

Person-centred

Health promotion and patient information

We saw a good range of health promotion information available for patients. This included information displayed in the waiting area about preventative care and oral hygiene, as well as the effects of smoking on oral health. We also saw that treatment prices were clearly displayed in the waiting room.

Patients who completed the HIW questionnaire reported that information was provided in a clear and accessible way. All respondents agreed they were given enough information to understand which treatment options were available, and most agreed they were given enough information to understand the risks and benefits of the treatment options available. Patients also reported that costs were made clear before treatment.

The statement of purpose and patient information leaflet were available online and up to date. We found both documents to be clear, comprehensive and of good quality, providing patients with relevant and helpful information about the service.

We felt some key information about the service could be more easily displayed for patients, including opening hours and information about current clinical staff. We

received confirmation following the inspection that this information was now displayed on the patient notice board in the waiting area.

Dignified and respectful care

During the inspection we saw measures in place to support patient privacy and dignity. We were told that patients could use the practice manager's room for private or confidential discussions if needed. We also found that the layout of reception provided a general level of privacy, and we saw surgery doors closed during treatments to support dignity and confidentiality.

All respondents who completed the HIW questionnaire strongly agreed that staff treated them with dignity and respect. Patients also strongly agreed that staff explained what they were doing throughout the appointment and listened to them or answered their questions. Patients commented:

“Made comfortable with procedures at all times”

“I have been attending for 20 years, and they have always treated me with dignity and respect”

We noted that the nine core principles prepared by the GDC were displayed within the staff room. We advised that the principles should also be displayed in an area where they can be easily seen by patients. We received evidence following the inspection that the principles had subsequently been added to the patient notice board.

Individualised care

We found that patients were supported to make informed decisions about their care. All respondents who completed the HIW questionnaire agreed they were given enough information to understand the treatment options available. Most respondents also agreed they were given enough information about the risks and benefits of treatment, and that costs were made clear before treatment commenced. All respondents said they were involved as much as they wanted to be in decisions about their treatment.

Timely

Timely care

We were told that patients could book appointments by telephone, email or in person at reception, and that the practice did not offer online appointment booking. We were told the practice aimed to deal with emergency appointments within 48 hours, and sooner where patients presented with urgent clinical need,

such as swelling. We were also told that time was reserved within clinics to accommodate emergency appointments.

Most respondents who completed the HIW questionnaire said it was 'very easy' to get an appointment when required, with the remainder saying it was 'fairly easy'. All respondents said they would know how to access the out of hours dental service if they had an urgent dental problem.

We were told that staff communicated internally to ensure reception staff were aware if clinics were running behind and that patients would be informed of any delays on arrival at the practice. The practice reported an average waiting time of around two weeks for routine appointments.

Equitable

Communication and language

We noted that some information was available in Welsh, including the complaints policy. The practice advised that information could be provided in Welsh on request where possible. One patient who completed the HIW questionnaire and identified Welsh as their preferred language reported that they were not actively offered the opportunity to speak Welsh during their visit. We were told that two members of staff were able to speak Welsh. We discussed whether the use of 'Iaith Gwaith' badges could help identify Welsh-speaking staff to patients, and the practice subsequently confirmed that these had been introduced.

During our review of patient records, we did not see evidence that patients' language preferences were routinely recorded. The practice confirmed following the inspection that reception staff now routinely ask patients about their language preference and record this information to support effective communication.

Rights and equality

We were told that the practice had equality and diversity policies in place for both patients and staff, and that equality and diversity was discussed openly within the team. Staff described an awareness of the need to treat patients fairly and to respect individual needs and preferences.

Most patients who completed the HIW questionnaire said they could access the right healthcare at the right time regardless of protected characteristics. No respondents reported experiencing discrimination when accessing or using the service.

A portable ramp was available to support access to the building. Some dental surgeries and the patient toilet were located on the ground floor which meant they

were accessible for patients unable to access the first floor. We were told that staff would take individual needs into account and make reasonable adjustments where possible to support patients to access care.

Delivery of Safe and Effective Care

Safe

Risk management

We found that all areas of the practice, internally and externally, appeared well maintained. However, we identified a large crack on an external wall within the staff room. We discussed this with staff, who confirmed that plans were in place to address the issue and that quotes had been obtained for its repair.

The practice was of a suitable size and layout to support service delivery. Staff had access to lockers to store personal items within the staff room.

We saw evidence that key safety checks had been completed, including gas safety checks, portable appliance testing and a five-yearly electrical installation inspection. Suitable fire safety arrangements were also in place. A fire risk assessment had been recently completed, and we saw evidence that fire safety equipment was being serviced annually. Fire exit signs and instructions on what to do in the event of a fire were clearly displayed throughout the premises. Signs were displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation.

The employer liability insurance certificate for the practice was displayed behind the reception desk, and we noted that it was not in an area that could easily be seen by patients. We received confirmation following the inspection that the certificate had been moved to the patient notice board. The Health and Safety Executive (HSE) poster was displayed in the downstairs corridor which was accessible to all staff.

We were told that a business continuity policy was in place, with procedures to be followed should it not be possible to provide the full range of services due to an emergency event or system failure. However, we identified that the policy did not include key contact details for contractors and other relevant support services. We received evidence following the inspection that additional contact details had been added to the business continuity plan, which strengthened arrangements to support the effective management of potential service disruptions.

Infection, prevention and control (IPC) and decontamination

Patient-facing areas of the practice were clean and tidy. All respondents who completed a HIW questionnaire rated the practice as 'very clean' and said they felt that infection prevention and control measures were being followed. Cleaning schedules, hand hygiene facilities and the use of personal protective equipment

such as gloves and masks supported effective infection control practices throughout the setting.

However, during the inspection we identified some areas where arrangements could be strengthened to further support infection prevention and control. Clinical waste was stored within an external pram-shed alongside other items, including stock and patient models. We observed that waste was appropriately bagged and segregated from other items within the space; however, the storage of clinical waste and non-clinical materials was not in keeping with best practice guidance. We also noted that some stock items were unboxed or unwrapped, and that patient models were stored in clinical waste bags rather than sealed, cleanable containers.

In addition, cleaning equipment, including mops and buckets, was stored within the dental laboratory where impressions and models were prepared. While this area was not used for instrument decontamination, we advised that the storage of cleaning equipment in areas where clinical processes take place may increase the potential for cross-contamination.

We received evidence following the inspection that prompt action had been taken to address these matters. The practice confirmed that storage arrangements had been reviewed and improved, including the separation of clinical waste and non-clinical items and the relocation of cleaning equipment to appropriate areas, providing improved assurance that infection prevention and control arrangements were being maintained.

During our tour of the practice, we noted a sofa in one of the dental surgeries which was not made from wipe-clean material. This limited the ability to clean the seating effectively and presented a potential infection prevention and control risk within a patient-facing area.

The registered manager should ensure that all seating within clinical areas is made from wipe-clean materials to enable effective cleaning and disinfection.

Arrangements for the decontamination of instruments were in line with recognised guidance. Systems were in place to support the safe cleaning and sterilisation of instruments, with appropriate processes used within the decontamination areas. We also saw that instruments were transported between clinical areas and the decontamination rooms, and that separate processes were in place for certain items, such as dental impressions. Routine audits of infection control processes were undertaken in line with Welsh Health Technical Memorandum (WHTM) 01-05, and we found staff were appropriately trained and competent in decontamination procedures.

Medicines management

During the inspection we identified two areas where medicines management arrangements could be strengthened. Midazolam was not being stored in a lockable cabinet, and medicines requiring refrigeration were not being stored in a locked fridge, with no consistent system in place to monitor and record fridge temperatures. This limited assurance that medicines were being stored securely and within the required temperature range to maintain their safety and effectiveness.

We also discussed the location of emergency drugs, which were accessible to staff at the time of inspection, but agreed that these would be relocated to a lockable cabinet alongside the midazolam to further strengthen storage arrangements. We received evidence following the inspection that prompt action had been taken to address these matters. The practice confirmed that emergency drugs and midazolam had been relocated to lockable storage to improve security and accessibility. In addition, medicine fridges were secured, fitted with temperature monitoring devices, and daily temperature checks were being recorded.

Safeguarding of children and adults

We saw a suitable safeguarding (children and adults) policy in place, which included relevant contact details to report concerns. However, we noted that a formal safeguarding flowchart was not in place at the time of inspection. We received evidence following the inspection that a step-by-step safeguarding guide had been implemented to support staff in identifying, responding to and reporting safeguarding concerns.

A named safeguarding lead had been identified within the practice. Access to national safeguarding guidance was available, with the Wales Safeguarding Procedures app accessible through the practice manager. Staff we spoke with were aware of safeguarding procedures and were able to describe who they would contact if they had a concern. We saw evidence that staff had completed up-to-date safeguarding training for both children and adults.

Management of medical devices and equipment

Equipment in clinical areas was observed to be clean and appropriately maintained, which supported the safe delivery of care. There were suitable arrangements in place for the routine servicing and maintenance of equipment, such as the compressor.

We saw that equipment was stored appropriately within clinical areas and was readily accessible for staff when required. The layout and availability of equipment supported the efficient delivery of care and did not present any obvious risks to patient or staff safety.

X-ray equipment was available within the practice, and a radiation protection file was in place as required by the regulations. We were told that patients were informed of the risks and benefits associated with radiation, and we saw that radiation exposures were recorded within patient records. Training records reviewed confirmed that staff had received appropriate training relevant to their roles.

However, we identified that appropriate X-ray warning signage was not in place above all surgery doors at the time of inspection. We received evidence following the inspection that appropriate signage had been installed in clinical areas to support the safe use of radiographic equipment.

Effective

Effective care

We found that the practice had safe arrangements in place for the treatment of patients and were assured that relevant regulatory and statutory guidance was being followed. Staff were clear about their roles and responsibilities and were able to describe how they delivered care in line with professional guidance.

Dental equipment was in good condition, with sufficient items available to support effective decontamination between uses. However, at the time of inspection, arrangements to support the use of Local Safety Standards for Invasive Procedures (LocSSIPs) were not consistently in place to minimise the risk of wrong site tooth extraction. We received evidence following the inspection that a minor oral surgery dental extraction checklist had been implemented within the practice to strengthen safeguards and support the safe delivery of care.

Patient records

We saw a suitable system in place to ensure patient records were safely managed and stored securely in line with the practice's records management policy. We reviewed a sample of 10 patient records and found they were clear, legible and of good quality. The records provided a clear account of the care and treatment provided and contained sufficient detail to support continuity of care and clinical decision-making.

Records included patient identifiers, previous dental and social history, reason for attendance, symptoms and treatment planning. We saw evidence of consent being recorded, and recall intervals were in line with NICE guidance. Preventative advice, including smoking cessation advice where relevant, was also documented. Records were individualised and included full clinical entries, such as charting, soft tissue examination and baseline Basic Periodontal Examination (BPE), where

appropriate. Treatment planning and options were also clearly recorded to support informed decision-making.

Quality of Management and Leadership

Leadership

Governance and leadership

We found that there were appropriate management arrangements in place to support the day-to-day running of the practice. The practice manager had responsibility for the operation of the service and was supported by established processes and systems. The practice manager responded positively to the findings of the inspection and took prompt action to address the issues identified, reflecting a proactive and constructive approach.

A range of policies and procedures were in place to support the safe and effective operation of the practice. We saw these were reviewed on an annual basis and communicated to staff. However, we identified that further clarity was required in relation to document control arrangements, specifically version control and the consistent recording of policy review dates. We received evidence following the inspection that an annex had been introduced to policies to capture review dates, updates and actions taken, which strengthened these arrangements.

We were told that systems were in place to support communication within the team, including an open-door approach and team meetings where required. Staff described that information and updates were shared through a range of methods, including internal messaging and discussions within the team.

Workforce

Skilled and enabled workforce

We were assured that there were sufficient numbers of suitably qualified staff working at the practice. The practice manager monitored staffing levels through rota management and we saw that the use of agency staff was limited, with appropriate checks undertaken where this was required.

Appropriate arrangements were in place for the recruitment and induction of staff. We reviewed staff files and saw evidence of identity checks, right to work documentation, qualifications, vaccinations and Disclosure and Barring Service (DBS) checks. Staff had completed structured inductions appropriate to their roles, supported by role-specific checklists, a period of supervision and ongoing appraisal processes.

We saw evidence that staff had completed a range of training relevant to their roles and maintained professional registration. However, we identified an

opportunity to further strengthen oversight of training arrangements, as there was no clearly defined policy outlining mandatory training requirements. We received evidence following the inspection that a policy had been introduced, which enhanced oversight of staff training.

Culture

People engagement, feedback and learning

We were told that the practice encouraged patients to provide feedback following their appointments, primarily through online platforms. We saw that feedback was monitored and considered by the practice.

We were told that an anonymous patient feedback box had previously been available but had been removed during COVID-19 infection control measures. We reviewed a sample of that anonymised patient feedback, which was positive, and the practice agreed to reinstate the feedback box to further support opportunities for patients to provide feedback anonymously.

We saw that a complaints procedure was in place and displayed within the practice. The procedure included clear information for patients on how to raise concerns and how complaints would be managed. Formal complaints were appropriately recorded and managed in line with the practice's procedures. Although a complaints log was in place, we noted that this had not been routinely used to record informal or verbal complaints. Staff told us this was due to time pressures, and we advised the practice to ensure all feedback, including informal concerns, was consistently recorded to support learning.

Learning, improvement and research

Quality improvement activities

We saw evidence that the practice undertook a range of audits to support quality improvement and monitor standards of care. These included audits in key areas such as infection prevention and control, radiography and oral cancer. We advised the practice to consider expanding their audit programme to include additional areas, such as antimicrobial prescribing and smoking cessation.

We were told that the practice participated in the BDA Good Practice Scheme to support ongoing service development and identify opportunities to improve the quality and safety of care provided to patients.

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
Clinical waste was being stored within the external pram-shed alongside non-clinical items, including unboxed and unwrapped stock and patient models stored in clinical waste bags.	This created a risk of cross-contamination and reduced assurance that clinical waste and equipment were being stored safely and appropriately, potentially impacting infection prevention and control arrangements.	The issue was raised immediately with the practice manager during the inspection.	The practice confirmed that the pram-shed was cleared of non-clinical items and designated for clinical waste only. Unwrapped stock was discarded, and patient models were moved into appropriate containers.
Cleaning equipment, including mops and buckets, was being stored within the dental laboratory where impressions and models were being prepared.	This increased the risk of cross-contamination and reduced assurance that appropriate infection prevention and control measures were in place within clinical areas.	The issue was raised immediately with the practice manager during the inspection.	The practice acted promptly and removed cleaning equipment from the dental laboratory during the inspection, ensuring it was stored in more appropriate designated areas.
Midazolam and emergency medicines were not stored securely at the time of inspection.	This reduced assurance that medicines were being stored safely and securely, which could compromise patient safety if medicines were accessed inappropriately or not readily available when needed.	The issue was raised immediately with the practice manager during the inspection.	The practice confirmed that emergency medicines and midazolam were relocated to a lockable cabinet at reception during the inspection to ensure safe and secure storage.

Appendix B - Immediate improvement plan

Service: Church Road Dental Practice

Date of inspection: 11 March 2026

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

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

Appendix C - Improvement plan

Service: Church Road Dental Practice

Date of inspection: 11 March 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. During the inspection we noted a sofa in one of the dental surgeries which was not made from wipe-clean material. This limited the ability to clean the seating effectively and presented a potential infection prevention and control risk within a patient-facing area.	The registered manager should ensure that all seating within clinical areas is made from wipe-clean materials to enable effective cleaning and disinfection.	Infection, prevention and control (IPC) and decontamination	I have sourced a wipeable cover.	Matthew Clark	3 weeks

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): Dr Matthew Clark

Job role: Dentist/Owner and Registered Manager

Date: 21 May 2026