Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Taf Dental Care, Cwm Taf Morgannwg University Health Board

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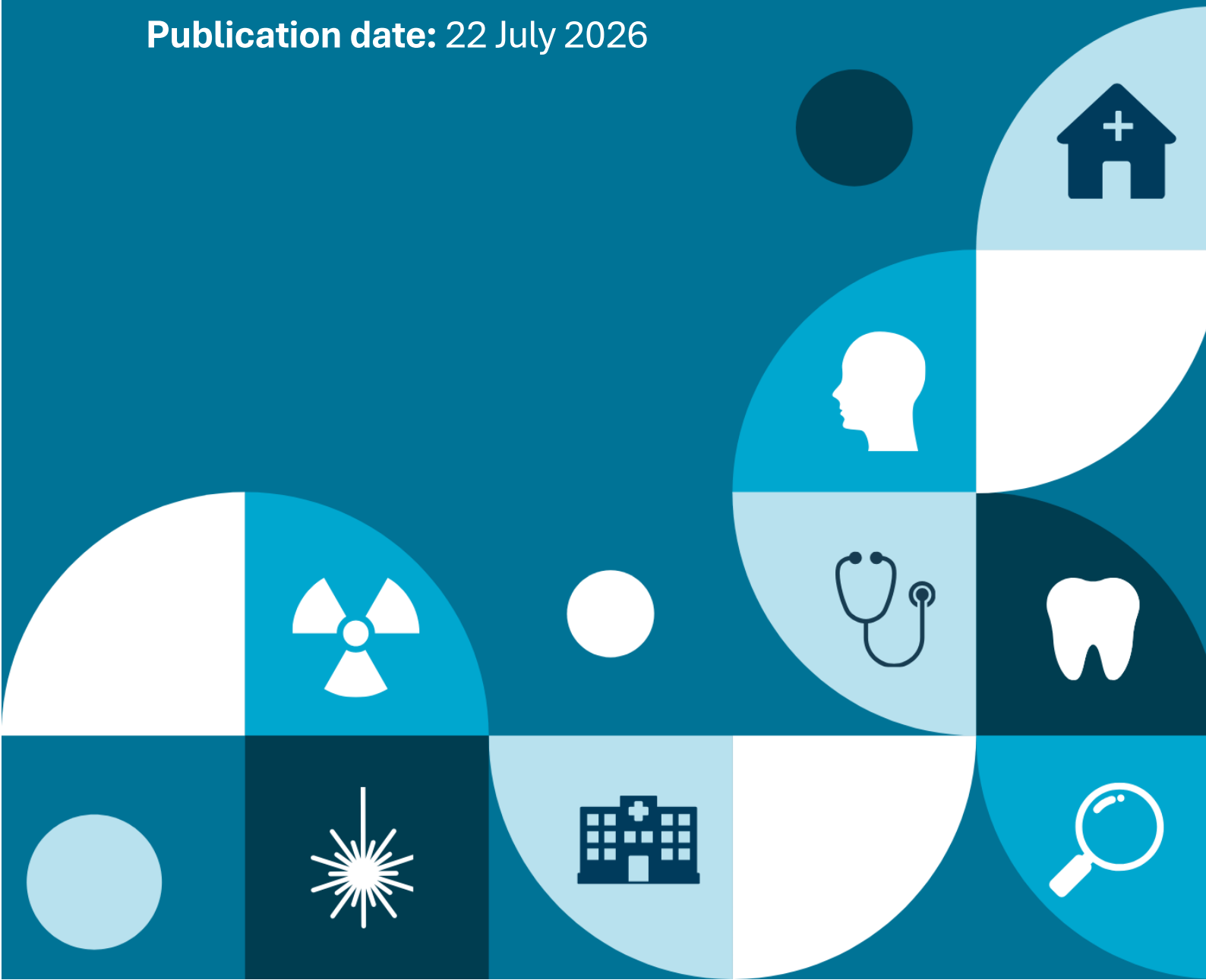

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Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

Our Purpose

We check the safety and quality of healthcare across Wales.

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 Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

Our Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued, and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.

Contents

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 Taf Dental Care, Cwm Taf Morgannwg University Health Board on 21 April 2026.

Our team for the inspection comprised of one HIW healthcare inspector and one clinical peer reviewer.

During the inspection, we invited patients (or their carers) and staff to complete questionnaires to gather their views on using and working within the service. A total of six questionnaires were completed by patients and three 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:

Feedback from the HIW patient questionnaire was positive, with all respondents rating the service as ‘very good’.

We found a range of health promotion materials and patient information was available in both digital and printed formats. Staff were observed to be polite, friendly and respectful, and all patient feedback received confirmed that patients were treated with dignity.

Appropriate arrangements were in place to maintain privacy and confidentiality. Access to appointments was timely, including appropriate arrangements for emergency care and communication of delays to appointment times.

The practice demonstrated a commitment to equality and inclusion, with bilingual information, access to translation services and reasonable adjustments in place to support patient needs.

This is what we recommend the service can improve:

- Record patients’ language preferences consistently in patient records.

This is what the service did well:

- A comprehensive patient information folder was available, containing key policies, safeguarding guidance and details of support services
- A strong and proactive approach to the Welsh Active Offer.

Delivery of Safe and Effective Care

Overall summary:

We found appropriate arrangements were in place to manage risks, including up-to-date health and safety assessments, fire safety systems and equipment maintenance.

While most areas were secure and in good repair, we noted slight damage to a wall in the decontamination room which we were told was being addressed.

Infection prevention and control measures were well managed in line with current guidance, with suitable decontamination processes, equipment and staff training in place.

Medicines were handled safely, with robust systems for storage, monitoring and emergency preparedness. We noted paediatric defibrillator pads were not initially available, but this was resolved during the inspection.

Safeguarding arrangements were appropriate, with staff trained to the appropriate levels and aware of their responsibilities.

Patient records were generally well maintained and supported effective care; however, we noted documentation of language preferences was not present.

This is what we recommend the service can improve:

- Ensure a lock is fitted to the stock room to restrict unauthorised access
- Record patients' language preferences consistently in clinical records.

This is what the service did well:

- Clear and up-to-date risk assessments and safety documentation
- Maintained a clean, safe and well-equipped clinical environment
- Appropriate radiation protection arrangements in place.

Quality of Management and Leadership

Overall summary:

We found the practice had a clear and effective management structure to support the delivery of care. Leadership was appropriate to the size and complexity of the service. We saw evidence of regular team meetings held, and information was shared effectively with staff. Systems were in place to identify, record and manage risks, and policies were maintained and reviewed regularly through an electronic system.

Workforce arrangements ensured there were sufficient suitably qualified staff, and staff felt supported in their roles. Appropriate recruitment, appraisal and training processes were in place, supported by a structured training system.

The practice had clear processes for raising concerns, complaints and feedback. Information from incidents, feedback and audits was used to support learning and improvement. We saw a programme of audits were carried out, and effective partnership working further supported the ongoing development of the service.

This is what the service did well:

- Well-supported workforce with good access to training and development
- Robust quality improvement activity, including a wide range of audits
- Strong systems for risk management and policy review.

3. What we found

Quality of Patient Experience

Patient feedback

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

Patient comments included:

> "Best dentist I have ever had! The staff are friendly and listen to the concerns you have. Everyone from the receptionists to the dental team all treat you as an individual and want to help you feel at ease."
>
> "XXX is a very professional, polite, respectful dentist who has been amazing throughout my treatment process."

Person-Centred

Health promotion and patient information

We saw a range of patient information available within the practice. Oral health promotion information was displayed on a television screen in the downstairs waiting area. This covered topics such as oral cancer, smoking cessation, alcohol intake and toothbrushing techniques. Leaflets and laminated sheets were also available with information on 'how to quit smoking' and 'how to eat well' guides.

The statement of purpose and patient information leaflet were accessible on the practice website. We found both documents contained the information required by the Private Dentistry (Wales) Regulations 2017. Information about NHS and private treatment charges was clearly displayed next to the reception desk. Posters displaying the names, job titles and General Dental Council (GDC) registration numbers of all dental team members were available and easily visible. The practice opening hours, out-of-hours telephone number, in-hours telephone number and email address were displayed in the window which was visible to patients from outside.

A comprehensive patient information folder was available, which included key practice policies, patient information leaflet, statement of purpose, complaints information, safeguarding guidance and details of support and translation services.

Dignified and respectful care

During the inspection we observed staff being polite, friendly and treating patients with kindness and respect. We saw the GDC nine core principles of ethical practice were

displayed in English and Welsh next to the reception desk. All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

We were told staff were able to use the office should patients request to have a conversation in private. We saw doors to clinical rooms were solid and were kept closed whilst treating patients. All staff had signed confidentiality agreements as part of the onboarding process, which were kept within individual personnel files.

Individualised care

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

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

Timely

Timely care

Patients could access appointments by telephone or in person at the reception desk. An online appointment booking system was available for private patients to book examinations and hygiene appointments.

The average waiting time between treatment appointments was approximately two to three weeks. A waiting list was maintained to offer patients should earlier appointments become available.

Patients requiring emergency care were advised to contact the practice by telephone and were usually offered an appointment within 24 hours. Emergency appointment slots were available each day, and all emergency patients were triaged by reception staff. Patients were contacted again within 30 to 60 minutes following triage and offered an emergency appointment in order of clinical need.

Clinicians communicated delays to an appointment time to the reception team, either in person or via an internal instant messaging system. Patients were then informed of waiting times and any delays verbally by staff.

Most (5/6) respondents to the HIW questionnaire said it was ‘very easy’ to get an appointment when they needed one, with one stating it was ‘fairly easy’.

Equitable

Communicating and language

We found the practice provided a bilingual service, with posters and leaflets available in both Welsh and English. This included information such as the patient information leaflet, statement of purpose and complaints policy.

A Welsh Active Offer policy was in place, and staff confirmed they received sufficient support from the health board to implement the Active Offer. We were told access to Welsh language training would be made available to staff if interest was shown, and the practice confirmed it would source and fund appropriate training. We were told one Welsh-speaking clinician was employed by the practice.

Staff understood the importance of communicating with patients in their preferred language to support the delivery of good health care and we were told that patients were asked their preferred language when registering with the practice. However, we noted there was no language preference recorded within patient records.

The registered manager must ensure that language preferences for each patient is documented within patient records.

Patient information was available in alternative formats such as large print when requested, with explainer videos and email communication also available. A translation service was available through Language Line for patients whose first language was not English, supported by guidance sheets seen around the practice for staff to ensure timely access.

Arrangements were in place to support patients without digital access, including appointment cards, telephone reminders, letters and the ability to book appointments in person or by phone.

Rights and equality

We found the practice had an up-to-date equality and diversity and accessible information standards policy in place. We were told all staff had completed equality and diversity training. The practice ensured the equality rights of transgender patients were upheld by recording preferred pronouns and names on patient records.

Measures were in place to protect patients and staff from discrimination and harassment. A zero-tolerance policy was in place and was available within the waiting area, and the equality and diversity policy included information on discrimination in line with the Equality Act.

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

We found reasonable adjustments were in place to ensure the setting was accessible to all. These included access to a downstairs surgery and the availability of a hearing loop.

Delivery of Safe and Effective Care

Safe

Risk management

The practice environment was found to be safe, clean and mostly secure. The majority of areas within the practice were in a good state of repair both internally and externally, and the premises was of an appropriate size and layout. We saw three dental surgeries, a dedicated decontamination room and designated waiting areas on the ground and first floor. However, we noted a crack in the wall of the decontamination room. The practice confirmed this had already been reported to maintenance and plans were being made to address it. We also noted there was no lock available on the stock room door, which was located in an area accessible to patients and not always visible to staff.

The registered manager must ensure a lock is fitted to the stock room door to prevent unauthorised access.

Facilities were in place to support staff welfare, including changing areas, toilets and lockers to store personal items.

Lighting, heating and ventilation appeared appropriate, and all areas were clean, tidy and clearly signposted. Toilets were equipped with appropriate handwashing, drying and sanitary disposal facilities.

We found dental equipment was in good condition, and appropriate items were available to enable effective decontamination between uses. Single-use items were in place where appropriate and safe needle systems were in use.

We saw a health and safety risk assessment which had been completed within the last year. Relevant policies were in place, including quality and suitability of facilities and equipment including maintenance, health and safety, risk management and business continuity and disaster recovery. Employer's liability information was displayed by the reception desk, and a Health and Safety Executive (HSE) poster was accessible to staff. We saw evidence of certificates for gas safety, five-year electrical installation conditions report and Portable Appliance Testing (PAT).

We found fire safety arrangements to be robust. A fire risk assessment had been completed and reviewed annually. We saw multiple fire extinguishers located throughout the practice which were appropriately maintained. Fire alarm and emergency lighting maintenance contracts were in place and had been completed within the last year. Weekly fire alarm tests were undertaken, and fire drills took place at regular intervals, with the last drill completed in November 2025. Fire exits were clearly signposted, and instructions in the event of a fire were displayed. Signs were displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation. All staff had completed fire

safety awareness training.

Infection prevention and control (IPC) and decontamination

We found the practice had appropriate infection control policies and procedures in place to maintain a safe and clean clinical environment. We were told a designated infection prevention and control lead was in place. Dedicated hand-washing sinks were available in each surgery and the decontamination room, with appropriate hand hygiene posters displayed. Personal protective equipment (PPE), including gloves and masks, were available and used appropriately.

The practice had one designated decontamination room available which we found was equipped with appropriate facilities for the decontamination and sterilisation of dental instruments. Suitable processes and equipment were in place to safely transport instruments around the practice.

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

Occupational health support was available through a local hospital, and staff vaccination and immunity status were monitored. Arrangements were in place to manage sharps injuries, with safety plus syringes in use and all staff were aware of the sharp's injury protocols.

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

All respondents to the HIW questionnaire said the practice was 'very clean' and that they thought infection prevention and control measures were being followed.

Medicines management

The practice had an appropriate medicines management policy in place which set out the procedures for ordering, safe handling, and disposal of medicines. Records of medicines prescribed and administered were maintained within patient clinical records and on Dental Compliance Made Easy (DCME), including separate logs for prescription only dental materials such as tooth whitening products.

Prescription pads were stored securely, and a prescription pad management log was in use. Controlled drugs, including Midazolam, were stored securely, and disposal

arrangements required two authorised witnesses with signed records. Adverse drug reactions were being managed in line with national guidance, with staff aware of the Yellow Card reporting scheme.

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

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

Resuscitation equipment that is recommended by the Resuscitation Council UK was available and in date, and oxygen cylinders were maintained appropriately. However, we noted the practice did not have paediatric defibrillator pads available. This was solved on the day of the inspection. Further information regarding this can be found in Appendix A. We saw a first aid kit was available with all items in place and in date, and two staff members were trained first aiders providing full time cover.

Safeguarding of children and adults

The practice had an appropriate safeguarding policy available. The policy confirmed the practice worked in line with the Wales Safeguarding Procedures. A separate guidance sheet in addition to the policy was available for staff which included local contact details for reporting child and adult safeguarding concerns, as well as information relating to domestic abuse and sexual violence.

Staff were able to access up-to-date safeguarding guidance through information circulated by the health board, Welsh Government circulars and updates highlighted through the DCME system.

Staff spoken to were aware of who to contact locally in the event of a safeguarding concern and identified a named lead within the practice. Staff were able to describe the steps they would take to report concerns and confirmed they would be supported by senior staff and the safeguarding lead throughout the process. All staff had completed safeguarding training for children and adults to an appropriate level.

Management of medical devices and equipment

We found that clinical equipment at the practice was safe, in good condition, and suitable for its intended purpose. Staff had received appropriate training to ensure they could safely use all equipment, and arrangements were in place to promptly deal with any device or system failure. A maintenance and inspection schedule was in place for

the compressor, which had been serviced within the last year.

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

Radiation protection documentation included local rules, risk assessments, and arrangements for maintenance and incident reporting. Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS) information was available, and X-ray equipment and maintenance records were seen.

Effective

Effective care

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

Patient records

The practice had appropriate systems in place to support the safe and effective management of patient records which upheld the rights of patients. We saw a records management policy was in place, and patient information was stored securely using a cloud-based clinical system. Consent and capacity policies were available and had been reviewed within the last year.

Arrangements were in place to protect patient information in line with the Data Protection Act 1988 and General Data Protection Regulation (GDPR). The practice was registered with the Information Commissioner's Office, and access to electronic records was controlled through individual staff log-ins and password protection. Dental models and laboratory work were stored securely on site. We found records were retained in line with appropriate retention guidance.

We reviewed a sample of seven patient records during the inspection. Overall, the recording of information was clear, legible and maintained to a good standard. Each patient had patient identifiers, medical and dental histories, risk assessments, treatment planning, consent, clinical findings and details of care provided. Radiographs were appropriately authorised, reported on and stored, and evidence of quality assurance was seen. Oral health promotion advice was recorded where indicated, including smoking cessation advice.

The practice had systems in place to manage referrals, including robust arrangements to follow up suspected oral cancer referrals to ensure patients had been seen and outcomes acted upon. We noted a formal action or tracking log for follow-up correspondence was not in place. We advised the practice manager to implement this to further strengthen oversight.

Efficient

Efficient

A system was in place to offer appointments that became available due to cancellations, ensuring efficient use of clinical time. Referral pathways were clear and robust, with internal referrals available to clinicians within the wider group and external referrals made appropriately through the NHS referral portal. Processes were in place to manage urgent dental care effectively, helping to reduce the need for attendance at urgent care or out-of-hours services.

Quality of Management and Leadership

Staff Feedback

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

Leadership

Governance and leadership

We found the practice had a clear and effective management structure in place to support the running of the practice. Team meetings were held monthly, with topics including duty of candour, referrals, clinical software, NHS contract, and staff training. Meetings were documented and available to staff in an accessible location in practice, and via an encrypted messaging platform.

Leaders demonstrated the skills, knowledge and experience required to manage the service effectively, and governance arrangements were proportionate to the size and complexity of the practice.

Systems were in place to identify, record and manage risks, with risk assessments reviewed regularly and updated when changes occurred. Relevant safety alerts and guidance from external bodies were received by senior staff and shared through management meetings and staff meetings.

A comprehensive register of policies and procedures was maintained through an electronic compliance system, which supported regular review. Policies were reviewed at least annually, or sooner where required, and updates were communicated to staff through meetings and direct notifications.

Workforce

Skilled and enabled workforce

The practice had a rota system in place to ensure there were enough suitably qualified staff working to meet the needs of patients. The practice did not use agency staff, and where additional nursing support was required, staff were accessed from other practices within the organisation. Staffing arrangements meant there was usually an extra member of staff available, which supported the smooth running of the service and continuity of care.

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

We were told that the practice supported staff with their GDC registration, and staff were required to provide proof of registration annually.

We saw a whistleblowing policy was in place and staff were able to raise concerns to the practice manager or practice owner.

We reviewed a sample of five staff records and found a good level of compliance with professional obligations. All staff had the required checks in place, including GDC registration where applicable, professional indemnity, Disclosure and Barring Service (DBS) checks and occupational health information. Where staff had been TUPE transferred from a previous owner, the relevant risk assessments had been put in place. All employed staff had received an appraisal within the previous year, and clinicians had undertaken regular quarterly reviews, with supporting evidence available. Records showed these checks were kept up to date and regularly reviewed by the practice.

All staff had access to the online learning system, and the practice supported staff development with extra courses if requested. We saw evidence that all required mandatory training had been completed to the required levels. A training matrix was in place through DCME, allowing the practice manager to oversee completion of required courses, and staff were notified when training updates were due. We were told staff had completed external receptionist training courses, and managers explained they would support staff to access further training where interest was shown.

All staff that responded to the HIW questionnaire said they felt they had appropriate training to undertake their role.

We saw a recruitment and selection policy that was in place, and an induction process was completed for all new staff with information provided prior to starting employment. We were told job vacancies were advertised using recognised platforms, and the practice followed appropriate interview and screening process.

Any concerns regarding staff performance were escalated to the practice manager. We were told they had access to external Human Resource (HR) support if needed. The practice manager would follow an outlined step-by-step process, and a clear disciplinary procedure was outlined in the staff handbook.

Culture

People engagement, feedback and learning

Patients were able to leave feedback online, via a suggestion box in the waiting room, and through feedback requests sent following completion of treatment.

We were told feedback was reviewed regularly, with monthly reports generated and information shared with the team. Information showing how feedback had been acted upon was available to patients within the patient information folder. Evidence was available to show learning had taken place and changes made following incidents.

The practice had a clear and accessible complaints procedure available. Information was displayed near reception and was included within the patient information folder, and the procedure followed the Listening to People process. The written information set out clear timescales, escalation routes, and signposting to a range of external support services including HIW, GDC, Local Health Board contact details and Llais. The practice manager was responsible for handling complaints, and systems were in place to record both formal and informal concerns.

A policy was in place for Duty of Candour, and evidence was seen of staff training. Staff spoken with were able to describe their role in being open and honest with patients when something went wrong.

Information

Information governance and digital technology

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

The practice had systems in place to record and review patient safety incidents. Any incidents were logged using significant event forms, with an accident book also available. Information about incidents was shared with staff through team meetings and weekly managers' meetings to support shared learning.

Learning, improvement and research

Quality improvement activities

The practice had systems in place to monitor and support ongoing quality improvement of the service. These included regular practice meetings, peer review within the team and across the wider group of practices, and the completion of a range of clinical and non-clinical audits. Audits were undertaken using Health Education and Improvement Wales (HEIW) tools and the practice's compliance system. The practice monitored information from complaints, patient feedback and incidents to support learning and improvement.

We saw evidence the practice had carried out a broad programme of audits within the previous 12 months, including radiography, oral cancer screening, clinical record keeping, hand hygiene, antimicrobial prescribing, healthcare waste, health and safety, disability access and physical security. Audit findings were discussed at meetings and

actions taken where needed.

We were told peer review was in place through the organisation, and professional support was in place when required.

Whole-systems approach

Partnership working and development

The practice demonstrated effective partnership working with a range of external organisations. Contact details for relevant partners, including GPs and other healthcare services, were available when required. We were told that GPs were contacted appropriately to support patient care and that the practice had established positive working relationships with other healthcare settings.

The practice engaged with external quality management systems to support service improvement. Managers accessed systems such as eDEN and NHS Compass monthly.

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
We noted the practice did not have paediatric defibrillator pads available.	The absence of paediatric defibrillator pads meant the practice may not have been fully equipped to respond to a cardiac emergency involving a child, which could reduce the effectiveness and safety of emergency treatment for paediatric patients or visitors.	Raised to the registered manager and practice owner.	The registered manager and practice owner ordered paediatric defibrillator pads on the day of inspection.

Appendix B – Immediate improvement plan

Service: Taf Dental Care

Date of inspection: 21 April 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.

	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.					
Findings:	**No immediate non-compliance issues were identified on this inspection.**				

Appendix C – Improvement plan

Service: **Taf Dental Care**

Date of inspection: **21 April 2026**

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

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We noted there was no language preference recorded for patients.	The registered manager must ensure that language preferences for each patient is documented within patient records.	The Private Dentistry (Wales) Regulations 2017 13(1)(a)	Following a staff meeting clinicians will ensure that the patients preferred language is identified, recorded and documented within clinical records	Justine Jakeway	01-06-2026
2.	There was no lock available on the stock room door, which was located in an area accessible to patients and not always visible to staff.	The registered manager must ensure a lock is fitted to the stock room door to prevent unauthorised access.	The Private Dentistry (Wales) Regulations 2017 22(2)	This work has now been scheduled with our maintenance contractor, a lock system only accessible with a code will be fitted to the door so access will no longer be available to unauthorised personal	Justine Jakeway	01-07-2026

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: Justine Jakeway

Name (print): Justine Jakeway

Job role: Practice Manager **Date: 27-05-2026**