

General Dental Practice Inspection Report (Announced)

Greenfield Dental Care, Dinas Powys

Inspection date: 02 July 2026

Publication date: 02 October 2026



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Digital ISBN 978-1-80853-462-1

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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.



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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 Greenfield Dental Care, Dinas Powys on 02 July 2026.

Our team for the inspection comprised of a HIW healthcare inspector and a clinical 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 19 questionnaires were completed by patients or their carers and two 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:

Patient feedback was positive. Patients reported that appointments were easy to access, including urgent and emergency appointments, and that they were provided with sufficient information to understand their treatment options, associated risks, benefits and costs. Patients consistently stated that they were involved in decisions about their care and treatment, were treated with dignity and respect, and felt listened to by staff. Feedback highlighted the professionalism, friendliness and compassion of the dental team, with patients valuing the clear explanations provided throughout their treatment and the support offered to those who were anxious. Patients also reported receiving appropriate aftercare advice and expressed confidence in the cleanliness of the practice and its infection prevention and control arrangements.

We found that the practice promoted oral health through the provision of a wide range of health promotion information and made relevant information about the service readily available to patients. Arrangements were in place to protect patients' dignity, privacy and confidentiality, including the use of confidentiality agreements, private areas for discussing sensitive matters, and measures within treatment rooms to maintain privacy.

The practice had effective systems to support timely access to care. Patients could book appointments in a variety of ways, and dedicated emergency appointment slots were available each day to ensure urgent cases were prioritised appropriately. The practice also offered appointments at a range of times, including early mornings and late evenings, to improve accessibility.

We found that the practice was committed to providing equitable care. Information was available in both Welsh and English, patients' language preferences were recorded, and translation services were accessed when required. The practice had arrangements in place to support equality, diversity and inclusion, including staff training, a disability access assessment, and systems to support transgender and non-binary patients.

This is what the service did well:

- Patients provided exceptionally positive feedback regarding the care, professionalism and support provided by staff.
- The practice had effective arrangements in place to ensure patients could access routine and urgent care in a timely manner.

Delivery of Safe and Effective Care

Overall summary:

We found that the practice had effective arrangements in place to promote the safety, effectiveness and efficiency of the service. The premises were well maintained, clean and accessible, with appropriate health and safety, fire safety and emergency contingency arrangements in place. Suitable systems were in place to monitor and manage risks, and the practice environment provided a safe setting for patients and staff.

We found that infection prevention and control arrangements were well established. Appropriate decontamination processes were in place and infection control audits were undertaken regularly. Waste was managed appropriately, and systems were in place to support the safe handling and maintenance of equipment. We noted that the operating chair and nurse's chair in Surgery 1 had tears in the vinyl upholstery. The practice demonstrated that the operating chair was covered with a disposable plastic cover for each patient as part of its infection prevention and control arrangements.

Medicines management arrangements were appropriate, with suitable systems in place for the storage, monitoring and disposal of medicines. Emergency medicines and equipment were available, regularly checked and maintained in line with national guidance. During the inspection, emergency drugs and equipment were relocated from Surgery 1 to a more accessible location. The practice was advised to update signage and ensure all staff were aware of the new location. Following the inspection, the practice provided evidence to HIW that this had been done.

We found that safeguarding arrangements were robust. Staff had completed appropriate safeguarding training, understood their responsibilities and had access to relevant guidance and reporting pathways. Safeguarding leads had been identified, and policies and procedures were in place to support the protection of children and adults at risk.

Clinical equipment was appropriately maintained and supported by relevant testing, servicing and quality assurance processes. Radiation protection arrangements were satisfactory, and staff had received appropriate training.

Patient records were generally of a good standard and contained appropriate clinical information. Electronic record systems supported secure storage and effective management of patient information. However, some records contained generic template text that had not been fully tailored to individual patients, and patient symptoms were not always recorded consistently. We also identified inconsistencies in documenting actions taken following periodontal assessments, including six-point pocket charting where indicated, and smoking cessation advice was not always recorded for patients who smoked.

This is what we recommend the service can improve:

- Improve clinical record keeping by ensuring records are fully personalised, patient symptoms are consistently documented, and all care provided is accurately recorded
- Strengthen radiography and periodontal documentation by ensuring clinical evaluations of radiographs, periodontal treatment provided, and six-point pocket charting are consistently recorded where required
- Repair or replace the damaged upholstery in Surgery 1.

This is what the service did well:

- Maintained a safe and well-managed environment with effective health and safety, fire safety, safeguarding and risk management arrangements
- Demonstrated infection prevention and control processes, including dedicated decontamination facilities, regular auditing and appropriate equipment maintenance.

Quality of Management and Leadership

Overall summary:

We received two staff questionnaire responses and feedback was highly positive. Staff confirmed they had received appropriate training, completed recent appraisals, and had access to the equipment, resources and support needed to perform their roles effectively. Staff also stated that patient care was the practice's highest priority and that they would recommend the practice both as a place to work and to receive dental care.

We found that the practice had a clear management structure, supported by defined roles and responsibilities. Systems were in place to support governance and oversight, including regular team meetings, an established policy review process, and arrangements for managing and communicating safety alerts. Staff who were unable to attend meetings were kept informed through the circulation of meeting minutes and supporting documentation.

The practice had effective workforce arrangements in place to ensure sufficient numbers of suitably qualified staff were available to meet the needs of patients. Recruitment, induction, supervision and appraisal processes were well established, and staff were supported through ongoing training and professional development. Systems were in place to monitor professional registration requirements and training compliance.

We found a positive and open culture within the practice, where staff felt supported to raise concerns and contribute to service improvement. Patient feedback was actively sought through a variety of methods, reviewed regularly, and used to inform changes within the practice. Examples included the introduction of printed fee schedules and more accessible seating in response to patient feedback.

The practice had appropriate systems in place for managing complaints, incidents and quality improvement activities. Complaints were recorded and monitored, patient safety incidents were logged and reviewed, and information relating to feedback and complaints was used to identify opportunities for learning and improvement. The practice also demonstrated engagement with external organisations and healthcare professionals when required to support patient care.

We identified some areas for improvement. The statement of purpose did not include Healthcare Inspectorate Wales (HIW) contact details as required by the regulations. In addition, the complaints procedure did not include HIW contact details for patients receiving private dental care and treatment. We also found that three members of staff had not undergone DBS checks by the practice and were relying on certificates obtained through other employers.

This is what we recommend the service can improve:

- Update the statement of purpose to ensure it includes all information required by the regulations, including HIW contact details
- Amend the complaints procedure to include the name, address and telephone number of HIW for patients receiving private dental care and treatment
- Review recruitment procedures to ensure appropriate recruitment checks and ongoing staff declarations are in place.

This is what the service did well:

- Maintained effective governance and leadership arrangements, supported by regular team meetings, policy reviews and clear lines of accountability
- Demonstrated a positive staff culture, with staff feeling supported, valued and confident in raising concerns and contributing to service improvement
- Actively sought and responded to patient feedback, using feedback to make meaningful improvements to the patient experience.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the patient feedback we received was highly positive. Patients reported that appointments were easy to access, with all respondents stating that they found it either ‘very easy’ or ‘fairly easy’ to obtain an appointment when needed. Most respondents were also aware of how to access urgent out-of-hours dental services.

Patients reported that they were provided with sufficient information to understand their treatment options, including the associated risks, benefits and costs, and all respondents stated that they were involved in decisions about their care as much as they wished to be. Feedback regarding staff was exceptionally positive, with all respondents stating that they were treated with dignity and respect, received clear explanations throughout their appointments, and felt listened to by staff.

Responses relating to aftercare were also positive, with most patients reporting that they received appropriate aftercare information and guidance on managing any infection or emergency concerns. Most respondents also stated that they were informed about how concerns or complaints would be managed.

Patients viewed the environment positively, with the majority considering the practice to be accessible. One respondent specifically highlighted the availability of a ground-floor treatment room and accessible toilet facilities. All respondents felt they could access the right healthcare at the right time regardless of protected characteristics, and no respondents reported experiencing discrimination whilst accessing the service.

All respondents rated the practice as very clean and believed that appropriate infection prevention and control measures were being followed.

Patients described staff as professional, friendly, caring and approachable, and praised the welcoming atmosphere within the practice. Respondents valued the clear communication provided throughout their treatment and several highlighted the support offered to anxious patients. Patients also praised the ease of accessing appointments, including emergency appointments, and many described the practice as exceptional, outstanding and the best dental practice they had attended.

Patients’ comments included:

“The practice is immaculate. It always looks clean and sterile with the balance of being welcoming. Staff are always wearing appropriate PPE and the equipment, bed etc are being cleaned as I’m leaving the room.”

"100% The staff, dentists, nurses, receptionists follow infection prevention and control at all times. The practice is super clean and hygienic in all ways."

*"By far the best dental practice I have visited (and I've been to a few!)
From the front desk to the dentists themselves there is nothing to improve."*

"All dentists and staff are excellent in their manner and professionalism. I have been a patient at this practice for many years and cannot praise them enough j have never had a problem and can approach them with any problem and us sorted"

"We have been patients at Greenfield Dental Care practice since 1988 and since [owners] took over the current practice. They are the most amazing, professional and brilliant dentists imaginable. The practice nurses, staff and receptionists are efficient, friendly and put the needs of the patients as a priority. [Dentist], is my godsend. Throughout all procedures he is professional, empathetic and explains everything clearly, the procedure, aftercare and anything else I need to know. I cannot speak highly enough about the practice and staff. We use Denplan and we can get appointments extremely quickly and same day appointments for emergencies. [Dentist] goes out of his way to fit us into his busy day at a moments notice. Thank you Greenfield Dental Care, we owe you big time!"

"The whole team are a delight. Both my son and I have been patients for some years and could not be happier"

"[Dentist] goes above and beyond to ensure that I feel comfortable"

"Absolutely outstanding practice. Everyone is so kind, patient and friendly and make you feel completely comfortable."

"The standard of service and care received at this practice was exceptional in comparison to other practices that I have attended."

"The dentist I saw was extremely approachable, professional and thorough."

"I cannot express my gratitude enough to this dental practice. All the staff are incredibly welcoming, supportive and helpful. Since joining this dental practice it literally has been life changing for me. I struggled from a child into adulthood with a fear of the dentist. I was even having treatments at the hospital, because I was so bad at going to see a dentist. I avoided it at all costs and struggled in pain with my teeth as a result. Now, I don't think twice about going and really appreciate that I am regularly seen and my teeth are doing great. I have no fear anymore and that is genuinely down to the outstanding way in which my dentist practices. Since day one, he acknowledged my fear. Works at my pace. Talks me through and guides me every step of the way. I always feel fully informed and

100% safe in his and the rest of the teams care - hygienist and dental nurse. I genuinely can't thank them enough."

"The practice is truly exceptional."

Person-Centred

Health promotion and patient information

The practice promoted good oral health by providing a range of health promotion leaflets in the waiting area. Information was available on topics including Invisalign treatment, cracked teeth, gum health, sensitive teeth, diet and oral health, smoking and oral health, root canal treatment, visiting the hygienist, children's oral health, and jaw problems.

Patients had access to relevant information about the practice and services provided. The statement of purpose and patient information leaflet were available on the practice website. Information about treatment fees was made available to patients through a fees guide displayed in the waiting area.

A patient information folder was available in the waiting room and included details of the dental team, their General Dental Council (GDC) registration numbers, information about the complaints process and the practice's public liability insurance certificate. Information regarding the practice opening hours and out-of-hours emergency contact arrangements was also displayed for patients.

Dignified and respectful care

The practice had measures in place to protect patients' dignity, privacy and confidentiality. We saw evidence that all staff had signed confidentiality agreements, which were retained within staff personnel records.

Patients were able to discuss sensitive matters in private, and arrangements were in place to ensure confidentiality during telephone conversations and when handling messages. Calls were managed through the reception area, where staff could support patients with enquiries in a professional manner.

We found that the clinical environment supported patient privacy. Treatment rooms were fitted with privacy screens on the windows and surgery doors were kept closed during consultations and treatment, helping to maintain patients' dignity and confidentiality.

Information relating to the General Dental Council's Standards for the Dental Team (the nine principles) was available to patients within the practice's patient information folder.

Timely

Timely care

The practice had arrangements in place to help patients access care and treatment in a timely manner. Patients were informed of any delays to appointments by reception staff, who explained the reason for the delay and provided an estimated waiting time. Where appointments were significantly affected by emergencies or overrunning clinics, patients were contacted and offered an alternative appointment if required.

The practice offered a range of booking methods to improve accessibility. Routine appointments could be booked online, while appointments could also be arranged by telephone or in person at the practice.

Patients requiring urgent dental care were able to contact the practice when it opened each day. Dedicated emergency appointment slots were reserved each morning and afternoon across two clinicians to ensure urgent cases could be accommodated. Patients with the most urgent care needs were triaged when they contacted the practice to ensure treatment was prioritised according to clinical need.

The practice also offered appointments across a range of opening hours, including early mornings and late evenings, enabling patients to access care and treatment at times that were convenient for them.

Equitable

Communicating and language

The practice demonstrated a commitment to meeting the communication needs of its patients and supporting access to services in both Welsh and English. A bilingual service was available, and patients were provided with bilingual information through signage and leaflets displayed on the patient information screen. The materials that had been developed by the practice were available in both Welsh and English.

Patient information was available in alternative formats on request. We saw a statement within the patient information folder advising patients that information could be provided in different formats if required.

The practice had systems in place to identify and record patients' language preferences. Welsh-speaking patients could indicate their preference for receiving care in Welsh, and staff routinely confirmed patients' preferred language at appointments. Language needs were recorded within patient records. For patients whose first language was neither Welsh nor English, translation services were used to support effective communication.

Staff demonstrated an understanding of the importance of communicating with patients in their preferred language to help ensure they received appropriate

information and were able to make informed decisions about their care and treatment.

The practice also offered a range of non-digital methods of communication to support patients who did not have access to the internet or mobile technology.

Rights and equality

The practice had systems in place to promote equality, diversity and inclusion. We saw evidence of equality and diversity training for all staff. A disability access risk assessment had been completed in June 2026 by an external organisation, demonstrating that the practice had considered the accessibility needs of its patient population.

The practice had an equality and diversity policy in place to support the protection of patients and staff from discrimination, harassment and unfair treatment in relation to protected characteristics under the Equality Act 2010.

The practice had arrangements in place to support transgender and non-binary patients. Staff asked patients how they wished to be addressed and recorded preferred pronouns and preferred names. In addition, a unisex toilet was available for patients to use.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice premises was well maintained and in a good state of repair both internally and externally. The environment was visibly clean and provided a welcoming setting for patients and staff.

There was a spacious waiting area on the ground floor with sufficient seating for patients, as well as an additional seating area serving the two surgeries located upstairs.

The practice had effective communication systems in place and arrangements to maintain telephone services during any disruption, including diverting calls to mobile phones if required. Adequate staff facilities were available, including lockers for personal belongings.

We found the practice was accessible to patients with mobility difficulties. Step-free access was available via a ramp, and a patient toilet was located on the ground floor. Patients who experienced mobility difficulties could be accommodated in the downstairs surgery to ensure access to treatment. Toilet facilities were clearly signposted, clean and equipped with appropriate handwashing, drying and sanitary disposal facilities.

We found the practice environment to be safe and secure, and no environmental concerns were identified during our tour of the premises. A comprehensive workplace health and safety risk assessment was in place and supported the ongoing management and review of risks.

The practice had policies and procedures in place relating to the suitability of the premises, the health and safety of patients and staff, and emergency contingency arrangements to support the safe and continuous operation of the service.

We saw evidence that appropriate testing and maintenance arrangements were in place. A valid gas safety, Portable Appliance Testing (PAT) and electrical installation inspection certificates were available for review. Employer's liability and public liability insurance certificates were also available, and a completed Health and Safety Law poster was displayed within the practice.

We found that the practice had taken appropriate precautions to reduce the risk of fire. An up-to-date fire risk assessment had been completed by Bison Assist and was supported by an action plan where required. Appropriate fire safety equipment maintenance arrangements were in place, and records demonstrated that fire detection equipment was regularly tested.

There were suitable means of escape available from both floors of the building, with clearly signposted fire exits. Fire extinguishers were available throughout the premises and had been regularly serviced. Fire instructions and no-smoking signage were clearly displayed, including within the waiting area and patient toilet facilities.

We also saw evidence that fire drills were undertaken and that fire safety arrangements were reviewed regularly.

Infection prevention and control (IPC) and decontamination

We found that the practice had appropriate arrangements in place to support infection prevention and control. A designated Infection Prevention and Control (IPC) lead had been appointed to oversee infection control arrangements within the practice.

The practice had access to occupational health support for staff, with vaccinations available through local GP services and arrangements in place for staff to attend hospital services in the event of a sharp's injury. Staff were aware of the sharp's injury protocol, and safety syringes were in use. We were assured that all staff could access the necessary occupational health support when required.

We found that appropriate decontamination processes were in place for reusable equipment. Equipment was manually cleaned and processed using a small ultrasonic cleaner before inspection under magnification and sterilisation. The practice had two autoclaves available, including one newly installed unit, and records demonstrated that start-of-day and end-of-day equipment checks were completed and recorded within logbooks. Equipment was transported safely between treatment rooms and the decontamination area in labelled containers with secure lids, and a dedicated decontamination room was used to separate equipment processing from clinical activities.

The practice undertook routine infection control audits and maintained records of decontamination equipment testing and maintenance. Dental impressions were disinfected before being sent to laboratories.

During the inspection, we noted that the operating chair and nurse's chair in Surgery 1 had tears in the vinyl upholstery. The practice demonstrated that the operating chair was covered with a disposable plastic cover for each patient as part of its infection prevention and control arrangements. The practice also informed us that quotations had been obtained for a replacement chair and that replacement arrangements were already being progressed at the time of the inspection.

The registered manager must ensure that damaged upholstery on clinical equipment is repaired or replaced to enable effective cleaning and disinfection.

The practice had appropriate arrangements in place for the segregation, storage and disposal of waste with appropriate contracts in place. Clinical waste was stored securely in locked external cabinets prior to collection.

Staff uniforms were laundered at home, and arrangements were in place for the safe management of substances subject to the Control of Substances Hazardous to Health (COSHH) Regulations.

Medicines management

We found that the practice had appropriate arrangements in place to support the safe management of medicines. Suitable procedures were in place for the safe disposal of controlled drugs and expired medicines. We saw that denaturing kits were used, disposals were witnessed by two members of staff, and waste was collected by a specialist contractor. A designated medicines refrigerator was available, with temperature records maintained and reviewed. Staff described how corrective action would be taken, including thermostat adjustment and monitoring, should temperatures fall outside the recommended range.

The practice had robust systems in place to manage medical emergencies. Staff were aware of the practice's resuscitation procedures, and emergency medicines and equipment were available in line with national guidance. Emergency drugs were stored appropriately and were within their expiry dates at the time of the inspection. Weekly checks of emergency medicines, syringes and needles were undertaken and recorded to ensure stocks remained complete and in date.

We found that appropriate emergency equipment was available, including oxygen, airway management equipment, suction equipment, an automated external defibrillator (AED), and personal protective equipment for use during medical emergencies. Oxygen cylinder management arrangements were in place, and staff had received training in the safe use of oxygen cylinders.

However, during the inspection, we found that the emergency equipment and drugs were stored in Surgery 1. This location was not considered appropriate, as it could hinder timely access in an emergency and had the potential to impact patient privacy. We raised this with staff who arranged for the equipment and drugs to be relocated to a more suitable location on the day of the inspection. The practice was advised to update signage to clearly indicate the new location of the emergency equipment and drugs and to ensure all staff were informed of the change to support a prompt and effective emergency response.

A first aid kit was available, and appropriate arrangements were in place to provide first aid when required.

Safeguarding of children and adults

We found that the practice had appropriate safeguarding arrangements in place to protect children and adults at risk. A safeguarding policy was available and was in date at the time of the inspection. The practice had identified both a safeguarding lead and deputy safeguarding lead.

The safeguarding policy included local contact details for reporting concerns, and staff had access to the Wales Safeguarding Procedures. We also saw a safeguarding quick reference guide and flowchart, which provided staff with guidance on raising and escalating concerns.

Discussions with staff demonstrated a good understanding of safeguarding responsibilities. Staff were aware of who to contact if they had a concern and were able to describe the actions they would take to identify, respond to and report suspected abuse. Staff told us they felt supported in raising safeguarding concerns and knew where to access advice and guidance when required.

Training records confirmed that all staff had completed safeguarding training for both children and adults at an appropriate level for their roles.

Management of medical devices and equipment

We found that the practice had arrangements in place to ensure clinical equipment was safe, suitable for its intended purpose and maintained appropriately. Staff told us they received training on the safe use of equipment as part of their induction and through ongoing in-practice training.

The practice had appropriate arrangements for the use and decontamination of reusable medical devices, and systems were in place to support the maintenance and monitoring of equipment used within the practice.

We reviewed the practice's radiation protection arrangements and found that appropriate support was provided by a Medical Physics Expert (MPE) and Radiation Protection Adviser (RPA). Radiation protection arrangements, policies and procedures were in place to support compliance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. Staff had received relevant training, were aware of their duty holder responsibilities and were individually entitled to undertake their roles. Training and scopes of practice were reviewed regularly.

The practice demonstrated a commitment to quality assurance in relation to radiography. Clinical audits were undertaken, with records showing that 95 percent of radiographs were graded as acceptable. Quality assurance processes included screen calibration and step-wedge testing of digital radiography equipment. Digital images were securely backed up using cloud-based systems.

During the inspection, the practice provided evidence of clinical evaluation and grading of dental radiographs, together with radiography audit records demonstrating that these arrangements were routinely monitored. We reviewed patient records and noted that some radiographic evaluations were not immediately visible within the Dentally system. The practice explained that it had migrated from Exact to Dentally in October 2025 and advised that some historical radiographic information remained accessible through the previous Exact system. Access to the previous system was available at the time of the inspection. The evidence provided demonstrated that radiographic

evaluations were being undertaken and monitored as part of the practice's radiography governance arrangements.

Effective

Effective care

We found that the practice had arrangements in place to support the safe assessment, diagnosis and treatment of patients. Staff demonstrated an awareness of relevant professional, regulatory and statutory guidance and applied this to the delivery of patient care where appropriate.

The practice used Local Safety Standards for Invasive Procedures (LocSSIPs) to support safe clinical practice and help prevent wrong-site tooth extractions. These procedures formed part of the practice's approach to minimising clinical risks and promoting patient safety.

We found evidence that staff sought professional advice and support when required to ensure patients received appropriate care and treatment. This helped to ensure that clinical decisions were informed by current guidance and specialist expertise where necessary.

Patient records

Patient records were maintained electronically using the Dentally practice management system, and data was securely backed up using cloud-based storage.

The practice had moved to digital impressions and models, which were stored electronically using an intra-oral scanner system. This reduced the need for physical storage and supported efficient record management.

We found that patient records were securely stored and retained in accordance with the practice's retention procedures. Systems were also in place to monitor referrals and ensure appropriate follow-up. Staff told us that discharge and follow-up correspondence relating to referred patients was reviewed and acted upon as required, and patients were contacted if further information or appointments were needed.

The practice had arrangements to monitor urgent referrals for suspected oral cancer. Staff told us that patients referred under these pathways were contacted approximately one week after referral to confirm they had been seen or had received an appointment, helping to ensure timely access to specialist care.

We reviewed a sample of 10 patient records and found that records were generally clear, legible and of a good standard. Patient records consistently included key information such as patient identifiers, dental and medical histories, social history, oral hygiene assessments, treatment plans, consent, radiographs, risk assessments and

recall intervals. Medical histories were completed electronically prior to appointments and were reviewed and updated by the dentist at each consultation. Patients' language preferences were routinely recorded within the records.

Clinical examinations were generally comprehensive and included soft tissue examinations, extra-oral and intra-oral assessments, periodontal screening and radiographic assessments where appropriate. Referral processes were well documented, with evidence that referrals were appropriate, followed up and recorded within patient records.

However, we identified some areas where record keeping could be improved. Clinical templates were not always fully tailored to the individual patient and occasionally contained generic information that had not been personalised to the specific course of treatment. Recording of patient symptoms was also inconsistent within some records reviewed.

The registered manager must review its clinical record-keeping processes to ensure patient records are accurate, complete and personalised to the individual patient.

Although periodontal assessments were generally recorded, there were inconsistencies in documenting the actions taken following periodontal screening, including the provision of periodontal treatment and the completion of six-point pocket charting where indicated. We also found that smoking cessation advice was not consistently recorded when relevant.

The registered manager must ensure that:

- **Periodontal assessments are fully documented, including any actions taken following periodontal screening, such as the provision of periodontal treatment and the completion of six-point pocket charting where clinically indicated**
- **Smoking cessation advice should be consistently provided and recorded in the clinical records for patients who smoke, to support good oral health outcomes and demonstrate that appropriate preventative advice has been given.**

Efficient

Efficient

We found that the service had arrangements in place to support the efficient delivery of care. Daily emergency appointment slots were available for patients requiring urgent dental treatment, helping to reduce the need for attendance at urgent care or out-of-hours services. We were assured that referral arrangements to other services were in place and that treatment pathways were managed appropriately. The facilities and premises were suitable for the services provided. The practice also had systems in place to manage appointment availability, including offering cancelled appointments to other patients where appropriate. We were told that clinical sessions were used efficiently and that sufficient numbers of clinicians were available to meet the needs of patients.

Quality of Management and Leadership

Staff Feedback

We received two staff questionnaire responses. Whilst this may not be representative of the wider staff team, the feedback received was positive.

Both respondents confirmed they had received appropriate training for their role and had undertaken an appraisal or performance review within the previous 12 months. The respondents indicated that they had access to appropriate equipment, facilities and systems to support patient care, and considered that patients were treated with dignity and involved in decisions about their treatment. They also provided positive feedback regarding the practice's approach to staff wellbeing, incident reporting and infection prevention and control.

Leadership

Governance and leadership

We found that the practice had a clear and effective management structure in place. An organisational chart was available which clearly outlined management roles and lines of accountability. We saw that the practice had a statement of purpose which had been reviewed within the last 12 months. However, we noted that it did not include the contact details for HIW's address as required under the regulations. Following the inspection, the practice updated the Statement of Purpose to include the required information and provided evidence of the amendment to HIW.

We found evidence that team meetings were held monthly, with discussions recorded and actions identified. Meeting minutes were shared with staff who were unable to

attend, and any documents referenced during meetings were circulated to all team members to ensure they remained informed.

The practice had a process for managing safety alerts and notices, including those issued by organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA) and Welsh Government. Safety notices were logged, circulated to all staff by email and included as agenda items for discussion at subsequent team meetings.

We saw evidence that the practice maintained a comprehensive register of policies and procedures, supported by an index of all current documents. Policies were reviewed annually, or sooner if changes were required, and a policy review log was maintained to record review dates. Updates to policies and procedures were communicated to staff through practice meetings.

Workforce

Skilled and enabled workforce

We found that the practice had arrangements in place to ensure sufficient numbers of suitably qualified staff were available to meet the needs of patients. Staff rotas were managed by designated members of the management team, with oversight of staffing levels across the practice to ensure adequate cover.

We found that there was a whistleblowing policy in place and staff were encouraged to raise concerns about service delivery, treatment or management issues. The practice operated an open-door culture, and we were told that staff felt confident and supported to raise concerns when required.

Systems were in place to support staff development and supervision. Staff received annual appraisals, and trainee dental nurses were provided with additional one-to-one support sessions. We were told that clinical supervision sessions were undertaken. The practice also had a structured induction programme for new staff, supported by a starter pack, with the induction process continuing over a six-month period.

The practice had procedures in place to address performance concerns. Issues were discussed with staff, documented appropriately and escalated where necessary in accordance with practice policies. We also found that recruitment procedures were in place to ensure that staff met the required fitness-to-work standards for their respective roles.

The practice maintained staff training records and a training matrix to monitor training compliance and competency requirements. We were told that designated members of the management team monitored training completion and ensured that any required updates were undertaken in a timely manner.

The practice supported staff to develop and maintain the knowledge and skills required for their roles through ongoing training and professional development opportunities. These arrangements helped to ensure staff remained competent and up to date with current practice requirements.

The practice monitored professional registration requirements through a management spreadsheet, which flagged upcoming renewal dates. We saw evidence that staff held appropriate GDC registration, professional indemnity insurance, and occupational health records, where required.

However, we found that one hygienist and two therapists held DBS certificates that had been obtained in connection with other employment. Whilst the practice had sight of these certificates, it had not documented how it had assured itself that the checks remained appropriate for the roles being undertaken. We advised the practice to review its recruitment procedures and consider implementing an annual staff declaration process to support ongoing assurance of staff suitability.

Culture

People engagement, feedback and learning

We found that the practice had several methods in place to enable patients to provide feedback about the service. Patient satisfaction questionnaires were available in the waiting area, patients received a link to leave a review following their appointment, and feedback could also be submitted through the practice website.

The practice encouraged patients to provide feedback verbally and routinely checked on patients following appointments. This helped to ensure that feedback could be obtained from a range of patients, including those who may find written feedback more difficult to provide.

We found that patient feedback was recorded and monitored using a central spreadsheet. Feedback received was discussed at practice meetings and used to identify opportunities for improvement.

We saw evidence that the practice had made changes in response to patient feedback. Following requests from patients, printed copies of the fee schedule were made available. In addition, chairs with armrests were introduced in the waiting area after feedback highlighted that some patients found it difficult to rise from the seating previously provided.

These examples demonstrated that the practice listened to patient feedback and made improvements to enhance the patient experience.

We found that the practice had a complaints procedure in place which was accessible to patients. A copy of the procedure was available within a patient information folder in

the waiting area and information was also displayed on the practice's information screen.

The complaints procedure included a clearly described complaints process, timescales for acknowledging and responding to complaints, information about advocacy and support services, and details of the process to be followed if a complaint could not be resolved locally. However, we noted that the complaints procedure did not include the contact details for HIW for patients receiving private dental care and treatment. Following the inspection, the practice updated the complaints procedure to include the required information and provided evidence of the amendment to HIW.

We were told that a designated member of staff was responsible for managing complaints, and details of this were available to patients within the patient information folder. We saw evidence that complaints were appropriately recorded and maintained within a complaints file. Verbal and informal complaints were also documented within the complaints log to ensure they were monitored and reviewed.

These arrangements supported the timely and effective management of patient complaints.

Information

Information governance and digital technology

We found that the practice had systems in place to record, monitor and manage patient safety incidents. A policy was available to guide staff on the reporting and management of incidents, and we saw evidence that incidents were recorded within a dedicated log.

These arrangements supported the effective recording of patient safety incidents and enabled the practice to review incidents, identify any learning and take action where necessary to improve patient safety.

Learning, improvement and research

Quality improvement activities

We found that the practice had systems in place to monitor and support quality improvement. Information relating to areas such as patient feedback and complaints was recorded and reviewed to identify themes, trends and opportunities for improvement.

Whole-systems approach

Partnership working and development

We found that the practice had arrangements in place to engage with external organisations and healthcare professionals when required. The practice told us that

contact was made with relevant agencies and healthcare partners, such as safeguarding teams, general practitioners, secondary care services and pharmacists, where this was necessary to support patient care and treatment.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Greenfield Dental Care

Date of inspection: 2 July 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.

Findings	No immediate non-compliance issues were identified on this inspection
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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: Greenfield Dental Care

Date of inspection: 2 July 2026

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. We noted that the operating chair and nurse's chair in Surgery 1 had tears in the vinyl upholstery. The practice demonstrated that the operating chair was covered with a disposable plastic cover for each patient as part of its infection prevention and control arrangements. The practice also informed us that quotations had been obtained for a replacement chair and	The registered manager must ensure that damaged upholstery on clinical equipment is repaired or replaced to enable effective cleaning and disinfection.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(2)(a)			New chair fit booked for W/C 19/10/26

	that replacement arrangements were already being progressed at the time of the inspection.					
2.	We identified some areas where record keeping could be improved. Clinical templates were not always fully tailored to the individual patient and occasionally contained generic information that had not been personalised to the specific course of treatment. Recording of patient symptoms was also inconsistent within some records reviewed.	The registered manager must review its clinical record-keeping processes to ensure patient records are accurate, complete and personalised to the individual patient.	The Private Dentistry (Wales) Regulations 2017 Regulation 20(1)	Clinical templates have been reviewed and the record-keeping audit updated to specifically assess personalisation of notes and recording of patient symptoms. Dictated AI-assisted clinical notes are also being introduced to support more individualised and comprehensive record keeping. Compliance will continue to be monitored through the ongoing record-keeping audit.	Compliance Manager	Completed/ongoing audit
3.	Although periodontal assessments were generally recorded, there were inconsistencies in documenting the actions	The registered manager must ensure that: Periodontal assessments are fully documented,	The Private Dentistry (Wales) Regulations 2017 Regulation 20(1)	Periodontal documentation, including six-point pocket charting where indicated and actions following periodontal	Compliance Manager	Completed/ongoing audit

	taken following periodontal screening, including the provision of periodontal treatment and the completion of six-point pocket charting where indicated. We also found that smoking cessation advice was not consistently recorded when relevant.	including any actions taken following periodontal screening, such as the provision of periodontal treatment and the completion of six-point pocket charting where clinically indicated • Smoking cessation advice should be consistently provided and recorded in the clinical records for patients who smoke, to support good oral health outcomes and demonstrate that appropriate preventative advice has been given.		screening, has been added to the record-keeping audit. BSP guidelines have been placed in every surgery as an aide-mémoire and requirements have been discussed with clinicians at a peer review meeting. A smoking cessation audit has also been completed since the inspection. Recording of smoking cessation advice has been added to the ongoing record-keeping audit and discussed with clinicians at a practice meeting.		
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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): L Burrows

Job role: Compliance Manager

Date: 01/09/2026