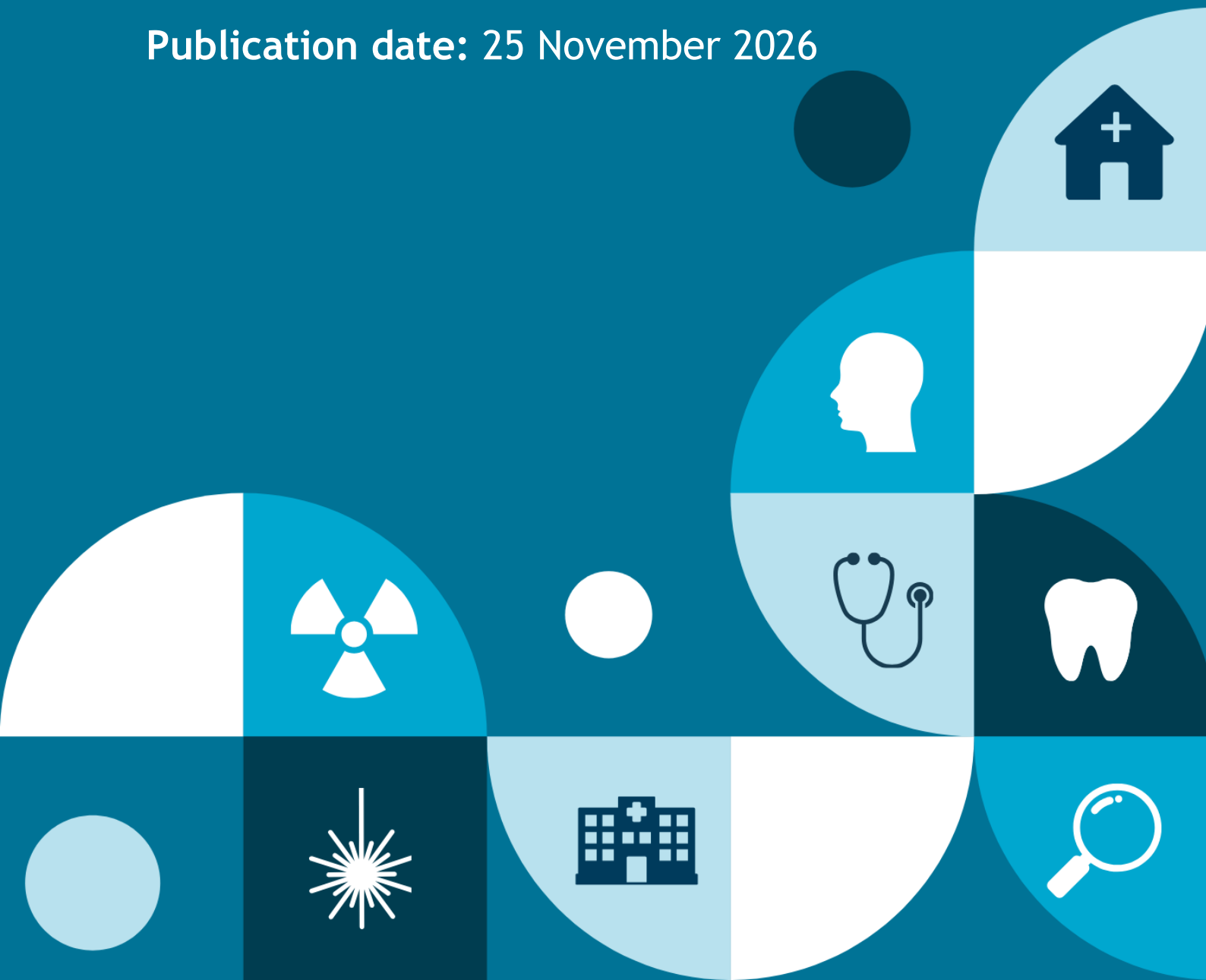
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Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Ferndale Dental Care, Cwm Taf Morgannwg University Health Board

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In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or Via:

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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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 Vision

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

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 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 Ferndale Dental Care, Cwm Taf Morgannwg University Health Board on 25 August 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 nine questionnaires were completed by patients or their carers and eight 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:

The practice demonstrated a positive commitment to providing person-centred, equitable and timely care. Patients were supported to maintain good oral health through a range of accessible health promotion information, available in both printed and online formats, in addition to clinicians providing tailored advice during consultations. Key information, including charges, dental team details, opening hours, emergency arrangements, the statement of purpose and patients' guide, was clearly available to patients.

The practice had effective arrangements to protect dignity and privacy, including signed confidentiality agreements, private areas for sensitive conversations and appropriate measures within clinical rooms. Timely access to care was supported through flexible booking options, daily emergency appointments, clinical triage and clear communication about delays.

The practice had also taken positive steps to support equitable access, including bilingual information, alternative formats, translation support, dual handrails on the stairs, longer appointments and advocacy signposting. Staff had received equality, diversity and inclusion training and demonstrated awareness of the needs of transgender patients.

Feedback from the HIW questionnaire was consistently positive, with patients confirming that staff discussed oral health, explained treatment clearly, listened to them, answered questions and involved them in decisions about their care.

This is what the service did well:

- A wide range of oral health promotion materials were available
- Patient privacy, dignity and respect were consistently maintained
- A good range of bilingual materials was available.

Delivery of Safe and Effective Care

Overall summary:

The practice appeared to be delivering safe, effective and efficient care through well-maintained premises, accessible facilities and established governance arrangements. The environment was clean, tidy and suitable for the services provided, while comprehensive fire, electrical, gas, waste and health and safety checks supported effective risk management.

Infection prevention and control arrangements were generally robust, with a designated lead, appropriate policies, cleaning schedules, hand hygiene measures and safe decontamination processes. A process was in place for completing and recording end-of-day checks of decontamination equipment. However, we identified gaps in the records reviewed and found that some checks had not been undertaken appropriately.

Medicines and emergency arrangements were well managed, with appropriate resuscitation equipment, secure storage, current staff training and effective incident-review processes. Suitable safeguarding systems were in place, supported by current policies, accessible reporting information and appropriately trained staff who had understood how to identify and escalate concerns.

Clinical equipment and ionising radiation arrangements met relevant requirements, with suitable expert advice, quality assurance and staff competency evident. Our review of patient records found they were clear, legible and securely managed, and clinical care followed professional and statutory guidance. Efficient use of the wider dental team, dentist-led triage, emergency appointments and the reallocation of cancellations supported timely patient access.

Overall, the practice demonstrated a positive commitment to patient safety, governance and continuous improvement.

This is what we recommend the service can improve:

- End-of-day decontamination records and associated checks should be completed accurately and consistently
- A referral checklist and log should be implemented which would support timely follow-up and monitor hospital attendance.

This is what the service did well:

- Positive safeguarding arrangements and training
- Efficient use of appointments, including daily urgent care capacity.

Quality of Management and Leadership

Overall summary:

The practice demonstrated strong leadership, governance and a commitment to continuous improvement. Clear accountability, regular meetings, staff supervision, policy oversight and risk management were supported by the 'Dental Compliance Made Easier'(DCME) software, which also managed training and safety communications.

A supportive workforce culture was underpinned by safe staffing, structured induction, CPD monitoring, appraisals and recruitment checks. Staff felt confident raising concerns, reflecting an open and positive environment.

Induction, competency checks and oversight of registrations, training and appraisals kept staff skilled and supported. Trainees received appropriate support, and a General Dental Council (GDC) registered dental nurse was always present to promote safe, reliable care.

Patients and staff were encouraged to provide feedback and raise concerns. Complaints, incidents and feedback informed improvements, including reduced waiting times. Complaints information followed the NHS Wales 'Listening to People' process, and staff understood the Duty of Candour.

Clinical audits, peer review, shared learning and partnerships with GPs, safeguarding teams, secondary care and the health board supported coordinated care and improvement. Overall, the practice maintained safe systems, valued learning and focused on better patient experiences and outcomes.

This is what the service did well:

- Robust recruitment processes
- Clear and effective management arrangements
- Positive partnership working.

3. What we found

Quality of Patient Experience

Patient feedback

The feedback we received from respondents to the HIW questionnaire was generally positive. All respondents rated the service provided by the dental practice as 'very good'. Patient comments included:

> *"Really friendly and they explain everything in detail."*
>
> *"[Named dentist] is incredible."*

Person-Centred

Health promotion and patient information

The practice supported patients to look after their oral health by providing a range of health promotion information in both printed and online formats. Printed information was available in the downstairs reception and waiting area, including guidance on smoking cessation, healthy eating and good oral health. A patient information folder was also available and included information about sepsis, herpes simplex and the risks and benefits associated with dental X-rays.

We saw evidence that clinical staff provided tailored oral health advice to patients during consultation appointments, which supported individualised patient care. The statement of purpose and practice information leaflet were available on the practice website. Information about NHS and private treatment charges was clearly displayed in the downstairs waiting area. A staff poster was also displayed in this area and included the names and roles of the dental team, together with General Dental Council (GDC) registration numbers where applicable.

Patients were further supported by the clear display of the practice's opening hours and emergency and out-of-hours contact numbers on the noticeboard in the downstairs waiting area. These ensured patients had access to relevant and up-to-date information.

All patients who completed the relevant questions in the HIW questionnaire confirmed that the dental team discussed how to keep their mouth and teeth healthy.

Dignified and respectful care

The practice had arrangements in place to ensure patients' dignity and privacy were respected. All staff members had signed a confidentiality agreement and arrangements were in place to support private conversations, with confidential calls being taken away

from the reception area when required. Clinical rooms were fitted with solid doors, which were kept closed while patients were receiving treatment.

The GDC's nine principles were displayed within the practice, which helped to reinforce expected professional standards. All patients who completed the questionnaire confirmed that staff treated them with dignity and respect.

Individualised care

All the patients who completed the HIW questionnaire confirmed that the dental team explained what they were doing throughout the appointment. They felt listened to and any questions were answered where asked. All patients felt treatment options were explained to them during their appointment in a way they could understand and participated in decisions about their care enabling them to make an informed choice on their care and treatment plan.

Timely

Timely care

The practice supported timely access to care through a range of appointment options. Online booking was available for examinations and consultations, and patients were also able to submit enquiries online. Patients were offered a choice of appointment times. Communication about delays was managed proactively. When reception staff identified that a dentist was running late, patients were informed and were offered the choice of waiting or rearranging their appointment. Dentists and dental nurses also used the practice messaging system when appropriate.

Emergency appointments were available daily with patients able to telephone in the morning if needed. The practice prioritised patients with the most urgent care needs through clinical triage by an appropriate clinician. Appointment dates and times were discussed with patients at the point of booking, which helped ensure appointments were arranged at suitable times. Patients with the most urgent needs were prioritised through emergency appointments and a waiting list was available so that cancelled appointments could be offered promptly. Waiting times between treatment appointments were approximately two months for a dentist and two to three weeks for a dental therapist.

The responses from patients in the HIW questionnaire indicated that patients felt appointments were 'very easy' to book and most patients knew how to access the out of hours dental service.

Equitable

Communicating and language

The practice provided a bilingual service, with patient information in both Welsh and English displayed in the waiting area. Staff were aware of the 'Active Offer' and were able to greet patients in Welsh. Two members of staff were Welsh speakers and wore badges to identify their language skills. Welsh language development was available through basic Welsh skills training and management apprenticeship opportunities. Further training was reported to be available where staff expressed an interest.

Patients whose first language was not English were able to access translation support through 'thebigword' and staff understood the importance of communicating with people in their preferred language. Patient information was also available in alternative formats, including Welsh, large print and easy read and a hearing loop was available in reception to support patients who were hard of hearing. Patients who did not have digital access were able to book appointments in person, by telephone, or through a nominated individual acting on their behalf, which supported equitable access to dental care.

Rights and equality

The practice demonstrated a positive commitment to supporting equality, diversity and inclusion (EDI) through its culture, policies and day-to-day processes. Equal opportunities and the value of diversity were reflected within the employee handbook, and staff were completing equality and diversity training. A zero-tolerance policy was available to support the protection of patients and staff from discrimination and harassment. The service had made reasonable adjustments to support equitable access, including, flexible appointment times, longer appointments for patients with additional needs, waiting-room chairs were fitted with armrests, grab rails were available in the toilet and handrails were provided on both sides of the stairs.

The practice was also respectful of transgender patients, as preferred names and pronouns were used and were recorded on the clinical system.

All patients who completed the questionnaires indicated they were able to access the right healthcare at the right time and all respondents answered that they had not faced any discrimination when accessing or using the practice.

Delivery of Safe and Effective Care

Safe

Risk management

We saw that the practice environment was generally fit for purpose and was maintained to a satisfactory standard both internally and externally. The premises were accessible, with suitable doorways, a ground-floor surgery and toilet grab rails available for people with mobility difficulties. General conditions were positive, lighting and heating were good, ventilation was appropriate and all areas were clean and tidy. The toilet was clearly signposted with a pictogram and was equipped with handwashing, drying and sanitary disposal facilities.

The size and layout of the practice appeared suitable for the three surgeries, with a dedicated decontamination room and waiting rooms. Telephone lines were heard operating effectively on the day of inspection. Facilities were available for staff to change and store their personal belongings. There was an up-to-date fire risk assessment and action plan, a maintenance contract for fire equipment, alarms and extinguishers with evidence of regular testing of fire detection equipment. Fire exits, fire instructions, the meeting point and no-smoking signage were clearly displayed and fire extinguishers were available. Evidence was seen of monthly emergency lighting tests, annual fire extinguisher inspections and weekly smoke alarm tests all completed in house. The practice also had evidence of an annual review of fire safety precautions.

Required safety documentation, including gas safety, portable appliance testing (PAT), electrical installation inspection records, insurance certificates and the health and safety poster, were available or displayed as required.

Waste management arrangements were appropriate and Control of Substances Hazardous to Health (COSHH) was supported by appropriate signage.

Infection prevention and control (IPC) and decontamination

The practice had appropriate arrangements in place to support IPC arrangements, with a designated infection control lead identified. Areas reviewed included policies and procedures, cleaning schedules, hand hygiene, personal protective equipment and management of respiratory illnesses. Additionally, environmental cleanliness, occupational health support, sharps safety and the decontamination of reusable medical devices were also checked. Overall, we found appropriate IPC arrangements were in place across the areas reviewed.

A process was in place for completing and recording end-of-day checks of decontamination equipment. However, we identified gaps in the records reviewed and found that some checks had not been undertaken appropriately.

The registered manager must ensure that all required end-of-day checks of decontamination equipment are undertaken appropriately and recorded accurately and consistently.

Medicines management

The practice had positive arrangements in place for managing medical emergencies, emergency medicines and resuscitation equipment. There was evidence that emergency resuscitation equipment was available, including an Automated External Defibrillator (AED) and associated masks and pads. Staff had received up-to-date cardiopulmonary resuscitation (CPR) and emergency resuscitation training, including anaphylaxis. Arrangements for medical emergencies were supported by policies based on national resuscitation guidance and reviewed routinely.

Medicines were stored away from patients, prescription pads were secured and we were told that adverse drug reactions were being reported via the Yellow Card scheme. There were also suitable arrangements in place for incident reporting. Positive evidence was also noted in relation to oxygen cylinder maintenance, staff training in oxygen use, incident reporting arrangements, availability of a first aid kit and appropriate first aid arrangements.

There was an overarching medicines management policy available, alongside individual policies covering many eventualities related to medicines management. Robust arrangements were in place for reporting and reviewing incidents, identifying recurring themes, completing actions and sharing learning. Governance oversight was evident which provided assurance that risks were monitored and that improvements were completed and sustainable.

Safeguarding of children and adults

The practice had appropriate and effective safeguarding arrangements in place. The practice's safeguarding policy for children and adults at risk was current and recently reviewed. The policy included local contact details for reporting concerns and staff were able to access the Wales Safeguarding Procedures electronically. Staff maintained up-to-date knowledge of child and adult protection matters through regular training and updates from local safeguarding teams, which helped the practice maintain access to current child and adult protection guidance.

Staff we spoke with knew who to contact locally and understood the steps to take to identify, respond to and report safeguarding concerns. Information at reception, contact details in the patient information folder and a staff flow chart were available to guide the identification, response and reporting of allegations of abuse. Staff described the reporting process accurately and were supported by local management, clinicians and the wider organisation. All staff were trained to the appropriate safeguarding level, and the safeguarding lead's level 3 training was in date.

The practice confirmed it monitored training compliance, received regular updates from local safeguarding teams and routinely checked that reporting contacts, online links and staff guidance remained current, accessible and clearly understood.

Management of medical devices and equipment

The practice had positive arrangements in place to support the safe management and use of clinical equipment and ionising radiation. Reusable medical devices were handled and disinfected appropriately, and we saw evidence that the compressor had been serviced in line with expected requirements. The clinical equipment was considered safe, in good condition and suitable for use, with arrangements in place for maintenance, inspection and prompt response to equipment or system failure.

The practice had appropriate Medical Physics Expert and Radiation Protection Adviser support and employer's procedures, required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 were in place. Staff were aware of their IR(ME)R duty holder roles and responsibilities and evidence indicated that staff were trained, competent and entitled to undertake practical aspects of exposures and clinical evaluation of dental X-rays. Risk management and quality assurance arrangements were in place for written procedures, protocols, equipment, image quality, dose levels and incident management.

Quality assurance arrangements were in place for digital X-ray equipment, image processing, data back-up, maintenance records, routine equipment surveillance and X-ray equipment reports. The evidence reviewed indicated that the practice had established safe and effective systems for managing radiation-related risks and maintaining equipment safety.

Effective

Effective care

The practice had safe and effective arrangements for the acceptance, assessment, diagnosis and treatment of patients. Evidence reviewed indicated that professional, regulatory and statutory guidance had been followed where appropriate when treatment was provided. The Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to support safe care and help prevent wrong site tooth extractions were in place and utilised by clinicians. In addition, staff had obtained relevant professional advice where required, demonstrating a positive approach to clinical governance, patient safety and effective decision-making.

Patient records

The practice had appropriate systems and policies in place to support patient record keeping, records management and uphold patients' rights. The records-management policy and system, consent arrangements, protection of the rights of patients who

lacked capacity, compliance with data-protection requirements, computer-based record storage, storage of models, and records were in place. The practice managed records in line with relevant data protection requirements. Patient records were all computerised using a commercial software solution and the records we reviewed were clear, legible and of good quality.

Referral management was discussed constructively with the practice manager and a checklist was proposed to strengthen the logging and follow-up of referrals and discharge correspondence. Whilst record books were available in each surgery for suspected oral cancer referrals, these were not being used. This provided a clear opportunity to make existing arrangements more consistent and to support assurance that patients referred with suspected oral cancer were seen by the hospital.

The registered manager must ensure suitable arrangements are in place to consistently record, monitor and follow up referrals, including suspected oral cancer referrals, and to ensure relevant correspondence is appropriately reviewed and acted upon.

Efficient

Efficient

The service had arrangements in place to support the efficient delivery of good quality care. Staff made effective use of the wider dental team, including hygienists and nurses, to support patient flow through treatment pathways, with additional skills such as X-ray taking contributing positively to timely care. Urgent dental care needs were managed through dentist-led triage and daily emergency appointment slots, which helped patients access appropriate care and reduced the likelihood of avoidable attendance at urgent care or out-of-hours services.

The premises and facilities were appropriate for the services delivered and were noted in the context of an imminent move. The practice offered cancelled appointments to other patients from a waiting list, which supported efficient appointment management by enabling appointments that became available to be offered to other patients.

Quality of Management and Leadership

Staff Feedback

Staff survey responses were mostly positive, with all staff reporting appropriate training, regular appraisals and a suitable working environment. All eight respondents expressed confidence in the quality of care provided, stating that patients were treated with dignity and involved in decisions about their care, with all staff stating that patient care was the practice's top priority. There was strong awareness of professional responsibilities, including the Duty of Candour and incident reporting and IPC arrangements were viewed positively. All respondents said they had access to adequate resources, equipment and support. All were satisfied with the quality of care and support they gave to their patients.

One staff member commented:

> *"It is a lovely place to work. All staff are friendly and professional and we have a safe working environment."*

Leadership

Governance and leadership

The practice was supported by a clear management structure and effective governance arrangements. Leadership responsibilities were understood and managers were appropriately supported through ongoing training, including the Institute of Leadership and Management (ILM) Level 4 qualification. Team development was also promoted through the recent completion of the Maturity Matrix Dentistry programme. A current statement of purpose was in place and was reviewed within the required timeframe.

Team communication was well established through meetings held at least monthly, with minutes recording those who were present and absent. Minutes were shared with all staff and colleagues who were unable to attend were required to confirm that they were read, which supported consistent awareness of current practice matters. Managers were also connected through online meetings and monthly in-person meetings

Leaders had promoted ongoing development through one-to-one discussions, during which staff had been encouraged to reflect on what worked well, what could be improved and to agree objectives with timescales for achievement.

Risk assessments were available in both paper and electronic formats, while safety notices were shared, discussed with staff and recorded on the 'Dental Compliance Made Easier'(DCME) software. Policies and procedures were also maintained on DCME, which provided prompts when reviews were due and these were communicated to staff.

The practice manager discussed how they planned to continue strengthening existing good governance arrangements by ensuring that all risk assessments were reviewed to

confirm they covered the full range of reasonably foreseeable circumstances, with review dates and mitigating actions clearly recorded.

Workforce

Skilled and enabled workforce

The practice had maintained positive systems to support safe staffing, recruitment, training and professional compliance. Staffing levels were managed through rota oversight, supported by a clear staffing structure which helped to ensure that suitably qualified and trained staff were available, with sickness reporting arrangements in place to support timely changes where needed. A GDC registered dental nurse was present on the premises at all times and trainee staff members were not left to work alone. Temporary and agency dental nurses were not used, which reduced potential risks to continuity of care.

Systems were in use to support onboarding, induction, training oversight and CPD monitoring, with staff receiving prompts and reminders when training or compliance requirements were due. Staff were supported to complete training through protected time and on-the-job support, with evidence such as completion certificates, staff files and a training matrix available for review during the inspection.

The practice demonstrated an excellent level of staff compliance with professional obligations. GDC registration, disclosure and barring service (DBS) records at the appropriate level as well as health checks were in place. Recruitment checks were monitored by the practice manager, with onboarding processes supporting reference checks and starter arrangements. The electronic DCME system prompted staff when checks were due, also prompting managers to ensure they cascaded information to staff.

Staff were aware of relevant policies and worked in line with them, including recruitment, induction and whistleblowing policies. Those spoken with indicated that they would feel able to raise concerns if needed, which reflected a positive and open culture. Performance matters were said to be addressed through appraisal arrangements, with the option to respond sooner where required. Staff supervision was structured through annual appraisals and six-monthly one-to-one meetings, while trainee reviews were undertaken monthly. Additional discussions were available when required, demonstrating a responsive approach to staff development and support.

Recruitment was managed through established routes, with dentists recruited by business managers and other staff following the practice recruitment process.

Culture

People engagement, feedback and learning

The practice had positive arrangements in place to listen to and learn from patient feedback. Patients were able to provide feedback through a suggestion box in reception and through the Working Feedback system. Requests for feedback were sent within 45 minutes of appointments, and responses were logged and monitored regularly. All feedback received was discussed within practice meetings.

Patient feedback was reviewed and acted upon appropriately. Where a patient was identifiable, the practice manager contacted them to discuss their concerns and seek an early verbal resolution. Anonymous feedback was monitored for recurring themes and trends. The practice also demonstrated learning from incidents, as waiting times were audited and actions were implemented to reduce delays.

Clear information about raising concerns and making complaints was displayed within the patient area. The information was consistent with the 'Listening to People' process. This included the complaints procedure, response timescales, sources of advocacy support, escalation arrangements where local resolution was not achieved, and HIW contact details for private dental care. The practice manager was identified and advertised as the person responsible for handling complaints.

Complaints were recorded on the DCME system, together with the actions taken and the outcomes. Relevant information was shared with staff and was also recorded within the patient's clinical record. The practice had a Duty of Candour (duty) policy in place for which staff had received relevant training and had demonstrated an understanding of their roles and responsibilities. Staff were encouraged to raise concerns and communicate openly with patients when something had gone wrong. No incidents had met the duty threshold. However, the practice had considered the duty in all relevant cases and had indicated that patient or family support would have been considered where required.

The practice advised how it would continue auditing complaints and concerns. This would include where possible, strengthening the process by formally documenting any emerging themes and the actions taken in response, so that ongoing learning and improvement could be clearly evidenced. An introduction of a "You said, we did" board was discussed, which would demonstrate how patient feedback had been acknowledged and used to support improvements.

Information

Information governance and digital technology

The service was using the DCME system to record patient safety incidents (PSIs). Clear processes were in place to notify staff when incidents occurred, including needlestick injuries, and information was shared about the circumstances, outcomes and any resulting policy changes. This demonstrated a positive approach to organisational

learning and helped ensure that staff were aware of relevant safety information and improvements.

The service described an appropriate process for responding to any serious incident. A meeting would take place, with staff working together to develop an action plan and agree any required changes. At the time of review, this process was not required because no serious incidents had occurred. However, the planned collaborative response provided assurance that learning and improvement were considered.

To further strengthen these arrangements, the practice manager described how the practice would record all PSIs consistently on the DCME system and maintain clear communication with staff and relevant NHS bodies.

Learning, improvement and research

Quality improvement activities

The practice demonstrated it had embedded a proactive and structured approach to quality improvement and governance. This was done through a positive commitment to continual improvement and maintaining standards using quality improvement processes, clinical audits and internal governance systems. Evidence indicated that appropriate policies and procedures were in place, using internal governance arrangements such as healthcare compliance software and task-based systems to monitor areas including policies. The arrangements for producing an annual return or report for HIW had been identified as being completed by the responsible individual when required.

A programme of clinical audit was in place. The practice demonstrated how it had used audit outcomes to make improvements.

Staff were able to access peer review and professional advice when required and the practice monitored learning and improvement through complaints, patient feedback, investigations, reports and incidents. Staff were able to work across multiple sites and share examples of good practice with this location. Any improvements that were introduced were communicated to staff and audit outcomes were used positively to maintain and further develop standards.

Whole-systems approach

Partnership working and development

The practice was working positively with other healthcare professionals to support safe and coordinated care. There was regular liaison with GPs regarding children who missed appointments or where there were concerns related to a looked after child already known to the practice.

On two occasions, safeguarding referrals were made to the appropriate safeguarding teams because appointments were missed repeatedly. Referrals were also made to secondary care through the FDS portal when children were unable to tolerate treatment and private dental services were considered where private treatment was required.

The practice operated within the wider corporate structure rather than as part of a cluster arrangement. The engagement ensured streamlined referral processes and shared training opportunities which contributed to cohesive and comprehensive patient care within their community. Health board involvement through inspections had also provided an additional layer of external oversight.

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 during the inspection			

Appendix B – Immediate improvement plan

Service: **Ferndale Dental Care**

Date of inspection: **25 August 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 concerns were identified during the inspection		
Improvement needed		**Standard / Regulation**	
1.			
Service Action:		**Responsible officer**	**Timescale**

Appendix C – Improvement plan

Service: **Ferndale Dental Care**

Date of inspection: **25 August 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.	A process was in place for completing and recording end-of-day checks of decontamination equipment. However, we identified gaps in the records reviewed and found that some checks had not been undertaken appropriately.	The registered manager must ensure that all required end-of-day checks of decontamination equipment are undertaken appropriately and recorded accurately and consistently.	Infection, Prevention and Control	Existing decontamination procedures are in place. The recording error has been discussed with the nursing team to reinforce the importance of accurate documentation. The head nurse will continue to oversee daily checks, with regular spot checks by the practice manager to ensure compliance	Practice Manager	Immediately after inspection, with ongoing monitoring

2.	Referral management was discussed constructively with the practice manager, and a checklist was proposed to strengthen the logging and follow-up of referrals and discharge correspondence. Record books were available in each surgery for suspected oral cancer referrals; however, these were not being used.	The registered manager must ensure suitable arrangements are in place to consistently record, monitor and follow up referrals, including suspected oral cancer referrals, and to ensure relevant correspondence is appropriately reviewed and acted upon.	Patient Records	Referral books are now being used consistently by clinicians. The nursing team have been involved to ensure all referrals, including suspected oral cancer referrals, are recorded appropriately. A senior nurse reviews the books weekly, follows up outstanding referrals and ensures any necessary actions and correspondence are dealt with promptly	Practice Manager	Immediately following inspection, with ongoing monitoring

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: Practice Manager

Date: 20/10/2026