

General Dental Practice Inspection Report (Announced)

Astro Dental, Aneurin Bevan
University Health Board

Inspection date: 03 September 2025

Publication date: 04 December 2025



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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Astro Dental, Aneurin Bevan University Health Board on 03 September 2025.

Our team for the inspection comprised of a HIW healthcare inspector and a dental peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 18 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found a range of suitable oral health promotion information available within the practice. Information on treatment costs and staff details was displayed within the reception area.

We observed staff treating patients with dignity and respect and found appropriate policies in place. Appointments were accessible via telephone, WhatsApp and in person, with emergency slots available daily. We found information was bilingual and interpreter services were available if needed.

The setting promoted equality and diversity and adjustments had been made to ensure the setting was accessible.

This is what the service did well:

- Patient feedback was regularly collected and reviewed
- Staff recorded preferred pronouns of patients
- Good access for emergency care.

Delivery of Safe and Effective Care

Overall summary:

We found the setting to be clean, well maintained and safe. Appropriate fire safety arrangements were in place with all staff trained and equipment regularly checked.

We found first aid and medical emergency equipment was in good condition. Medicines management and safeguarding policies were in place.

Patient records were generally well kept, though some lacked details on language preference and prescriptions. The setting made use of professional guidance and used local safety standards to reduce clinical risk during treatments.

This is what we recommend the service can improve:

- Ensure fire doors are kept closed at all times
- Improve visibility of public liability documentation
- Implement labelled and secure instrument transport boxes.

This is what the service did well:

- Maintained secure storage for medical drugs
- Safeguarding leads had undertaken training at level three
- Robust infection control procedures in place.

Quality of Management and Leadership

Overall summary:

We found good governance with a clear management structure in place. We saw evidence of regular team meetings. Policies were routinely updated and accessible to all staff.

The setting was appropriately staffed with systems in place to ensure cover when required. Recruitment procedures were appropriate, and staff records showed compliance with professional obligations. Mandatory training was up-to-date, and an online system allowed management to monitor progress.

Complaints were effectively managed, with clear escalation processes. The setting engaged in peer review and conducted clinical audits on a regular basis. Arrangements were in place to submit an annual return when required. Staff were supported in professional development.

This is what the service did well:

- Appropriate recruitment process and procedures
- Encouraged peer reviewing.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW questionnaire were positive. We asked patients how they would rate the service provided by the setting. Of the respondents who answered, most (15/16) rated the service as “very good”.

Patient comments included:

“Excellent beyond words...”

“... the staff are amazing and the treatment is top class.”

“... the best dentists I have ever used.”

“Amazing staff.”

Person-centred

Health promotion and patient information

We saw a good range of patient information in the reception area. This included information leaflets and posters on smoking cessation, oral hygiene and treatments available. The practice had a satisfactory patient information leaflet and statement of purpose, and copies of both were available at reception.

Information on treatment prices were on display within the waiting area. We saw signs displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation. Notices were on display to inform patients of CCTV in operation.

The names and General Dental Council (GDC) registration numbers of some of the dentists were displayed outside the practice. Photos and names of all staff members were displayed inside the practice. We noted a separate poster within the waiting room with names, GDC registration numbers and role of each staff member. We advised the practice manager for this poster to be made bigger as its current size could not easily be seen or read by patients.

The practice opening times, telephone number, out of hours number, website address and email address were displayed clearly at the entrance to the practice.

Dignified and respectful care

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

We saw a confidentiality agreement was in place which had been reviewed by all staff. Staff had access to rooms away from patients to allow privacy for confidential phone calls. We were told patients could discuss confidential details in private within the office or spare surgery. There were solid doors to clinical areas including each surgery which were kept closed when treating patients. We were shown a camera which was used when a patient received a CBCT scan so clinicians could safely see the patient. However, we were told it recorded patients without their knowledge. The recording function was disabled on the day of the inspection.

Individualised care

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

All respondents who answered the HIW questionnaire said they were given enough information to understand the treatment options available to them and most (15/17) agreed the cost was made clear to them before receiving treatment.

Timely

Timely care

The practice arranged appointments by telephone, in person and via WhatsApp messages. Patients were also able to complete a contact request form on the practice website. We heard telephone lines working effectively on the day.

We were advised the average waiting time between treatment appointments was one week, but patients could be prioritised earlier if necessary. We were told the practice had emergency appointments available each day and patients would be seen as soon as possible. We were told the setting had an out of hours phone operator responsible for evening and weekend emergency calls and monitoring and replying to WhatsApp messages. We were told Saturday appointments were available and patients were given a choice of appointment times to suit their needs.

Staff within the dental surgeries could communicate using an instant messaging system to update reception staff on any delays. We were told reception staff would then contact patients ahead of their appointment if there was a known delay or inform patients verbally in person if they were present. All respondents to the HIW questionnaire, said it was either 'very easy' (15/18) or 'fairly easy' (3/18) to get an appointment when they needed one.

Equitable

Communication and language

We saw information such as the patient information leaflet and patient posters were available in English and Welsh. The practice manager informed us patient information was available in large print when requested.

We were told that an interpreter would be arranged for patients attending whose first language was not English. Patients without digital access would have appointments communicated by telephone and information would be printed for them when attending.

Rights and equality

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

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

We found the practice had reasonable adjustments in place to ensure the setting was accessible to all. The practice was on one level with accessible toilet facilities for patients and all chairs within the waiting room had arm rests present.

Delivery of Safe and Effective Care

Safe

Risk management

We saw that external and internal areas of the practice were well decorated and visibly clean. However, we noted a hole in the ceiling above an electrical box by the front door. The practice manager assured us this was missing due to electrical works being completed on the day, the hole was sealed shortly following the inspection. Further details on actions taken are in [Appendix A](#).

We also noted the office was cluttered as it was being used as a storage room. We were told by the practice manager this was due to a room recently being renovated into a surgery and there was a lack of storage. We were assured electrical items in the room were not in use and the room would be cleared once the surgery was complete.

The registered manager must ensure the office is cleared to allow it to be used for the purpose intended.

A staff room was available for lunch breaks and staff had access to adequate locker facilities to store their possessions safely. A staff only toilet was available on the first floor which was also used as changing facilities. There was one waiting area available, which we found to be an appropriate size for the setting.

We were provided with documentation of up-to-date employers and public liability. This was displayed within the staff room; however, only the front page was visible, and it did not clearly indicate that it related to public or employer's liability.

The practice manager must ensure the employer's liability insurance is easily identifiable for staff.

We found dental equipment was in good working condition and single use items were in use where appropriate.

We saw an appropriate health and safety policy in place as well as a health and safety risk assessment. The health and safety executive poster was displayed behind the reception desk where all staff could view.

We saw evidence of an annual gas safety record, Portable Appliance Testing (PAT) and five-year electrical installation report.

We examined fire safety documentation and found adequate maintenance contracts were in place. Fire extinguishers were available around the premises, and we noted they did not require servicing within their 10-year life span. We viewed documentation to evidence regular checks were undertaken by staff on fire extinguishers, emergency lights and fire alarm testing. We saw appropriate signage displayed throughout the setting and found all staff had up-to-date fire safety awareness training. We viewed a fire risk assessment which has been reviewed within the last year. However, we noted staff keeping the fire door leading to the dental lab open when it should be kept closed for fire safety.

The registered manager must ensure all fire doors are kept closed.

Infection, prevention and control (IPC) and decontamination

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

We saw personal protective equipment (PPE) was readily available for all staff. The practice had suitable hand hygiene facilities available throughout the setting. We were informed there was appropriate occupational health support available to staff if required.

The setting had a designated room for the decontamination and sterilisation of dental instruments. The decontamination room was well maintained with appropriate processes and equipment in place. However, we noted boxes to transport instruments were not securely closed or easily identifiable as clean or dirty.

The registered manager must provide boxes that can be closed securely and ensure they are appropriately labelled for the decontamination of instruments.

We found decontamination equipment was regularly tested and was being used safely. We saw evidence of daily logs and we were told information from the autoclaves was downloaded on a regular basis. We saw evidence of staff IPC training and the practice had completed IPC audits at six monthly intervals.

We found the practice had an appropriate contract in place for the handling and disposal of waste, including clinical waste. We saw evidence of appropriate arrangements in the practice for handling substances which are subject to Control of Substances Hazardous to Health (COSHH).

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

Medicines management

We found the practice had an appropriate medicines management policy in place which had been reviewed by staff.

We saw evidence that staff recorded medicines administered to patients in their notes and we were told patients were given information about medicines prescribed.

The practice had an up-to-date medical emergencies policy. We reviewed staff training records and found all staff had up-to-date training in cardiopulmonary resuscitation (CPR). All members of staff who carried out conscious sedation treatment had up-to-date Immediate Life Support (ILS) certification. Three members of staff had completed first aid training, and we saw a first aid kit available with all items in place and in date.

We inspected the equipment in place to deal with a medical emergency and found all items available and in date. However, we noted that a razor and scissors were stored within the first aid kit but were not available with the defibrillator. We advised the practice manager to move these items to be stored with the defibrillator for ease of access in a medical emergency. We saw evidence of regular checks being carried out on all emergency equipment. The medical emergency bag was kept within the decontamination room and signage was available on the door.

We found medical drugs were stored securely and prescriptions were printed when required. We saw a log in place to monitor the use of sedation medication.

Safeguarding of children and adults

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

We reviewed safeguarding training records and saw staff had up-to-date safeguarding training to an appropriate level. The safeguarding lead had completed training to level three which is considered good practice.

Management of medical devices and equipment

We found medical devices and clinical equipment were in good working order and suitable for purpose. Reuseable devices were disinfected appropriately, and arrangements were in place to promptly address any system failures.

We viewed evidence of servicing documents for the compressor which has been completed within the last year. The setting had use of milling machines and was appropriately registered with the MHRA for their use.

Documentation was in place to evidence the safe use of X-ray equipment. We viewed evidence of maintenance records of X-ray equipment and local rules were displayed near to each X-ray machine in each surgery.

The practice had had appropriate facilities available to enable conscious sedation to be carried out safely. Suitable procedures were in place to monitor patients during treatment and deal with medical emergencies if they were to arise.

Effective

Effective care

We found the practice had safe arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. We found staff were following advice of relevant professional bodies and knew where to find information when required. Local Safety Standards for Invasive Procedures (LocSSIPs) were used to help minimise the risk of wrong tooth extraction.

Patient records

We saw a suitable system in place to ensure the safety and security of patient records. The practice had an appropriate records management and consent policy in place.

We reviewed a sample of eight patient records. Overall, the recording of information was clear and was being maintained to a good standard. Each patients had identifiers, reasons for attending were recorded and medical histories were updated at each visit. We saw evidence that oral hygiene advice had been recorded where necessary, radiographs had been recorded, and treatment options were noted. However, we found the following areas that could be improved:

- The preferred language of patients was not consistently recorded
- Quantity, medication type and directions of use for prescriptions was missing
- Smoking and alcohol advice not consistently recorded.

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

Quality of Management and Leadership

Leadership

Governance and leadership

We found a clear management structure in place to support the running of the practice. We saw evidence of team meetings being held on a regular basis and noted suitable discussions around policies, uniform, patient notes and continued professional development. Staff members not in attendance were sent a copy of the meeting minutes via a staff group chat.

We saw evidence the practice manager updated policies and procedures on a routine basis. Staff members had access to these policies from the computers at the setting.

Workforce

Skilled and enabled workforce

In addition to the practice manager, the team comprised of nine dentists, one hygienist, two qualified nurses, two trainee nurses, one receptionist and three lab technicians. We found an appropriate system in place to ensure a suitable number of staff were working at any time. We were told the practice occasionally uses agency staff for nursing and sources them from dental agency companies when required.

We saw a suitable and up-to-date recruitment policy. All staff were provided with an employee handbook to ensure staff understood their specific role and information relating to the practice. We were told any performance issues would be discussed with the individual staff member in private and a disciplinary procedure would follow if necessary.

We reviewed five staff member records and found suitable evidence was in place for professional indemnity, health checks, GDC registration, disclosure and barring checks, past employment history and appraisals.

Staff had access to an online training system which was provided by the setting and could be monitored by management. We reviewed five staff member training records and found all staff members had completed their mandatory training with up-to-date certification in place. Staff members completing conscious sedation treatment had suitable training in place with certification available. We were told extra training was made available to staff if the skill was required.

Culture

People engagement, feedback and learning

The practice had a feedback box available within the waiting room with a paper feedback form for patients to complete. The setting also requested patients to complete online Google reviews, and routine feedback was gained through iPads available within the setting. We were told feedback was monitored regularly and an audit completed on a six-monthly basis. We saw information on display besides reception on how the practice had learned and improved from feedback.

The practice had an appropriate complaints policy which was reviewed annually. This was available when requested from reception and was displayed in the waiting room. The policy included timescales for complaints, an escalation process if required and contact information for external bodies such as Llais.

We were informed the practice manager was responsible for handling complaints. If the complaint was regarding the practice manager, the owner would take responsibility. We saw evidence of a complaints log which was regularly reviewed to identify any common themes.

Learning, improvement and research

Quality improvement activities

We were told clinical staff undertook open peer reviewing and held regular meetings to discuss topics. We saw audits for radiography, record keeping, IPC, antibiotic prescribing and hand washing. We were told audits were completed at regular intervals and outcomes were shared with staff in team meetings.

We were told the practice manager had applied to use the maturity matrix development tool provided by Health Education and Improvement Wales (HEIW); however, they have yet to receive any information.

We saw evidence the setting had arrangements in place to produce an annual report for submission to HIW if requested.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We were shown a camera which was used when a patient received a CBCT scan for safety. We were told it recorded patients without their knowledge.	Recording patients during CBCT scans without their knowledge breaches consent and privacy laws and violates protection regulations which can negatively impact a patients trust with a setting.	Raised with the registered manager and practice owner.	Recording function was disabled on the day of the inspection and we were assured the recording function would not be used in future.
A hole was present due to a ceiling tile missing above the electrical box at the front entrance.	It may expose wiring to dust or moisture, increasing fire or electrical hazards.	Raised with the registered manager and practice owner.	Ceiling tile was replaced on the day of the inspection.

Appendix B - Immediate improvement plan

Service: Astro Dental

Date of inspection: 03 September 2025

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No non-compliance issues found.					

Appendix C - Improvement plan

Service: Astro Dental

Date of inspection: 03 September 2025

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 the office was cluttered as it was being used as a storage room.	The registered manager must ensure the office is cleared to allow it to be used for the purpose intended.	The Private Dentistry (Wales) Regulations 2017 Regulation 22 (2)	This was a temporary storage area issue due to having extensive building work conducted at the practice (we had tuned over an entire new surgery opening up a 3rd in the practice) Using the office as temp storage was our only option to keep items out of sight and away	Emily Brown	Actioned.

				from patents. This has now been cleared and office used for purpose.		
2.	Employer's liability was present however this was not easily identifiable for staff as only the front page was available.	The practice manager must ensure the employer's liability insurance is displayed and easily identifiable for staff.	The Employers' Liability (Compulsory Insurance) Regulations 1998 Regulation 5	Although made digitally available to staff on the practice Ipad. This was Put on display in the staff and waiting room day after inspection.	Emily Brown	Actioned.
3.	We noted staff keeping the fire door leading to the dental lab open when it should be kept close for fire safety.	The registered manager must ensure all fire doors are kept closed.	The Private Dentistry (Wales) Regulations 2017 Regulation 22 (4)(a)	Clear signage now on door stating 'fire door keep shut' and regular checks conducted by lead nurse/ Management.	Emily Brown	Actioned.
4.	We noted boxes to transport instruments were not securely closed or easily identifiable as clean or dirty.	The registered manager must provide boxes that can be closed securely and ensure they are appropriately labelled for the decontamination of instruments.	WHTM 01-05 Chapter 2, 2.27	Clear, lidded and marker pen labelled boxes were available however we have now replaced with ones from Agillio shop as recommended by	Emily Brown	Actioned.

				the inspector. Red for dirty and Blue for clean.		
5.	<p>We found the following areas that could be improved:</p> <ul style="list-style-type: none"> • The preferred language of patients was not consistently recorded • Quantity, medication type and directions of use for prescriptions was missing • Smoking and alcohol advice not consistently recorded. 	The registered manager must ensure that patient records are complete and include all relevant information in line with professional standards and guidance.	The Private Dentistry (Wales) Regulations 2017 Regulation 20 (1)(a)	Language preference was already identified and Improved in our clinical records Audit and added to all clinicians templates in July 2024. Medication type, directions and use in addition to smoking and alcohol advice have now been Added and will be checked in our next Clinical Audit as well as added to our induction for new clinicians.	Emily Brown	Actioned and ongoing with clinical audit.

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): Emily Brown

Job role: Group Manager JTPD Ltd (Registered manager for Astro Dental)

Date: 13/10/2025