

General Dental Practice Inspection Report (Announced)

Thrive Dental Care, Aneurin Bevan University Health Board

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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 Thrive Dental Care, Aneurin Bevan University Health Board on 16 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. We also spoke to staff working at the service during our inspection. In total, we received 18 responses from patients and three responses from staff. Some questions were skipped by some respondents, meaning not all questions had responses. 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:

Patients provided very positive feedback about the care and service provided by the dental practice. All respondents to the HIW questionnaire rated the service as either 'good' or 'very good.'

We found that staff worked hard to treat their patients with kindness, dignity, and respect throughout the inspection. Doors were kept closed during treatments and consultations to provide privacy.

There was a good range of information available throughout the practice on notice boards and on the practice website. Patients said they had received enough information to understand treatment options and the risks and benefits of those options.

Patients requiring emergency treatment could call at any time with the aim to be seen on the same day. The ground floor of the practice appeared to be well adapted for wheelchair users.

This is what we recommend the service can improve:

- To ensure appropriate window coverings are installed to ensure patient privacy and dignity.

This is what the service did well:

- Early opening hours on Tuesdays and Thursdays
- Good arrangements in place for patients with mobility issues.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice had been newly refurbished, was well maintained, and decorated to a good standard. Patient areas were uncluttered and free of hazards providing a safe environment to receive care.

There was good compliance with regards to the use of X-rays at the practice, while there were suitable arrangements in place for the safe management of medicines. Equipment for use in an emergency was readily available and all in date.

We found appropriate arrangements in place for safeguarding of children and adults with a lead appointed and staff trained in the subject.

Patient dental records were detailed and easy to follow.

This is what we recommend the service can improve:

- To develop a building maintenance policy to ensure the premises remain fit for purpose
- To ensure smoke detector alarms are tested weekly and that this is recorded in a log.

This is what the service did well:

- Newly refurbished surgeries with well-maintained equipment
- Recommended checklists were being used to help prevent wrong tooth extractions
- The decontamination room was well organised with good processes demonstrated
- Good X-ray compliance with appropriate signage on surgery doors.

Quality of Management and Leadership

Overall summary:

The registered manager was available for staff, and we found an effectively run practice with clear reporting lines for staff. Staff appeared supported in their roles with evidence of regular appraisals. There was an appropriate recruitment process in place with the necessary checks to ensure staff were fit to work at the premises.

We found a good range of comprehensive and up-to-date policies and procedures in place that were readily available for staff, while compliance with professional obligations was very good.

While we identified some improvements were needed, overall, we considered the practice to be very well managed.

This is what we recommend the service can improve:

- To ensure induction records are appropriately signed off when completed
- To consider setting SMART objectives as part of staff annual appraisals.

This is what the service did well:

- Good level of compliance with mandatory staff training
- A good scheme of clinical audits in place as part of the practice's quality improvement activity

- ‘You said, we did’ notice on display in patient waiting area informing patients of changes made because of their feedback.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 18 respondents rated the service as either 'good' or 'very good.'

Some of the comments provided by patients on the questionnaires included:

"Offered same day appointment when I called today and fixed my issue."

"...after my previous dentist retired, care has been noticeably better for myself and my husband. I find it a lot easier to get an appointment."

Person Centred

Health Promotion

We saw lots of relevant dental healthcare information available within patient waiting areas including smoking cessation, preventative oral care and diet advice. This consisted of leaflets and a well organised notice board. Treatment charges and the practice complaints procedures were also on display. The practice also used a digital screen to provide additional information which ran on a loop.

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice. Both documents were available on the practice website along with other useful service information.

The names of the dental team and their General Dental Council (GDC) registration numbers were clearly displayed. We saw signs throughout the practice advising visitors that smoking was not permitted on the premises in accordance with legislation.

All respondents who answered the question on the HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand and were provided with aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

During the inspection we observed that staff were welcoming, friendly and treated patients with kindness and respect. Whilst the reception desk and waiting area were in the same room, we were told private discussions could be taken in the office or in a spare surgery. A confidentiality policy was in place and had been signed by all staff members.

We saw that surgery doors were closed during treatment maintaining the privacy and dignity of the patients. Windows either had frosted glass or opaque film covering to restrict the view into surgeries from neighbouring properties. However, we found that an access route into a neighbouring property provided a clear view into the ground floor surgery. We were advised that the practice had requested a quote for a window covering and were awaiting installation.

The registered manager must ensure appropriate window coverings are installed to ensure patient privacy and dignity during treatment and provide evidence to HIW when complete.

The GDC nine core ethical principles of practice were clearly displayed in the waiting area.

All respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

Individualised care

All respondents who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available and said they were given enough information to understand the risks and benefits associated with those treatment options. All bar one of the respondents agreed that charges were made clear prior to commencing treatment while one respondent said the question was not applicable in their case.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment and confirmed that their medical history was checked before receiving treatment.

Timely

Timely Care

We were told that reception staff informed patients if there are any delays to their appointment time. We were advised that waiting times between treatments were

short with patients offered follow-up appointments often within one week. A short notice list was in operation to utilise any cancelled appointments.

We were told that patients who required emergency treatment could telephone, email or book online at any time and were usually seen on the same day using diarised emergency appointment slots in each day. The practice told us this was well managed which avoided the need to prioritise the most urgent cases.

The practice opening hours were displayed outside the premises and on the practice website. These included earlier opening times on Tuesdays and Thursdays to provide flexibility for patients. The contact telephone number for patients to use should they require out of hours treatment was also clearly visible. We were told the practice was part of the Gwent private on-call rota for weekend emergency requests.

All respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one. Whilst most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, two respondents said that they did not.

Equitable

Communication and Language

We found written information displayed in the practice was available in Welsh and English. For patients whose first language was not English, a multi-language chart was available so they could indicate their preferred language for an appropriate translation service. We saw a notice in the patient waiting area promoting the Active Offer of providing a service in Welsh.

Whilst an online booking facility was available, appointments could also be arranged by telephone or in person at reception, ensuring patients without digital access could arrange treatment.

We were told information could be made available in other formats such as large print, while staff said they would help patients to read and complete forms and other documentation as necessary. iPads were also available for patient use, which enabled documents to be enlarged as required and a hearing loop system was installed to assist patients with hearing difficulties.

Rights and Equality

We found dental care at the practice was provided in a way that recognised the needs and rights of patients. The practice had up-to-date equality and diversity and bullying and harassment policies in place, and we saw that staff had

completed appropriate training in these topics. We were assured that the rights of transgender patients would be upheld with preferred names and pronouns updated within patient records.

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

The practice was located on the ground and first floor with one surgery located on each floor. We considered the ground floor of the practice to be well adapted for wheelchair users with wide doorways, a ramp into the front entrance, level flooring and a spacious toilet with handrails fitted. All waiting area seating had arms to help patients with mobility issues.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the dental practice was well maintained with spacious, well-lit surgeries that had a consistent layout, while patient areas were comfortable, uncluttered and free from hazards. Internally, the environment was decorated and furnished to a good standard. We were told that both surgeries and the decontamination room had been recently installed as part of a practice refurbishment programme. However, we found there was no buildings maintenance policy to help ensure the premises always remain fit for purpose.

The registered manager must develop a building maintenance policy to ensure the premises remain fit for purpose.

We saw suitable arrangements for staff to change their clothes with personal belongings stored in the staff room. An up-to-date health and safety policy was in place and an approved health and safety poster was on display in the staff room. The employer's liability insurance was also displayed as required.

We found a business continuity policy with a list of procedures to be followed were it not possible to provide dental services due to an emergency event or disaster. This included a reciprocal arrangement with a nearby dental service.

We were shown a current five yearly Electrical Installation Condition Report (EICR), up to date Portable Appliance Testing (PAT) records and a valid annual gas safety certificate.

We found the practice had a current fire equipment maintenance contract in place and that all fire extinguishers had been serviced within the last year. All staff had completed fire safety training with a suitable proportion also trained as fire marshals. A fire risk assessment had been completed and was reviewed on an annual basis. We saw evidence of weekly checks of regular fire drills, and that fire exits were suitably signposted. However, we were told that smoke detector alarms were tested approximately every six months.

The registered manager must ensure smoke detector alarms are tested weekly and that this is recorded in a log.

Infection Prevention and Control (IPC) and Decontamination

We saw the surgeries were visibly clean and suitably furnished to enable effective cleaning. Suitable hand hygiene facilities were available in each surgery and in the toilets. Cleaning schedules were in place to support effective cleaning routines, and we found that appropriate personal protective equipment (PPE) was readily available for staff use.

There was an appropriate infection prevention and control policy which had been subject to recent review. This included the name of the appointed lead. We saw that the latest infection prevention and control (IPC) audit had been conducted within the last year, and that staff had completed relevant training in this topic.

All respondents who completed the HIW patient questionnaire told us they felt the practice was very clean and that staff followed infection prevention and control measures.

We saw that the practice had a sharps injury procedure in place and that quick reference needlestick injury flowcharts were available in each surgery to aid staff in the event of an incident. The practice had appropriate access to private occupational health services.

The decontamination room was well organised with suitable arrangements demonstrated for the decontamination of reusable dental instruments. A suitable system to safely transport instruments between the surgeries and decontamination room was described. We saw evidence that regular maintenance and periodic checks of the decontamination equipment were carried out.

We saw a current contract was in place to safely transfer waste from the practice. Clinical waste produced by the practice was appropriately stored while awaiting collection. Suitable arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH).

We reviewed staff files and found that all staff working at the practice had completed the required infection prevention and control training.

Medicines Management

We saw an appropriate policy was in place for the management of medicines at the practice and found that medicines were being stored safely in accordance with the manufacturer's instructions. Suitable processes were in place for ordering, checking and disposing of out-of-date medicines. We found that medicines administered were clearly recorded within patient records.

We found that prescription pads were kept secure and were told that adverse reactions involving medicines would be notified via the Yellow Card scheme. We saw signs displayed to remind patients to inform the practice of any changes in their medical history, which we considered good practice.

There was an appropriate up-to-date written policy in place for responding to medical emergencies at the practice which was available to patients on request. We confirmed that all staff had completed resuscitation training within the last year.

We inspected equipment and medicines for use in the event of an emergency at the practice. A suitable system was in place for identifying when medicines and equipment need to be replaced and we confirmed that all medicines were in date.

We saw that service maintenance of oxygen cylinders had been carried out and that staff had completed relevant training in their use. We found the first aid kit was appropriately stocked with all items in date and that there were enough trained first aiders to ensure cover during staff leave and sickness.

Management of Medical Devices and Equipment

We found both surgeries were suitably equipped to provide safe and effective dental treatment. Clinical equipment appeared clean and in good condition.

Documentation was available to show that safe arrangements were in place for the use of the X-ray equipment, which included an up-to-date radiation risk assessment. We saw appropriate signage displayed on each surgery door and saw evidence that the X-ray equipment had been subject to the required maintenance and testing. We saw justification for each X-ray exposure was noted in patient records and that an appropriate quality assurance programme was in place covering image quality and dose levels.

We confirmed all staff who were involved in the use of X-rays had completed the necessary training and saw evidence of this within the staff files we reviewed.

Safeguarding of Children and Adults

We found a suitable up-to-date policy in place in relation to safeguarding of children and vulnerable adults which included the contact details for the relevant local safeguarding team. Whilst quick reference safeguarding flowcharts were available for staff, we discussed including these in each surgery for easy access in the event of a concern.

All staff were appropriately trained and knowledgeable about child and adult protection and all had access to the latest Wales Safeguarding Procedures. The

practice had a dedicated safeguarding lead appointed who could provide support and guidance to staff in the event of a safeguarding concern. We were told that further wellbeing support was available for staff via local occupational health provider.

Effective

Effective Care

We found there was sufficient trained staff in place at the practice to provide patients with safe and effective care. Staff knew their roles and responsibilities and we were assured that statutory guidance was being followed when providing dental care and that relevant professional advice was available to staff if required. We saw recommended checklists were in use to minimise the risk of wrong tooth extraction.

Patient Records

We saw that a suitable system was in place to help ensure patient records were managed safely and securely. We were told that patient records were retained for the appropriate periods in accordance with the Regulations.

We reviewed a sample of six dental care records for a range of patients. Overall, we considered the quality of patient records to be good with suitable patient identifiers and reasons for attendance recorded. All records that we reviewed contained a full medical history and indicated that this was checked at each subsequent appointment. The records also showed evidence of treatment planning including options available, and that informed consent was obtained from patients prior to each treatment. We found patient language preferences were consistently recorded.

Quality of Management and Leadership

Leadership

Governance and Leadership

There was a clear management structure in place, with the principal dentist and practice manager responsible for the day-to-day running of the practice with the assistance of the lead nurse and wider practice team. We considered the practice to be well led with a clear commitment to providing a high standard of service. On the day of our visit, we found the management team to be open and approachable to staff.

There were suitable arrangements for sharing relevant information and urgent safety notices with staff using regular team meetings and emails. We saw minutes of meetings were recorded and shared with staff who signed to confirm they had read them.

We found a comprehensive range of written policies available to staff to support them in their roles. This included a practice whistleblowing policy for staff to guide them should they need to raise a concern. All policies had been subject to regular reviews and with a register signed by staff to confirm they had read and understood the documents.

All staff who completed the HIW questionnaire said that they would recommend the practice as a good place to work and agreed that the practice takes positive action on staff health and well-being. All agreed that they had fair and equal access to workplace opportunities, and felt the workplace was supportive of equality and diversity.

Some of the comments provided by staff on the questionnaires included:

“A great team to work with. I feel appreciated and enjoy coming to work.”

Workforce

Skilled and Enabled Workforce

The practice team comprises of three dentists, one therapist and five dental nurses. We considered the number and skill mix of staff were appropriate to deliver the dental services provided.

All staff who answered the HIW questionnaire said there were enough staff to allow them to do their job properly and that there was an appropriate skill mix at the practice.

The practice had an up-to-date recruitment policy which set out the requirements in respect to the employment of staff at the dental practice. We reviewed staff files and found that a suitable induction process was in place to ensure new staff were aware of practice procedures and competent in their role. However, whilst we found the induction documentation was ticked, it was neither signed off by the employer nor the employee.

The registered manager must ensure induction records are appropriately signed off when completed.

We reviewed the personnel files of staff working at the practice. We saw all staff had a valid Disclosure and Barring Service (DBS) certificate, evidence of indemnity insurance, current registration with the General Dental Council (GDC). Evidence of Hepatitis B immunisations and other health screening records were present for all staff. We were told that compliance with workforce obligations were monitored by the practice management team.

We saw that staff had completed training on a range of topics relevant to their roles within the practice. We found mandatory training compliance was good and was monitored by practice management. A review of staff files indicated that staff had annual appraisals although these lacked clear objectives to encourage the improvement and development of individuals.

We recommend that the registered manager considers setting SMART (Specific, Measurable, Achievable, Realistic/ Relevant, Time-bound) objectives for each staff member as part of their annual appraisal process.

All staff who responded to the HIW questionnaire agreed that they had appropriate training for their role and have had an appraisal within the last 12 months.

Culture

People Engagement, Feedback and Learning

Arrangements were described for seeking feedback from patients about their experiences of using the practice including satisfaction questionnaires being sent after each appointment. A suggestions box was available in the waiting area to enable patients without digital access to provide anonymous feedback.

We were told that feedback is regularly reviewed and discussed at team meetings. During the inspection, there was a positive response to feedback that we provided, and we saw evidence that this commitment extended to patient comments with a 'You said, we did' notice displayed in the patient waiting area.

We saw the practice complaints procedure displayed in the waiting area in both Welsh and English. This indicated which staff member was appointed to handle complaints and included details of other organisations that patients could approach if dissatisfied with the response. We reviewed the complaints folder and found each complaint was documented and adhered to the timescales stated in the practice procedure. We found that some emails relating to complaints were held within email accounts. We discussed the benefits of ensuring evidence of communications be held in one place to aid reviews and inspections going forward.

Learning, Improvement and Research

Quality Improvement Activities

We found a good scheme of audits in place as part of the practice's quality improvement activity. We were provided with examples that had been completed recently including clinical records, antibiotic prescribing and radiograph quality. We were told that a smoking cessation audit was planned to be conducted soon.

We were told that the practice used industry recognised quality improvement tools and resources to help improve standards.

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 summaries 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
There were no immediate concerns resolved during this inspection.			

Appendix B - Immediate improvement plan

Service: Thrive Dental Care

Date of inspection: 16 September 2025

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

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

Appendix C - Improvement plan

Service: Thrive Dental Care

Date of inspection: 16 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
We found that an access route into a neighbouring property provided a clear view into the ground floor surgery.	The registered manager must ensure appropriate window coverings are installed to ensure patient privacy and dignity during treatment and provide evidence to HIW when complete.	Regulation 15(1)	Quote accepted from the company. Waiting for next doors work to be completed to carry this out.	Laura Channing/ Dr Richard Crean	Once building works completed next door.
There was no buildings maintenance policy to help ensure the premises always remain fit for purpose.	The registered manager must develop a building maintenance policy to	Regulation 8(1)(c)	Policy to be completed with Laura and Richard	Laura Channing	Two weeks

	ensure the premises remain fit for purpose.				
We were told that smoke detector alarms were tested approximately every six months.	The registered manager must ensure smoke detector alarms are tested weekly and that this is recorded in a log.	Regulation 22(4)(a)	Checklist to be completed weekly checking all smoke alarms	Laura Channing	Completed
Whilst we found the induction documentation was ticked, it was neither signed off by the employer nor the employee.	The registered manager must ensure induction records are appropriately signed off when completed.	Regulation 17(3)(a)	Sign off every induction, once completed	Laura Channing	Completed
We saw that staff had annual appraisals although these lacked clear objectives to encourage the improvement and development of individuals.	We recommend that the registered manager considers setting SMART objectives for each staff member as part of their annual appraisal process.	Regulation 17(4)	In put SMART goals into the one to one paperwork for staff to fill out.	Laura Channing	Completed

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): **Laura Channing**

Job role: **Practice Manager**

Date: **06/10/2025**