

# General Dental Practice Inspection Report (Announced)

Abersychan Dental Surgery, 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 Abersychan Dental Practice, Aneurin Bevan University Health Board on 25 February 2026.

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 invited staff to complete a questionnaire to tell us their views on working for the service. A total of seven questionnaires were completed by patients and six 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:

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 'very good.'

Whilst relevant oral healthcare information was found on the practice website, there was limited information available in the practice.

We observed staff treating patients in a warm, friendly manner while maintaining patient dignity, and respect throughout the inspection with doors kept closed during treatments and consultations. However, we were told that confidential conversations could be held on the stairwell, which we considered inappropriate.

We were told that patients experienced short waits for follow-up appointments and benefited from cancelled-slot reallocation. Daily emergency appointments enabled the practice to provide urgent dental care usually on the same day.

We found that treatments could be provided using a range of languages spoken by the dental team although staff seemed unaware of the translation service that was available at the practice.

This is what we recommend the service can improve:

- To provide additional oral healthcare information at the practice
- To avoid using the stairwell and landing areas for confidential conversations
- To ensure staff are aware of the translation service that is available.

This is what the service did well:

- Visibly very clean practice
- Patient medical history reminder displayed.

### Delivery of Safe and Effective Care

Overall summary:

We found the practice appeared to be well maintained, with gas and electrical safety inspections conducted and in date. Overall, there were good arrangements for fire safety although one emergency exit would not fully close without manual manipulation. This was rectified the day following the inspection.

The practice appeared to be very clean with effective infection prevention and control (IPC) arrangements, and relevant audits conducted. Appropriate decontamination processes were in place, with regular maintenance of the decontamination equipment. However, the pressure vessel inspection certificate for one of the autoclaves was missing; this was immediately removed from use during the inspection until receipt of a valid certificate.

There was good compliance regarding the use of X-rays at the practice. We found appropriate arrangements in place for safeguarding of children and vulnerable adults with evidence on file that staff had completed training in the subject.

We found some emergency drugs were unavailable in all the recommended doses. We were also told that expired drugs were disposed of at the local pharmacy but there was no evidence to confirm this.

Patient dental records were detailed and easy to follow. Whilst there were suitable arrangements for secure handling of digital patient records, one filing cupboard containing paper records would not lock; these records were moved to another lockable cupboard immediately during the inspection.

This is what we recommend the service can improve:

- To review process for checking emergency drugs to ensure correct doses are always available
- To implement a system to account for all unused medicines disposed of at the pharmacy
- To implement a system to report any adverse reactions to medicines
- To record patient language preference within patient records.

This is what the service did well:

- Good fire safety arrangements were in place
- COSHH (Control of Substances Hazardous to Health) file was very good
- Patient records were comprehensive.

## **Quality of Management and Leadership**

Overall summary:

There was a clear management structure in place, with senior management open and approachable to staff. We saw suitable arrangements for sharing information with staff.

There was a good range of policies and procedures in place that were easily available for staff, although these needed to be signed by staff to confirm they had read and understood the content.

The practice had an appropriate skill mix among the staff, with a robust induction process, good training compliance and regular appraisals. Staff reported adequate resources to be available. Recruitment checks were in place, although two Disclosure and Barring Service (DBS) checks were pending completion.

There were suitable processes for obtaining feedback from patients with suggestions discussed at team meetings. Complaint investigations were recorded although these needed to be more comprehensive.

While we identified some improvements were needed including a few legacy issues, overall, we considered the practice to be showing a marked improvement from the previous HIW inspection.

This is what we recommend the service can improve:

- To implement a system that clearly indicates which policies staff have confirmed as read and understood
- To develop a suitable staff recruitment policy
- To ensure a full record of each complaint is documented and retained
- To make appropriate arrangements for reporting patient safety incidents to the relevant organisations.

This is what the service did well:

- Good staff training compliance
- Staff professional obligations were well managed
- Good induction process that was fully documented and signed off
- Patients informed of the results of their feedback by use of a 'You said, we did' notice.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Overall, the responses to the HIW questionnaire were positive. All seven respondents rated the service as ‘very good.’

Patient comments included:

*"Abersychan dentist is a lovely practice. The staff are great, the receptionist is helpful... Staff are always friendly and always welcoming."*

*"Happy at practice. Friendly staff."*

#### Person-centred

##### Health promotion and patient information

We found relevant healthcare information on the practice website including smoking cessation, oral cancer and healthy gums. However, there was limited oral healthcare information available within the waiting areas or in the patient information folder.

**The registered manager must provide HIW with details of action to be taken to provide patients with further relevant healthcare advice.**

The names and General Dental Council (GDC) registration numbers for the current dental team and the GDC core ethical principles of practice were clearly displayed while both NHS and private treatment charges, and the practice complaints process were also seen in the waiting area.

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 patients with useful information about the services offered at the practice. Both documents were available on the practice website.

All respondents who completed a HIW patient questionnaire said they had their oral health explained to them by staff in a way they could understand, while most told us they had been provided with aftercare instructions on how to maintain good oral health.

### **Dignified and respectful care**

During the inspection, we observed that staff were polite, friendly and treated patients with respect. We found the reception team very welcoming and considerate to patient's needs. We found confidentiality agreements as appendices within the staff personal folders that we reviewed.

We saw that surgery doors were kept closed when dentists were treating patients, and that windows had suitable coverings to maintain patient privacy and dignity.

The reception desk and ground floor waiting area were in the same room, with a second waiting area on the first floor. Reception staff were mindful of the need to maintain patient confidentiality when dealing with patients. We were told that sensitive discussions were either held in an unused surgery or on the stairwell. At the previous inspection we expressed concerns that the stairwell was inappropriate for this purpose for privacy and safety reasons.

**The registered manager must ensure the stairwell and landing areas are not used for the purpose of confidential conversations.**

All respondents who completed the HIW patient questionnaire said that staff explained what they were doing throughout their appointment and answered their questions they had. All agreed they had been treated with dignity and respect.

### **Individualised care**

All respondents who completed the HIW patient questionnaire said that they were given enough information to understand the treatment options available and the risks and benefits associated with these options. All agreed that their medical history was checked and that costs were made clear prior to starting treatment.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment.

## **Timely**

### **Timely care**

We were told that reception staff or nurses informed patients if there are any delays to their appointment times. We were told that waiting times between treatments were short with patients offered follow-up appointments generally within two weeks. A short notice list was used to offer any cancelled appointments to patients awaiting treatment.

We were told that two emergency appointment slots were scheduled every day for each dentist to accommodate urgent treatment requests. These were accessed by

telephoning the practice immediately with the aim of seeing patients usually on the same day, or at latest within 24 hours.

The practice opening hours were displayed outside the premises and on the practice website. These included earlier opening times on Wednesdays and later times on 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.

All respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one and all said that they knew how to access the out of hours dental service if they had an urgent dental problem.

## **Equitable**

### **Communication and language**

Written information in the practice was predominantly in English with a limited amount of bilingual material available. We found the 'Active Offer' of obtaining a service in the Welsh language was not provided. We pointed out that this was an issue raised at the previous inspection. The practice manager duly arranged to have appropriate signage displayed during the inspection.

We were told that there were staff members who could provide treatment using several languages other than English such as Bulgarian and Polish. Whilst a translation service was available for patients who needed other languages, staff we spoke with appeared unaware of this service, instead using smartphone translation apps. We discussed the unsuitability of these apps for medical purposes.

**The registered manager must ensure staff are aware of the translation service and ensure this is used as necessary to address any language needs.**

The practice arranges appointments by telephone or in person at reception, ensuring patients without digital access could arrange treatment. We were told there were plans for online appointment booking but this was not in place at the time of the inspection.

### **Rights and equality**

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients.

We found the practice had an up-to-date equality and diversity policy in place along with an equal opportunities policy which covered all aspects of harassment

and discrimination. We saw that staff had completed relevant training on these topics. Staff described suitable arrangements for transgender patients that recognised the rights and needs of this patient group.

All respondents who completed a HIW patient questionnaire confirmed they had not faced discrimination when attending the practice.

We saw there was level access into the practice premises with a surgery on the ground floor, allowing easy access to treatment for wheelchair users. We found the patient toilet to be clean, suitably stocked and decorated to a high standard. As this was located on the first floor, we found handrails had been installed to assist patients with impaired mobility. However, the patient toilet was inaccessible for wheelchair users, and this was communicated in the patient information leaflet.

# Delivery of Safe and Effective Care

## Safe

### Risk management

In general, the practice appeared well maintained with a spacious, well-lit surgeries. Internally, the environment was decorated and furnished to a good standard, with the patient waiting areas comfortable and free from hazards. A buildings maintenance policy was in place to help ensure the premises always remain fit for purpose. We noted that a large crack found on the previous inspection had been suitably repaired. However, we found the basement fire exit door closure mechanism would not fully engage on closing without manual manipulation, potentially leaving the rear access unsecure. We raised this immediately with the registered manager. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

The practice had an emergency and business continuity plan with a list of emergency contacts and procedures to be followed were it not possible to provide dental services due to an emergency event or disaster. We found up-to-date policies relating to assessing and managing risks and the health and safety of patients and staff at the practice. There were suitable arrangements for staff to change their clothes and store their personal belongings safely.

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. An approved health and safety poster and the employer's liability insurance were displayed as required.

Apart from the faulty emergency exit closure, we found the practice had good arrangements in place in relation to fire safety with a fire risk assessment completed and evidence that recommendations had been actioned and signed off. We saw evidence that regular alarm tests and evacuation drills had been completed. All staff had completed fire safety training and fire extinguishers had been serviced within the last year.

### Infection, prevention and control (IPC) and decontamination

We found the surgeries were visibly clean and suitably furnished to enable effective cleaning. Suitable hand hygiene facilities were available in the surgeries, decontamination room and toilets. Cleaning schedules were in use to support effective cleaning routines, and staff had access to appropriate personal protective equipment (PPE).

There was an appropriate up-to-date infection prevention and control policy which included the name of the appointed lead. We saw that an 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 appropriate infection prevention and control measures.

We saw that the practice had a sharps injury procedure in place with appropriate support from their local occupational health department. We found safety plus syringes were being used whilst quick reference sharps injury flowcharts were available in each surgery to aid staff in the event of a needlestick incident.

The practice had a dedicated decontamination room with appropriate and effective arrangements in place for the decontamination of reusable dental instruments. There was a suitable system to safely transport instruments between the surgeries and decontamination room. We saw evidence of regular maintenance and periodic checks of the decontamination equipment although the latest pressure vessel inspection certificate for one of the two autoclaves was missing, meaning we were unable to confirm if the engineer had considered it safe to use. We raised this immediately with the registered manager. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

There were contracts in place to safely transfer both clinical and domestic waste from the practice. We saw that clinical waste produced by the practice was suitably stored while awaiting collection.

We found the practice Control of Substances Hazardous to Health (COSHH) file to be very well managed, with an up-to-date policy, risk assessment and a comprehensive list of data sheets for the chemicals used. We saw that the chemicals were stored appropriately.

### **Medicines management**

We were told that no medicines were being used at the practice other than emergency drugs which were managed under the practice emergency procedures. These were seen to be stored appropriately. However, we found midazolam was only available in doses for ages 10 and over, while dispersible aspirin was also not available at the recommended dose. We raised this immediately with the registered manager who ordered the correct items at the time of the inspection. A contingency plan was put in place regarding the midazolam until the new stock

arrived. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

**The registered manager must review the process of drugs checks to ensure the required emergency medicine is always available in the correct doses.**

We were told that unused and expired emergency drugs were disposed of via the local pharmacy although there were no records or receipts to evidence this.

**The registered manager must put in place a system to account for all unused medicines disposed of at the pharmacy.**

Notices were displayed to remind patients to inform the practice of any changes in their medical history which we considered to be good practice. However, we found that there was no system in place to report adverse reactions to medicines, with staff unaware of the Yellow Card scheme.

**The registered manager must ensure that a system is put in place to report any adverse reactions to medicines.**

We inspected equipment for use in the event of an emergency at the practice. Whilst the paediatric defibrillator pads were not present, staff had received training in the use of adult pads for child applications. We found that four of the five recommended sizes of clear face masks and the portable suction as part of the emergency equipment was missing. We raised this immediately with the registered manager who ordered the missing equipment, including the paediatric defibrillator pads during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We saw that service maintenance of the oxygen cylinder had been carried out and that staff had completed relevant training in its use. We inspected the first aid kit which was appropriately stocked with all items in date. The practice had an appropriate number of staff trained to provide first aid and we confirmed that all staff had completed resuscitation training within the last year.

### **Management of medical devices and equipment**

We found the dental surgeries were suitably equipped to provide safe and effective dental treatment. Clinical equipment appeared clean and in good condition with appropriate arrangements in place to deal with any equipment failure.

Suitable procedures were in place for the safe use of X-ray equipment including verification of the identity of the individual to be exposed and the provision of

information about the risks and benefits of X-rays. We saw that an up-to-date radiation risk assessment had been carried out and that appropriate signage was displayed on each surgery door. Although documentation confirmed X-ray equipment maintenance, testing, and radiography audits had been completed, these records were not compiled into a complete radiography file. We discussed the benefit of keeping a comprehensive radiography folder and using the Health Education and Improvement Wales (HEIW) Quality Improvement tool for ionising radiation as good practice.

We checked staff files and saw that staff who were involved in the use of X-rays had completed the necessary training.

### **Safeguarding of children and adults**

The practice had 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. We discussed the benefit of installing quick reference safeguarding flowcharts in each surgery for easy access in the event of a concern.

A dedicated safeguarding lead was appointed who would provide support and guidance to staff in the event of a safeguarding concern and all had access to the latest Wales Safeguarding Procedures. We were told that wellbeing support was available for staff via the health board occupational health team with further assistance available through their training provider.

We found staff were appropriately trained and knowledgeable regarding child and adult protection.

## **Effective**

### **Effective care**

We considered there was enough trained staff in place at the practice to provide safe and effective care for patients. Staff were clear about their roles and responsibilities, and we were assured that statutory guidance was being followed when providing dental care. The practice used checklists to minimise the risk of wrong tooth extraction as recommended.

### **Patient records**

There were suitable systems in place to ensure digital patient records were safely managed with records retained in line with the Private Dentistry (Wales) Regulations 2017. However, we found one of the secure file units storing older paper records would not lock, putting confidential patient data at risk. We raised this immediately with the registered manager who arranged for the files to be

moved to another unit that was lockable. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We reviewed the dental care records of five patients. These were comprehensive and clear and were generally of a high standard. Each record had suitable patient identifiers with medical history checked and informed consent recorded at each appointment. Evidence of oral cancer screening was recorded while full treatment planning was found in all records we reviewed. However, we saw that patient language preference was not recorded in any of the records we reviewed which could inhibit effective and individualised patient care. It was disappointing to note that this was the same situation as found at the previous inspection.

**The registered manager must ensure patients preferred choice of language is recorded within the patient records.**

## **Efficient**

### **Efficient**

We found suitable arrangements in place to ensure the practice operated in an efficient way that maintained standards of quality care, with sufficient clinicians for the services provided. The practice employed both therapists and hygienists to provide additional care options and enhance patient experience. We were told that therapists carried out the majority of examinations and anything out of their scope of practice was referred to the dentist.

We considered the referrals process was managed effectively with updates regarding referrals sent to the practice email which was monitored daily.

# Quality of Management and Leadership

## Staff feedback

Six staff members responded to the HIW questionnaire and responses were mainly positive. Comments relating to the patient dignity and staff wellbeing were positive, with all respondents being satisfied with the quality of care and support they gave to patients and agreeing that care of patients was the dental practice's top priority.

The one staff comment we received was:

*“Abersychan Dental Surgery is a great place to work. I am grateful for the support I have off management and lucky to work with lovely colleagues. We really are a good team.”*

## 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 wider practice team. We felt the practice was well led with a commitment to providing a high standard of service for their patients. We observed that the management team were open and approachable to staff.

There were suitable arrangements for sharing information and urgent safety notices with staff. We saw minutes of meetings were recorded and were told these were available at reception for any staff who did not attend. We discussed adding agenda items and action plans to the minutes to further improve them and suggested that staff signed them to confirm they had read them.

There was a good range of policies available to support staff in their roles. All policies had been reviewed regularly, and staff were asked to sign a register confirming they had read and understood them. However, the signature sheet did not clearly specify which policies staff had confirmed reading.

**The registered manager must implement a system that clearly indicates which policies staff have confirmed as read and understood.**

All staff who completed the HIW questionnaire confirmed they had not faced discrimination at work, that they had fair and equal access to workplace

opportunities and felt the workplace was supportive of equality and diversity. All said that they would recommend the practice as a good place to work.

## **Workforce**

### **Skilled and enabled workforce**

The practice team comprised of three dentists, two therapists and two hygienists and five dental nurses. We considered the number and skill mix of staff were appropriate to deliver the dental services provided.

We found that a suitable induction policy was in place to ensure new staff were aware of practice procedures and competent in their role. We saw that this process was fully documented and signed off by the supervisor. At the time of the inspection, the practice was unable to provide us with a recruitment policy which should set out the requirements in respect to the employment and retention of staff at the dental practice.

**The registered manager must develop a suitable staff recruitment policy and provide a copy to HIW when complete.**

We reviewed the personnel files of staff working at the practice. We saw most staff had a valid Disclosure and Barring Service (DBS) certificate while two were awaiting completion. We discussed obtaining an annual declaration from staff to confirm there had been no changes to their DBS status. Evidence of indemnity insurance, General Dental Council (GDC) registration and Hepatitis B immunisation were present for all staff. We were told that compliance with workforce obligations were monitored by the practice management team.

We found mandatory training compliance was good and that staff had attended further relevant training on a range of topics relevant to their roles including the safe operation of oxygen CD cylinders. We were told that training was monitored by the practice manager and we discussed implementing a training matrix to simplify this process. There was evidence in staff files that confirmed staff had annual appraisals.

All staff who answered the HIW questionnaire said there were enough staff to allow them to do their job properly and that they had adequate materials and equipment to do their work. All said there was an appropriate skill mix at the practice. Five staff agreed that they had appropriate training for their role while the remaining member said they partially agreed. All confirmed they 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 via the practice website or the suggestions box that was available in the waiting area. We were told of plans to implement a QR code system for feedback as part of practice quality improvements. We were told that feedback is discussed at team meetings, and we saw a 'You said, we did' notice displayed in the patient waiting area, informing patients of any resultant actions.

A suitable practice complaints procedure was on display in the waiting area. This contained suitable timeframes for acknowledgement and resolution and indicated which staff member was responsible for handling the complaints. On reviewing the complaints file, we found they amounted to one or two a year. Whilst these were recorded, we found they did not contain much detail of the investigation conducted, with communications such as emails missing.

**The registered manager must ensure a full record of each complaint is documented and retained, including the details of the investigations and their outcomes.**

The practice had a suitable Duty of Candour policy in place. We saw evidence that staff had completed training on this subject within staff files that we reviewed.

## Information

### Information governance and digital technology

The practice used suitable computer systems to manage patient records and staff training records. We saw appropriate policies in place that set out the arrangements for safely handling patient and staff information.

We found that the practice did not have a process to report patient safety incidents but would follow guidance on their compliance software should such an incident occur. We discussed and demonstrated the Datix Cymru and HIW Notification of Events portals as appropriate methods of reporting incidents with NHS and HIW respectively.

**The registered manager must make appropriate arrangements for reporting patient safety incidents to the relevant organisations.**

## Learning, improvement and research

### Quality improvement activities

There was 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 record keeping, antimicrobial prescribing, and infection control. We were told that handrails were installed following a disability access audit. We discussed including clinical waste and smoking cessation audits as part of their upcoming audit programme.

We were told that the practice used industry recognised quality improvement tools and resources, such as the Maturity Matrix Dentistry (MMD) and Skills Optimiser Self-Evaluation Tool (SOSET) as well as the annual Quality Assurance Self-Assessment (QAS) to help improve standards.

## Whole-systems approach

### Partnership working and development

Whilst the practice was not part of a local healthcare cluster, we were told that the practice had good working relationships with other primary care services in the local area, including an electronic referral system. We were told the practice uses NHS Compass and eDEN management systems weekly to help support the provision of a quality service for the community.

## 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
The basement fire exit door closure mechanism would not fully engage on closing without manual manipulation,	This could potentially leave the rear of the premises unsecure, allowing unauthorised access to staff only areas.	We raised this immediately with the registered manager at the practice.	Remedial maintenance was arranged and completed the following day.
The latest pressure vessel inspection (PVI) certificate for one of the autoclaves was missing.	We were unable to confirm that this autoclave was considered safe to use by the engineer.	We recommended the practice stop using this autoclave with immediate effect.	Use of the autoclave was stopped until the PVI certificate could be provided to HIW.
Midazolam was only available in doses for ages 10 and over, while dispersible aspirin was also not available at the recommended dose.	Patients and visitors to the premises could be at risk in the event of an emergency.	We raised this immediately with the registered manager at the practice.	Replacement items were ordered at the time of the inspection. A contingency plan was put in place regarding the midazolam until the new stock arrived.

Four of the five recommended sizes of clear face masks and the portable suction as part of the emergency equipment was missing.	Patients and visitors to the premises could be at risk in the event of an emergency.	We raised this immediately with the registered manager at the practice.	Replacement items were ordered at the time of the inspection.
One of the secure file units storing older paper records would not lock.	This put confidential patient data at risk of loss or unauthorised access.	We raised this immediately with the registered manager at the practice.	The files were moved to another file unit that was lockable.

# Appendix B - Immediate improvement plan

**Service:** Abersychan Dental Surgery

**Date of inspection:** 25 February 2026

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. There was no non-compliance issue identified during this inspection.					

## Appendix C - Improvement plan

**Service:** Abersychan Dental Surgery

**Date of inspection:** 25 February 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. There was limited oral healthcare information available within the waiting areas or in the patient information folder.	The registered manager must provide HIW with details of action to be taken to provide patients with further relevant healthcare advice.	Quality Standard - Person Centred	Up to date oral healthcare leaflets and posters have been placed in all patient waiting areas. These are regularly reviewed and restocked by staff to ensure patients have continuous access to relevant health information.	Milena Ivanova	Done
2. We were told that sensitive discussions were held either held in an unused surgery or on the stairwell.	The registered manager must ensure the stairwell and landing areas are not used for the purpose of confidential conversations.	Quality Standard - Person Centred & Regulation 13(9)(c)	All staff have been instructed and reminded through team meetings and internal	Carys Powell	Done

				communication that confidential conversation must only take place in designated private rooms. Compliance is monitoring by Practice manager.		
3.	Whilst a translation service was available for patients, staff we spoke to appeared unaware of this service.	The registered manager must ensure staff are aware of the translation service and ensure this is used as necessary to address any language needs.	Regulation 13(1)(a)	All staff have been informed about the availability of translation services through training and internal communication. Guidance on how to access and use the service is now included in staff protocols, ensure it is consistently offered to patient when required and mark on our software system.	Carys Powell	Done
4.	Drugs to be used in an emergency were unavailable in the recommended doses.	The registered manager must review the process of drugs checks to ensure the required emergency	Regulation 13 (4)(b)	This missing emergency drug was ordered immediately on the day of	Michelle Bradley	Done

		medicine is always available in the correct doses.		inspection and has been added to the emergency drug kit in the correct recommended dose. A formal checking system has been implemented to ensure all emergency medicine are regularly reviewed and always available in the correct doses.		
5.	Unused and expired emergency drugs were disposed of via the local pharmacy although there were no records or receipts kept.	The registered manager must put in place a system to account for all unused medicines disposed of at the pharmacy.	Regulation 13(4)(a)	A system has now been implemented to record all unused and expired medicines disposed of via the pharmacy. A checklist is in place and receipts are retained for all disposals to ensure full accountability and compliance.	Michelle Bradley	Done
6.	There was no system in place to report adverse reactions to	The registered manager must ensure that a system is put in place to report any	Regulation 13(4)(e)	A formal system has now been implemented for	Carys Powell	Done

	<p>medicines, with staff unaware of the Yellow Card scheme.</p>	<p>adverse reactions to medicines.</p>		<p>reporting adverse reacting to medicines including the use of the Yellow Card scheme. All staff have received training and guidance to ensure they understand their responsibilities and can identify record and report adverse reactions appropriately. Ongoing monitoring is in place to ensure continued compliance.</p>		
7.	<p>Patient language preference was not being recorded in patient records we reviewed.</p>	<p>The registered manager must ensure patients preferred choice of language is recorded within the patient records.</p>	<p>Regulation 13(1)(a)</p>	<p>The computer system has been updated to ensure patients preferred language is recorded within their records. Patients are now routinely asked about their language preference at registration and during appointments and this information is</p>	<p>Michelle Gunter Ceri Gibs</p>	<p>Ongoing</p>

				consistently documented to support effective communication and person-centred care.		
8.	The policy register signature sheet was too general, so we could not tell which policies staff had confirmed reading.	The registered manager must implement a system that clearly indicates which policies staff have confirmed as read and understood.	Regulation 8	A revised system has been implemented to clearly record which policies each staff member has read and understood. All staff are now required to sign and confirm each individual policy upon review and records are maintained to provide clear evidence of compliance and understanding.	Carys Powell	Done
9.	The practice was unable to provide us with a recruitment policy.	The registered manager must develop a suitable staff recruitment policy and provide a copy to HIW when complete.	Regulation 8(1)(h)	A comprehensive staff recruitment policy has now been developed to ensure a consistent and robust approach to the recruitment process. The policy outlines clear procedures for	Carys Powell	Done

				candidate selection vetting and onboarding ensuring compliance with regulatory requirements.		
10.	Whilst complaints were recorded, they did not contain much detail of the investigation conducted.	The registered manager must ensure a full record of each complaint is documented and retained, including the details of the investigations and their outcomes.	Regulation 21(5)	All complaints will now have full documentation of investigation and outcome.	Carys Powell	Done
11.	The practice did not have a process to report patient safety incidents.	The registered manager must make appropriate arrangements for reporting patient safety incidents to the relevant organisations.	Quality Standard - Information Management & Regulation 25	A formal procedure for reporting patient safety incidents has now been implemented. This ensure that all incidents are appropriately recorded investigations in line with regulatory requirements. The process supports ongoing learning and	Carys Powell	Done

improvement within  
the practice.

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):** Dr Olga SIVOVA

**Job role:** Owner

**Date:** 15/04/2026