Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Abertillery Dental

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Copies of all reports, when published, will be available on our **website** or by contacting us:

In writing:

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

Or Via:

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

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

Our Purpose

We check the safety and quality of healthcare across Wales.

Our Values

We place people at the heart of what we do.

We are:

Independent – we are impartial, deciding what work we do and where we do it.

Objective - we are reasoned, fair and evidence driven.

Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find.

Inclusive - we value and encourage equality and diversity through our work.

Proportionate - we are agile and we carry out our work where it matters most.

Our Vision

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

Our Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued, and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.

Contents

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 Abertillery Dental, Aneurin Bevan University Health Board on 13 April 2026. This setting was part of the Knights Dental Group.

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

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of nine questionnaires were completed by patients and seven were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
The responses to the HIW questionnaire from patients were positive, with all respondents rating the service they received from the practice as 'very good'. Patients also said the practice treated them with dignity and respect, listened to them and answered their questions. Respondents to the HIW staff questionnaire said patients' privacy and dignity were maintained and patients were involved in decisions about their care.

Health promotion materials were readily available, and documentation was available in Welsh, where possible. We saw suitable arrangements in place to enable effective communication between clinicians and patients. Patients told us their oral health was explained clearly, and they received appropriate aftercare instructions.

We found effective appointment management processes were in place which utilised the time of practitioners appropriately. Respondents to the HIW patient questionnaire indicated they found it 'fairly easy' or 'very easy' to get an appointment when they needed one. The practice operated a patient telephone triage system through their hub practice in Cardiff to prioritise those most in need of urgent care. Staff informed us that no patient would wait over 24 hours to be seen. We also saw the practice took part in the NHS Emergency Access service.

This is what the service did well:

- Patient care was delivered in a timely manner
- All of the staff and patient feedback we received was positive.

Delivery of Safe and Effective Care

Overall summary:
We found the practice was delivering safe and effective care to patients. All dental equipment and the practice environment appeared clean and able to be effectively decontaminated. Respondents to the HIW staff questionnaire said the facilities and environment were appropriate for ensuring they could carry out their roles effectively while ensuring patients receive the care they required.

We saw the procedures in place for the decontamination of reuseable equipment were robust, enabling safe care to be delivered to patients. We saw personal protective equipment (PPE) was readily available for all staff and staff told us appropriate PPE was supplied and used.

Fire safety and health and safety arrangements for the practice were appropriate and enabled patients to receive safe care in a secure and well-maintained setting. All patients who responded to the HIW questionnaire said infection, prevention and control measures were always followed by staff and that the practice was 'very clean.'

All emergency equipment at the practice was in place and within their expiry dates. The staff records we reviewed showed staff were adequately trained in cardiopulmonary resuscitation and first aid.

This is what the service did well:

- The practice was maintained to a good standard and being kept clean
- Patient records provided a clear and comprehensive picture of the care provided to patients
- The practice radiation protection folder was complete, organised and easy to navigate.

Quality of Management and Leadership

Overall summary:
The staff working at the practice were knowledgeable and supportive of one another. We saw effective governance arrangements in place which ensured staff were supported and were working with the right skills mix. Induction procedures were robust and continuous professional development was supported by practice management for their staff.

The staff records we reviewed were comprehensive and met the fitness to work requirements. Staff told us they would know who to speak to if they needed help or support and would feel confident raising concerns. The feedback we received from staff was all positive. Staff told us the care of patients was the dental practice's top priority. Respondents added they would recommend the practice as a good place to work and if a friend or relative needed dental care, they would be happy with the standards of care provided at the practice.

We found a proactive approach to quality improvement which aimed to drive continuous improvement and deliver better outcomes for patients.

This is what the service did well:

- Duty of Candour arrangements were robust and staff told us they understood their responsibilities under the Duty
- Patient feedback was regularly collected, reviewed and acted upon.

3. What we found

Quality of Patient Experience

Person-Centred

Health promotion and patient information

We saw televisions in the two patient waiting areas which advertised ways to maintain good oral health, identify oral cancer symptoms and other health promotion information. The patient information leaflet and statement of purpose were up to date and available for patients to review at reception and on the practice website. The fees for private and NHS services were displayed in patient waiting areas. The names and General Dental Council (GDC) registration numbers of practitioners, along with the opening hours and emergency contact details for the practice were clearly displayed on the outside of the building.

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their patient journey. All respondents to the HIW patient questionnaire told us staff treated them with dignity and respect and felt that they listened to them and answered their questions. All respondents felt they could access the right healthcare at the right time, regardless of their protected characteristics. Respondents also said staff explained what they were doing throughout the appointment, and that they were involved as much as they wanted to be in decisions about their treatment.

Respondents to the HIW staff questionnaire stated patients' privacy and dignity were maintained, patients were involved in decisions about their care and that they were satisfied with the quality of care they gave to their patients.

The practice had solid surgery doors which were kept closed during appointments. We saw the practice had recently installed windows as part of extensive renovation works. These surgery windows were in the process of being frosted and the practice confirmed shortly after the inspection this had taken place. These measures helped to maintain the privacy of interactions between staff and patients. The reception and waiting areas were adjoined but we did not hear any patient information being discussed in person nor over the telephone. Staff advised us that no personal information was repeated over the telephone, and that surgeries were used when confidential conversations needed to take place.

The practice had a confidentiality clause in contracts which outlined staff responsibilities with regards to the protection of patient information. We noted the nine

core principles prepared by the GDC were on display in the entrance hallway.

Individualised care

All patients responding to the HIW questionnaire stated they were given enough information to understand which treatment options were available, including the risks and benefits of each option. Patients stated their oral health was explained to them in a manner they could understand and said they were given clear aftercare instructions on how to maintain good oral health. Respondents said the costs were made clear to them before treatment and said they were given information on how the setting would resolve any post-treatment concerns. All patients said clear guidance was given on what to do in the event of an infection or emergency and most said they would know how to access the out of hours dental service if they had an urgent dental problem.

Timely

Timely care

We found robust appointment management processes were in place which utilised the time of practitioners appropriately. Staff explained there was approximately a two week wait time between treatment appointments. We saw the setting made use of missed or cancelled appointments to ensure patients were seen as timely as possible.

Patients made appointments in person after their appointment, over the telephone or routine appointments could be made online. Staff informed us appointments rarely ran behind time, but where there were delays, clinicians told reception so that patients could be informed. Alternative appointments would be offered when requested. Respondents to the HIW patient questionnaire indicated they found it 'fairly easy' or 'very easy' to get an appointment when they needed one. We were informed how appointments were arranged in accordance with patient availability wherever possible.

We saw the practice operated a patient telephone triage system through their hub practice in Cardiff to prioritise those most in need of urgent care. We saw time allocated in the practice diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen. We also saw the practice took part in the NHS Emergency Access service. An out-of-hours telephone number was provided for patients to contact the practice in the event of an emergency.

Equitable

Communicating and language

We saw supportive arrangements in place to help enable effective communication between clinicians and patients. The staff we spoke with were fully aware of the importance in communicating with a patient in a language of their choice. Language

line was used to communicate with patients when required and some patient information was available in different formats. We were told by staff they would provide more specialised information upon request by patients.

We found evidence the practice promoted the use of the Welsh language. The practice made efforts to provide documentation in both English and Welsh, where possible. Staff informed us the health board were available to support with the implementation of the Welsh 'Active Offer' for patients. We were told that currently no staff members were Welsh speakers, but that training was available for any staff member wishing to learn.

Rights and equality

We saw how the rights and equal treatment of individuals were actively supported by the practice. The practice had suitable policies in place promoting the equal treatment and rights of both patients and staff. Staff undertook specific training to protect the rights of patients and the prevention of harassment or discrimination. A zero tolerance to aggression and violence policy was in place to safeguard staff from abusive behaviour.

Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees. These included a hearing loop for those patients with hearing difficulties. We found the rights of transgender patients were upheld by allowing patients to choose their preferred pronouns, names and gender on their records.

Delivery of Safe and Effective Care

Safe

Risk management

The building appeared to be in a satisfactory state of repair internally and externally, was visibly tidy and had recently been finished to a high standard. Respondents to the staff questionnaire felt the facilities and environment were appropriate for ensuring they could carry out their roles effectively while ensuring patients receive the care they required. The practice was set over three floors, with two reasonably sized waiting areas for the number of patients and the four surgeries. We heard telephone lines in working order and saw suitable changing areas with personal storage available for staff. We saw the toilets for staff and patients were clean and properly equipped. We saw the downstairs patient toilet was equipped to accommodate those with mobility difficulties.

We found the practice dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. Most respondents to the HIW staff questionnaire told us they had the materials, equipment and supplies to do their work. We saw single use items were used where appropriate, with the clinical facilities and the equipment being used promoting the safe and effective care of patients.

Satisfactory policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Safety certificates were available for portable appliance testing, five-year fixed electrical wire testing and annual gas safety checks. We saw risk assessments for fire safety and health and safety had been completed and met expected standards.

We found robust and comprehensive fire safety arrangements were in place. These included regular maintenance and testing of fire safety equipment, alongside clearly displayed fire exit and no smoking signage. The practice Employer Liability Insurance certificate and Health and Safety Executive information were both on display.

Infection prevention and control (IPC) and decontamination

We found satisfactory infection prevention and control (IPC) policies and procedures in place which helped to maintain a high standard of cleanliness throughout the practice. The documents we reviewed outlined the processes staff were expected to follow to deliver safe and effective care, which in all areas we found were being followed. Respondents to the HIW patient questionnaire said the practice was ‘very clean’ and said they thought staff were following infection, prevention and control measures.

Personal protective equipment (PPE) was readily available for all staff. Respondents to the HIW staff questionnaire said appropriate PPE was supplied and used. Routine hand hygiene was promoted through robust procedures and signage in patient and staff facing areas. We noted suitable arrangements were in place for the management of needlestick injuries, with risk assessments documenting the hazards associated with sharps. Occupational health services were provided through the local health board and the details for staff were readily available. All staff responding to the HIW questionnaire told us they were aware of the occupational health support available to them.

We observed the practice equipment and environment were maintained to a high standard to support the effective cleaning and decontamination of reuseable instruments. Respondents to the staff survey said there were effective cleaning schedules in place and the environment allowed for effective infection control. Procedures for the decontamination and sterilisation of these instruments within the decontamination room were robust. A new autoclave machine had been installed within the last 12 months. We reviewed records of daily autoclave cycle checks and testing for the machine, but evidence of pressure vessel testing was not immediately available. Certification was sent to HIW shortly after the inspection. Training records confirmed all staff had received the correct level of training for equipment decontamination. Clinical waste was being stored and disposed of correctly under a suitable waste disposal contract. The arrangements for the Control of Substances Hazardous to Health (COSHH) were satisfactory.

Medicines management

We found the arrangements in place for the safe handling, storage, use and disposal of any medicines were comprehensive. We found robust measures in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced qualifications in cardiopulmonary resuscitation for all staff and there were four trained first aiders. Oxygen cylinders had been appropriately serviced, and all staff had received trained in their use. On inspection of the emergency equipment, we found all items were present, easily accessible and within their expiry dates. We noted routine checks took place on all emergency equipment and the equipment was ready for use in the event of an emergency.

Safeguarding of children and adults

Appropriate and up to date safeguarding procedures were in place to protect children and adults. The procedures included the details of local authority contacts and identified a named safeguarding lead. This policy was accompanied by the Wales Safeguarding Procedures. Updates to safeguarding policies and procedures were communicated through training and through the local health board. We saw all staff

were trained to an appropriate level in the safeguarding of children and adults, with several of the team trained to level 3.

Management of medical devices and equipment

All the medical devices and clinical equipment we inspected appeared to be in good condition and fit for purpose. We saw how all practice devices and equipment were used in a manner which promoted safe and effective care and the staff we observed during the inspection appeared confident in using the equipment. The records we reviewed confirmed all staff had received suitable training for the safe and effective use of equipment. Arrangements were in place for servicing and the prompt response to system failure for all the equipment we inspected.

The practice radiation protection folder was complete, organised and easy to navigate. We saw copies of the local rules were readily available next to each X-ray device. Staff training records confirmed all staff had received suitable training for their roles in radiation exposures. Clinicians outlined clearly in patient records the discussions held regarding the risks and benefits of exposure to radiation and we saw this information was also displayed.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance. The clinical staff we spoke with demonstrated a clear understanding of their responsibilities whilst being aware of when to seek relevant professional advice, where necessary.

We found suitable processes in place to record patient understanding and consent to surgical procedures, along with comprehensive clinical checklists to prevent wrong tooth site extractions.

Patient records

We reviewed a total of 10 patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations.

The records reviewed provided a comprehensive picture of the care provided to patients. The records included suitable recording of informed consent, oral cancer screening, full base charting, as well as a contemporaneous account of the treatments provided. All respondents to the HIW questionnaire said their medical history was checked prior to treatment.

Efficient

Efficient

We found clinicians were committed to delivering a comprehensive service that met the needs of their patients within suitable premises. Patients progressed through internal and external treatment pathways efficiently including the practice therapist and hygienist. Urgent referrals were appropriately recorded and followed up in a timely manner by clinicians. We saw how appointments were utilised effectively by staff with an appropriate skills mix.

Quality of Management and Leadership

Staff Feedback

The feedback we received from staff was all positive. Staff told us the care of patients was the dental practice's top priority. Respondents added they would recommend the practice as a good place to work and if a friend or relative needed dental care, they would be happy with the standards of care provided at the practice.

Respondents to the questionnaire told us their jobs were not detrimental to their health, the practice takes positive action on health and wellbeing, and their working pattern allows for a good work-life balance.

Leadership

Governance and leadership

We found clear management structures in place which supported the effective running of the practice. The practice manager, while new in post, was confident and told us they had the right skills and knowledge to undertake their leadership role effectively. The manager was supported by the Knights group business manager and group owner. We saw managers were visible and staff told us they felt they could approach managers to discuss changes or improvements.

We heard how informal staff meetings generally took place routinely and formal staff meetings were held monthly and attended by all staff. We also saw minutes of a recently held meeting between the practice nursing team to discuss clinical matters. On review of the meetings of all formal meetings held at the practice, we saw discussions took place around health and safety, patient feedback and records management. We also noted how the practice undertakes deep dive meetings where specific subjects are discussed with staff.

A suitable digital system was used to identify, record and manage risks, issues and any mitigating actions. The practice manager communicated safety notices to staff in meetings, and any relevant notices would be displayed.

All practice policies were held in hard copy in well maintained folders, which were clear for staff to locate and to read. All policies were also available online. The policies we reviewed were up to date and comprehensive, and we saw how changes were communicated to staff in an effective manner.

Workforce

Skilled and enabled workforce

Overall, we found a positive working environment at the practice. The staff we spoke with were knowledgeable and professional, and the interactions we observed between staff showed strong support for one another. Respondents to the HIW staff questionnaire said there were enough staff to allow them to do their job properly and there was an appropriate skills mix at the practice. We were also told by staff they were able to meet the conflicting demands on their time at work and can access the digital systems they need to provide good care to patients.

Induction procedures were overseen by the practice manager and the evidence we reviewed indicated that these procedures were robust. The practice operated a rota to ensure there were always an appropriate number of suitably trained staff working at any one time. Appraisals were annual and managers explained a suitable process for the management of any performance issues.

We reviewed 3 records out of 12 staff members working at the practice. Within these records, we found all staff had up to date GDC registrations, documented Hepatitis B immunity and pre-employment reference checks. Every staff member had an enhanced Disclosure and Barring Service (DBS) check recorded in their file on commencement of employment. We saw all staff had completed self-declarations confirming there had been no changes in circumstances that would affect their original DBS check.

The staff records we reviewed evidenced full compliance with all mandatory training. All staff were given the time to undertake their training, and we were told that staff were supported to complete additional training relevant to their roles which was evident in the records we reviewed. Most respondents to the HIW staff questionnaire said they had appropriate training to undertake their role and had received an appraisal in the last 12 months. The practice manager had a suitable system in place to monitor training compliance.

The practice whistleblowing policy provided guidance to staff on how they could raise concerns. All respondents to the HIW questionnaire said the practice encouraged them to report errors, near misses or incidents. Staff also said they would be treated fairly, and the practice would take steps so that incidents would not happen again. In addition, respondents said when things had gone wrong, they were encouraged to share this information with patients.

Culture

People engagement, feedback and learning

We found suitable arrangements in place for the collection and review of patient feedback. A suggestion box was available for patients at reception, and online reviews were also used. Patients were sent a text message to complete a patient survey

following their appointment. We were informed the suggestion box was reviewed monthly, and online forms were checked when they were received by practice management. Responses to feedback were displayed on a 'you said, we did' notice in the patient waiting areas. Patient feedback was audited by both practice and group management on an annual basis to ensure any common themes were identified and addressed.

The complaints policy was aligned with the NHS Wales Complaints, Incidents and Redress Process and was available for patients without needing to request a copy. The complaints procedure provided a named member of staff for patients to contact. Any verbal complaints were logged in the practice complaints system. The means of escalating a complaint were outlined within the patient complaint policy, including contact details for HIW, the local health board and the patient advocacy service, Llais. Respondents to the HIW staff questionnaire said they understood the Duty of Candour and their role in meeting the standards. We saw the practice policy was suitable and training was available to staff. While there were no complaints nor Duty of Candour incidents for us to review, we were assured the process in place would manage these in accordance with the required guidance.

Learning, improvement and research

Quality improvement activities

We found the practice completed routine quality improvement activities in order to drive continuous improvement. These included radiograph image quality, patient records keeping, antibiotic prescribing, infection control and healthcare waste. We saw the practice had made proactive contact with Health Improvement and Education Wales (HEIW) to undertake the Maturity Matrix for Dentistry and integrated smoking cessation audits. However, they were yet to receive responses to their correspondence. In addition, the practice was also awaiting confirmation from HEIW regarding the status of the Welsh Health Technical Memorandum (WHTM) 01-05 infection control audit they had requested to complete. We advised the practice to continue engaging with HEIW to complete these audits and to also utilise the support of their partner practices to assist in the completion of the necessary quality improvement activities.

Whole-systems approach

Partnership working and development

Staff explained how they maintained working relationships with other health system partners. We saw an appropriate process in place to monitor and maintain incoming and outgoing referrals to and from those healthcare partners.

4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: **Abertillery Dental**

Date of inspection: **13 April 2026**

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

	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate non-compliance issues were identified during this inspection.				

Appendix C – Improvement plan

Service: **Abertillery Dental**

Date of inspection: **13 April 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.	No areas for improvement were identified during this inspection.					