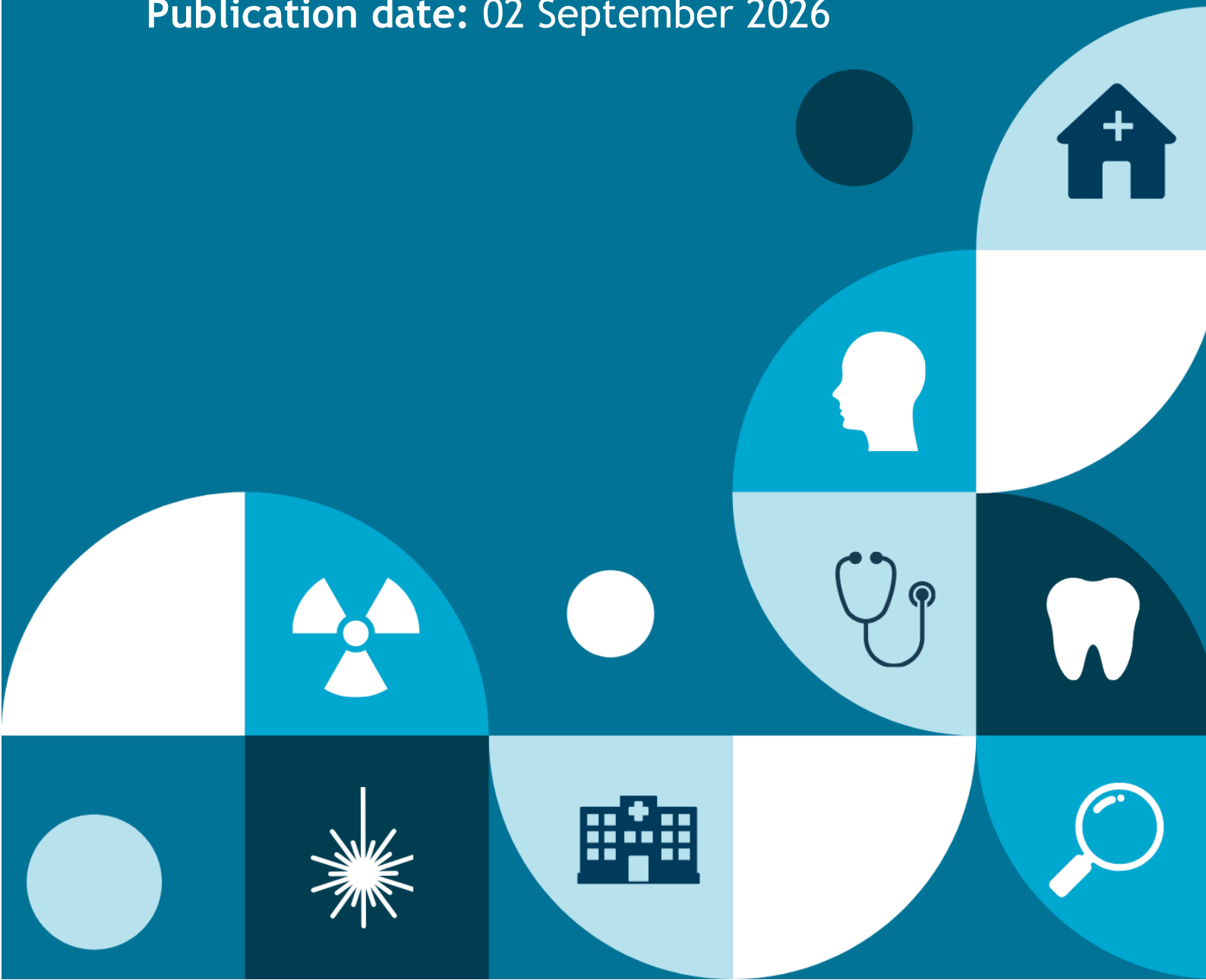
Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Andrew Thomas Dental Care, Cardiff and Vale University Health Board

Inspection date: 02 June 2026

Publication date: 02 September 2026



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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

Digital ISBN 978-1-80853-265-8

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

Our Purpose

We check the safety and quality of healthcare across Wales.

Our Vision

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

Our Values

We place people at the heart of what we do.

We are:

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

Objective - we are reasoned, fair and evidence driven.

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

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

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

Our Priorities

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

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

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

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

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 Andrew Thomas Dental Care, Cardiff and Vale University Health Board on 02 June 2026.

Our team for the inspection comprised of one HIW healthcare inspector and one 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 19 questionnaires were completed by patients and three were completed by staff. Feedback and some of the comments we received appear throughout the report.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found patients were well supported with information about orthodontic services and products. While patients reported that oral healthcare advice was easy to understand, and a range of written information was available. Opportunities were identified to broaden the oral health promotion information available to patients. Staff were observed to be polite and welcoming.

Patients told us they were involved in decisions about their dental care and received sufficient information on the treatment options and their costs. Appointment systems were effective, with good communication about delays and late opening times which was popular with working patients.

We felt that the practice was committed to providing dental care in a way that recognised the rights and needs of patients, with options made available to address accessibility challenges posed by the building. The practice had access to appropriate translation services for patients whose first language was not English.

This is what the service did well:

- Friendly, welcoming staff and dental team, with comfortable waiting area
- Short notice list used to help fill cancelled appointments.

Delivery of Safe and Effective Care

Overall summary:

We found that the practice provided a safe and generally well-maintained environment, supported with up-to-date health and safety risk assessments and appropriate electrical and gas safety checks completed. We found suitable fire safety arrangements in place and there was evidence of clear emergency planning in place, although we felt some arrangements could be formalised.

Overall, we considered infection prevention and control arrangements to be good, with clean surgeries and waiting area, appropriate PPE available and evidence of a recent IPC audit. However, we found some areas of the decontamination room that needed attention such as unsuitable worktops and an unsealed joint in the flooring.

Medicines were stored and managed safely, and we discussed additional witnessing safeguards relating to the disposal arrangements. Emergency equipment was available and in date as required, although an additional first aider needed to be trained to provide cover for leave and absence.

Safeguarding arrangements were robust, with staff trained and clear procedures in place. Overall, patient record records were good with evidence of full treatment planning.

This is what we recommend the service can improve:

- To ensure the decontamination room is maintained and equipped in accordance with Welsh Health Technical Memorandum (WHTM) 01-05
- To appoint and train an additional first aid responder
- To display information about the risks and benefits of dental X-rays where they can be easily seen.

This is what the service did well:

- Visibly clean, well-equipped surgeries
- Quick reference needlestick injury flowcharts were displayed
- Medical history update reminder displayed in waiting room
- Referrals were documented and actively monitored
- Recommended checklists are used to prevent wrong tooth extractions.

Quality of Management and Leadership

Overall summary:

The practice had a clear management structure with staff reporting a supportive culture that took positive steps regarding staff health and wellbeing.

Governance arrangements were effective, with regular communication processes in place and up-to-date register of practice policies. However, we found a few policies needed review to provide greater detail and clarity.

We found good recruitment processes in place with relevant pre-employment checks carried out. In general, staff were appropriately trained, received mentoring and had regular appraisals or development reviews.

Patient feedback mechanisms and complaints handling procedures were displayed. We were assured that appropriate Data Protection process was in place including daily back-up of data. The practice demonstrated a commitment to improvement, with an annual quality monitoring report and a comprehensive scheme of audits completed.

This is what we recommend the service can improve:

- To review and update relevant policies where necessary.

This is what the service did well:

- Regular team meetings with minutes recorded and shared with staff
- Good staff compliance with professional obligations
- Records backed up every day with an external provider
- Positive response to feedback which was also communicated to patients.

3. What we found

Quality of Patient Experience

Patient feedback

Patients provided positive feedback in the HIW questionnaires. All patients rated the service as 'very good', confirming that staff explained what they were doing throughout their appointment and answered any questions they had about their care. Patient comments included:

> *"The service and quality of this dental practice is outstanding. The standard of healthcare is exceedingly high, and you always feel cared for every time you visit this clinic."*
>
> *"... a highly skilled and caring dentist who explains every step in detail and lays out all the options."*
>
> *"I think that the service and care provided is exceptional and have recommended it to others."*

Person-Centred

Health promotion and patient information

We inspected the patient waiting area and saw lots of information relating to teeth alignment products and services available at the practice. Treatment charges and the practice complaints procedure were clearly displayed. Some relevant dental healthcare information was available including smoking cessation and interdental cleaning advice. The practice could consider providing additional information on wider oral health topics, such as oral cancer awareness and healthy eating.

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017 and were readily available in both the patient waiting area and on the practice website. These provided patients with useful information and guidance about the services offered at the practice.

The dental team names and their General Dental Council (GDC) registration numbers were clearly displayed for patients.

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

Dignified and respectful care

We saw that staff were polite and welcoming, treating patients with respect. The reception desk and waiting area were in separate rooms providing patients with privacy when reporting to reception. The availability of a treatment co-ordinator's room enabled patients to have greater privacy for confidential discussions.

To maintain patient privacy and dignity, surgery doors were kept closed during treatment and consultations, while the windows were fitted with blinds to restrict the view into surgeries from outside. We saw the GDC nine core ethical principles of practice were clearly displayed in the waiting area.

A confidentiality agreement formed part of the employee handbook which staff signed to confirm as read and understood as part of their induction process.

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. Where applicable, all respondents agreed that charges were made clear prior to commencing treatment.

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

Timely

Timely care

We were told that any delays to appointment times was communicated to patients promptly. This was supported by an instant messaging system between the clinical and reception teams. We were advised that waiting times between treatments was one week.

Patients who required emergency treatment would need to telephone as soon as possible with the aim to be seen on the same day, with emergency slots diarised at the end of each day to facilitate this.

The practice opening hours and out of hours contact arrangements were visible from outside the premises. This included late opening on Mondays, which we were told was popular with patients who could only attend outside working hours.

All respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one. Most respondents said that they knew how to access the out of hours dental service for urgent dental problems, although four respondents said they did not.

Equitable

Communicating and language

We found some information in the practice was displayed both in Welsh and English. We saw a notice in the patient waiting area advising patients that Welsh versions of other documents could be provided on request. Whilst there were no Welsh speakers among the practice staff, we were told that the practice had access to a Welsh speaker who worked in the same building.

There was an appropriate translation service available for patients whose first language was not English. We saw that the practice had recently commenced putting markers on patient records to indicate their language choice, and we encouraged them to ensure this is embedded as a standard process.

The practice website enabled patients to book appointments online. We were told that appointments could also be booked by telephone or in person at reception, ensuring patients without digital access could arrange treatment.

Rights and equality

We felt that the practice was committed to providing dental care in a way that recognised the rights and needs of patients, with preferred pronouns and names used for transgender patients, as requested. The practice had a current equality and diversity policy in place while staff had completed training on the subject.

The practice was located on the first and second floor of the building with the treatment rooms located on the first floor. We found these access limitations were well communicated to patients via the practice patient information leaflet and the website. Whenever possible, the offer of arranging treatment in another dental practice that occupied the ground floor was made available.

All respondents who completed the HIW patient and staff questionnaires confirmed that they had not faced discrimination at the practice.

Delivery of Safe and Effective Care

Safe

Risk management

Overall, we considered the dental practice to be well maintained with well equipped, spacious surgeries that were well organised and clutter free. In general, the rooms were decorated and furnished to a good standard with patient areas clean and comfortable. Adequate arrangements were in place for staff to change their clothes and lockers available so staff could safely store any personal belongings.

We found a buildings maintenance policy to help ensure the premises remain fit for purpose. However, we found the decontamination room needed some attention with evidence of a previous leak in the corner of the window and unsuitable worktops and cabinets which needed to be replaced. The flooring appeared old and had an unsealed joint that appeared to accumulate dirt and debris and needed to be replaced. We also found that clean packaging was stored next to the handwash basin and was at risk of splashes and decontamination.

The registered manager must ensure the decontamination room is maintained and equipped in accordance with WHTM 01-05, taking action to address any environmental, maintenance or storage issues that could compromise effective decontamination processes.

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. There was an informal reciprocal arrangement with a nearby dental service to enable continuation of services in the event of an emergency which we discussed formalising and including it within the policy. We also found that the practice risk management policy consisted of bullet points and required greater detail.

The registered manager must review the business continuity policy to ensure arrangements for maintaining service delivery during an emergency are clearly documented and appropriately formalised.

The registered manager must ensure the practice has a comprehensive risk management policy which clearly sets out how risks will be identified, assessed, managed and monitored.

We saw copies of up-to-date health and safety risk assessments with action plans signed and completed. The practice had a health and safety policy in place, while an approved health and safety poster and the employer's liability insurance were displayed as required. A current five yearly Electrical Installation Condition Report (EICR), Portable Appliance Testing (PAT) records and an annual gas safety certificate were all available.

We found good arrangements in place in relation to fire prevention with a suitable fire risk assessment completed and signed off. Fire extinguishers had been serviced within the last year, an appropriate action plan was displayed, and exits were found to be clear and suitably signposted. There was evidence of weekly fire alarm checks and regular fire drills, and that all staff had completed fire safety awareness training. Signs were displayed advising visitors that smoking was not permitted on the premises in accordance with legislation.

Infection prevention and control (IPC) and decontamination

We found the surgeries to be visibly clean and appropriately furnished to enable effective cleaning. Cleaning schedules were used to help support effective cleaning routines while personal protective equipment (PPE) was readily available for staff. An appropriate infection prevention and control policy was in place, and this contained the name of the appointed infection control lead.

The practice had a sharps injury procedure in place while sharps bins were suitably stored and needlestick injury flowcharts displayed in each surgery to aid staff in the event of an incident. We were told that occupational health support was available to staff.

Suitable arrangements were demonstrated for the decontamination of reusable dental instruments with a suitable system described for transporting instruments safely between the surgeries and decontamination room. We were provided with evidence that the decontamination equipment was checked and maintained as required. An infection prevention and control (IPC) audit had been conducted within the last year.

We saw that contracts were in place to safely transfer waste from the practice with clinical waste stored appropriately while awaiting collection. We found suitable arrangements in place for 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.

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

Medicines management

We saw that the practice had a medicines management policy in place. We found medicines were being stored safely in accordance with the manufacturer's instructions, with a designated medicines fridge available and temperatures monitored. Suitable processes were in place for checking, ordering, and handling medicines. We discussed strengthening the arrangements for the disposal of out-of-date controlled drugs by including an additional witness, in line with best practice.

Medicines administered were clearly recorded within patient records and 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 written policy in place for responding to medical emergencies at the practice which was based on current national resuscitation guidelines. We found a suitable system in place for checking emergency equipment was available and in date. All staff had completed resuscitation training.

The practice first aid kit was appropriately stocked with all items in date. We saw that oxygen cylinders had been checked and serviced, while staff had completed relevant training in their use. We noted that only one staff member was appointed and trained as a first aid responder, which meant there was no suitable cover during their leave and absence.

The registered manager must ensure sufficient staff are trained and appointed as first aid responders to ensure continuous cover when the practice is in operation.

Management of medical devices and equipment

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

Documentation was provided which indicated that safe arrangements were in place for the use of the X-ray equipment. This included up-to-date local rules, equipment inventory and radiation risk assessment, while evidence of maintenance and testing of X-ray equipment was available. Signage was displayed on each surgery door warning visitors of the presence of X-ray equipment as required. Whilst we were told that advice about the risks and benefits of dental X-rays was provided, this was not displayed in written format where patients could see it.

The registered manager must ensure information explaining the risks and benefits of having an X-ray is clearly displayed for patients to read.

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

Safeguarding of children and adults

We found good arrangements in place in relation to safeguarding of children and vulnerable adults. The practice had a safeguarding policy which included the contact details for the relevant local safeguarding team. Quick reference safeguarding flowcharts were readily available for staff in the event of a concern.

All staff were appropriately trained and knowledgeable about child and adult protection. A safeguarding lead was trained and appointed and had access to the Wales Safeguarding Procedures, ensuring they remained up to date with the latest

guidelines in this topic. Support for staff in the event of a safeguarding concern was available from the practice lead and via a third-party support service.

Effective

Effective care

We were assured that staff were aware of their roles and responsibilities, with statutory guidance followed and professional advice and clinical peer review available to staff when required. We found sufficient trained staff in place at the practice to provide patients with safe and effective care.

The practice used recommended checklists to help minimise the risk of wrong tooth extractions. We found treatment referrals were suitably followed up and documented within patient records.

Patient records

There was a suitable records management system in place to ensure patient records were kept safe, secure and retained for appropriate periods in accordance with the Regulations. An appropriate policy was in place to ensure informed consent to treatment was obtained from each patient.

We reviewed a sample of ten dental care records for a range of patients. Overall, we considered the quality of patient records to be good with suitable patient identifiers, full medical history recorded and evidence of oral cancer screening taking place. Patients appeared to be well informed within records with full treatment planning, options and costs noted. We found smoking cessation advice was not recorded on one record where this was considered relevant.

Efficient

Efficient

We considered the facilities and premises to be appropriate for the services delivered and found that clinical sessions were being used efficiently, with a short notice list in use to help fill any cancelled appointments.

Quality of Management and Leadership

Staff Feedback

Staff feedback was positive with all staff agreeing that the environment and facilities were appropriate to provide safe care, and that patient care was the top priority of the practice. Staff felt the workplace was supportive of equality and diversity, and that the practice took positive action on matters of staff health and wellbeing. All staff said they would recommend the practice as a good place to work. One staff member commented:

> *"I enjoy working here and the team are so supportive."*

Leadership

Governance and leadership

As a small practice, there was a clear management structure in place. We considered the practice to be well led, while across the practice team there was a clear commitment to providing high standard dental care.

We found suitable arrangements in place for sharing urgent safety notices and other relevant information with staff. We saw that minutes of staff meetings were shared and signed as read by staff including those who could not attend.

We found that the practice maintained a register of policies which were available to support staff in their roles. All policies were up to date and had been signed by staff to confirm they had read and understood the content.

Workforce

Skilled and enabled workforce

The practice team comprised of one dentist, one hygienist and two dental nurses, with the practice manager acting as treatment coordinator.

The practice had an up-to-date recruitment, induction and staff retention policy. All employees were provided with staff handbooks that included employment conditions and training obligations. We reviewed staff files and found that a suitable induction process was in place to ensure that new staff were competent with practice procedures. We noted that completed induction records had not always been signed to confirm completion. The practice should consider ensuring induction documentation is signed and dated on completion by senior staff to provide evidence and assurance that the process has been fully completed and reviewed.

We saw all staff had a valid Disclosure and Barring Service (DBS) certificate, were covered by indemnity insurance and had evidence of Hepatitis B immunisations and

other health screening records.

We found compliance with mandatory training was high and was monitored by the practice manager. We discussed implementing a training matrix to simplify this process.

All staff who answered the HIW questionnaire agreed that they had appropriate training for their role and confirmed that they had had an appraisal or developmental reviews within the last 12 months. One staff member indicated that mentoring was being provided until they were qualified.

Culture

People engagement, feedback and learning

We were told that the practice carried out regular random patient surveys to seek the views of patients as to the quality of the treatment and care provided. Online patient questionnaires, a suggestions box and an option to review services online were also available, with the results reviewed as part of monthly staff meetings. We saw that responses to patient feedback were displayed in the waiting area ensuring patients were informed and engaged in the feedback process.

The practice had a clear complaints procedure on display, which included appropriate time limits for responses and contact details for other organisations that patients could approach for advocacy support or if dissatisfied with the response. A complaints log was available although we were told there had been no complaints to date.

Information

Information governance and digital technology

The practice had an appropriate Data Protection policy in place. We were assured that the practice took confidentiality and data protection seriously and complied with all relevant legislation. We were told that records were suitably backed up using an external data storage provider.

Learning, improvement and research

Quality improvement

The practice had an appropriate policy for governing quality improvement activities. We were provided with an annual quality monitoring report detailing how the practice assessed and monitored the service provided through evaluating staff and patient feedback, analysis of clinical audit results and review of local and national reviews. These had led to several improvements including the introduction of a dental materials expiry policy and relevant checklist.

We saw that a comprehensive scheme of audits was being implemented. Evidence was provided of recent audits that had been completed including patient records, treatment plans, smoking cessation, antibiotic prescribing and disability access.

Whole-systems approach

Partnership working and development

The practice manager described arrangements in place for engagement with other specialist dental practices and local healthcare service providers. Rather than partnership working, referrals were made based on the clinician knowledge of the specialisms and capabilities of other practices.

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: **Andrew Thomas Dental Care**

Date of inspection: **02 June 2026**

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

Findings	There was no immediate non-compliance issues found on this inspection.		
Improvement needed		**Standard / Regulation**	
1.			
Service Action:		**Responsible officer**	**Timescale**

Appendix C – Improvement plan

Service: **Andrew Thomas Dental Care**

Date of inspection: **02 June 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.	The decontamination room needed some attention with evidence of a previous leak in the window, unsuitable worktops and cabinets, and flooring had a joint that appeared to accumulate dirt. We also found that clean packaging was stored next to the handwash basin.	The registered manager must ensure the decontamination room is maintained and equipped in accordance with WHTM 01-05, taking action to address any environmental, maintenance or storage issues that could compromise effective decontamination processes.	Regulations 13(6)(a)(i) and 22(2)(a) & (b)	The floor continues to be cleaned thoroughly each day. The decontamination room in its current form is a temporary arrangement after a lease change which required us to vacate our previous decontamination room in another part of the building. Plans are being made to refit the area with new cabinets, worktops and flooring. Clean packaging is stored in a cupboard.	Registered Manager	Plans to be finalised after the summer leave period; aim to re-fit the room, ideally within 6-9 months

2.	The business continuity policy consisted of an informal reciprocal arrangement with a nearby dental service to enable continuation of services in the event of an emergency.	The registered manager must review the business continuity policy to ensure arrangements for maintaining service delivery during an emergency are clearly documented and appropriately formalised.	Regulation 8(1)(o)	The practice aims to formalise a reciprocal arrangement with nearby dental services and update the business continuity policy accordingly.	Registered Manager	Within 6 months
3.	The risk management policy consisted of bullet points and required greater detail.	The registered manager must ensure the practice has a comprehensive risk management policy which clearly sets out how risks will be identified, assessed, managed and monitored.	Regulation 8(1)(e)	The Risk Management policy has already been updated accordingly to match our detailed risk assessment policy	Registered Manager	Completed 3rd June 2026

4.	Whilst one staff member was appointed and trained as a first aid responder, there was no one suitably trained as cover during leave and absence.	The registered manager must ensure sufficient staff are trained and appointed as first aid responders to ensure continuous cover when the practice is in operation.	Regulation 13(1)(b) & (17(3)(b)	Other existing members of the team have previously been trained as first aid responders. However, only one member had undertaken a refresher course within the last 3 years. Additional team members will undertake the First Aid refresher training to re-instate the previously effective continuous cover when the practice is in operation.	Registered Manager	As soon as possible once all employee summer annual leave has been completed
5.	Whilst we were told that advice about the risks and benefits of dental X-rays was provided, this was not displayed in written format where patients could see it.	The registered manager must ensure information explaining the risks and benefits of having an X-ray is clearly displayed for patients to read.	Regulation 13(9)(a)	Recommended poster is now clearly displayed in the surgery	Registered Manager	Completed 3rd June 2026

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): Jo Thomas

Job role: Registered manager

Date: 16 July 2026