

General Dental Practice Inspection Report (Announced)

Russell Street Dental Clinic

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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 Russell Street Dental Clinic, Swansea Bay University Health Board on 16 March 2026.

Our team for the inspection comprised of a HIW healthcare inspector and a dental 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 one was completed by a staff member. Feedback and some of the comments we received from patients appear throughout the report. However, due to the low number of staff responses these have not been included.

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:

All patients rated the service provided by Russell Street Dental Clinic as either 'very good' or 'good'. We saw evidence that the rights and equal treatment of individuals were actively supported and upheld by the practice. This evidence matched the feedback we received from patients regarding the dignified care received throughout their patient journey. We saw measures in place to support privacy and confidentiality, including the use of surgeries for sensitive conversations.

Patients told us their oral health was explained clearly, and they received appropriate aftercare instructions. Health promotion materials were readily available, and documentation was available in Welsh where possible. We saw effective communication arrangements in place, including Language Line, and alternative formats being provided upon request.

We found the processes for managing appointments and triaging patients requiring urgent care were satisfactory. Most patients told us they were able to get an appointment when they needed to, and they would know how to access out of hours dental care if they had an urgent dental problem.

This is what the service did well:

- Patients were treated in a dignified and respectful manner
- The practice focused on the timely delivery of patient care.

Delivery of Safe and Effective Care

Overall summary:

We found the practice dental equipment was in good condition to enable effective decontamination. The procedures for decontaminating reusable equipment were robust and supported the delivery of safe care.

Patients said infection, prevention and control procedures were being followed by staff and most patients said the practice was 'very clean'. Fire safety and general health and safety arrangements at the practice were appropriate, helping to ensure patients received care in a secure and well-maintained environment.

Overall, we found most items within the emergency kit for the practice were within their expiry dates and readily available. However, the paediatric and adult

self-inflating bags were not within sealed bags, and we saw no expiration date on the equipment which showed signs of wear. This was resolved immediately by the practice.

Patient records were generally complete and provided a clear picture of the care provided to patients. However, we found the dose and duration of radiation exposures were not always recorded. We were unable to establish whether any exposures deviated from fixed values.

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 treatment and clinicians used a checklist to prevent wrong tooth site extractions.

This is what we recommend the service can improve:

- Ensure the duration and dose levels of radiation exposures are always noted in patient records.

This is what the service did well:

- Safeguarding arrangements were thorough and subject to regular review
- The practice was well maintained and kept clean, with all equipment functioning appropriately
- Patients progressed through internal and external treatment pathways efficiently.

Quality of Management and Leadership

Overall summary:

The staff working at the practice were knowledgeable and supportive of one another. Managers were visible and approachable and told us they had the right skills and knowledge to undertake their leadership roles effectively. We saw effective governance arrangements were in place which helped ensure staff were supported and working with the right skills mix. 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.

Induction procedures were robust and continuous professional development was supported by practice management for their staff. This was evidenced in the staff files we reviewed, which showed all mandatory training having been completed by all staff in the sample we reviewed. 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:

- Clear management structures supported the effective running of the practice
- Patient feedback and Duty of Candour arrangements were robust.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW patient questionnaire were positive. Most respondents rated the service they received from the practice as ‘very good’ (6/9) or ‘good’ (3/9). One patient said:

“Very friendly staff. Attended with my two children and the dentist made them feel really comfortable.”

Person-centred

Health promotion and patient information

We found posters around the waiting area providing guidance on maintaining good oral health, smoking cessation and preventing dental anxiety. The patient information leaflet and statement of purpose were up to date and available for patients to review at reception. The fees for private and NHS services were displayed alongside the names and General Dental Council (GDC) registration numbers of practitioners where they could be easily seen. 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. Respondents added that 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. All respondents felt they could access the right healthcare at the right time, regardless of their protected characteristics.

The practice had solid surgery doors which were kept closed during appointments and the windows of surgeries prevented patients being seen while being treated. These measures helped to maintain the privacy of interactions between staff and patients. The reception and waiting areas were joined 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 policy which outlined staff responsibilities with regards to the protection of patient information. Each staff member also had a signed confidentiality agreement in their personnel folder. 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 and information on the risks and benefits of each treatment. Patients stated their oral health was explained to them in a manner they could understand, and all respondents 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 most patients said clear guidance was given on what to do in the event of an infection or emergency. In addition, most respondents also said they were given information on how the setting would resolve any post-treatment concerns.

Timely

Timely care

The setting had a suitable appointment management process 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 could make future appointments in person after their appointment or over the telephone. Staff informed us that appointments rarely ran behind time. Where there were delays, clinicians told reception so that patients could be informed, with alternative appointments offered, where requested. Most respondents to the HIW patient questionnaire indicated they found it 'fairly easy' or 'very easy' to get an appointment when they needed one. Appointments were arranged in accordance with patient availability wherever possible, including prioritising appointments for children outside of school time.

We saw the practice operated a suitable patient telephone triage system 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 service 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. Most respondents to the HIW questionnaire said they would know how to access out of hours dental care if they had an urgent dental problem.

Equitable

Communication and language

We saw suitable arrangements in place to enable effective communication between clinicians and patients. Language line was used, where needed, to communicate with patients whose first language was not English. Documents in different formats would be provided for patients upon request.

During our inspection, we found evidence the practice promoted the use of the Welsh language. The practice had 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 no staff members were Welsh speakers, but that training was available for any staff member wishing to learn. In addition, any future recruitment would include the Welsh language as desirable criteria.

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 equality and rights of both patients and staff. Staff were encouraged to undertake 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 offering alternative duties for staff who were pregnant or recovering from injury. In addition, notes were used on patient records to indicate where a downstairs surgery would be booked for patients who may struggle with the stairs. 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 the general environmental conditions appeared suitable. The practice was set over three floors, with a reasonably sized waiting area 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. The practice made clear their practice was not accessible for those with mobility difficulties because it was approached by steps. As such, the toilet for patients was not set up to accommodate those with mobility difficulties.

We found the dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw single use items were used where appropriate. The clinical facilities and the equipment being used promoted 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, including in the event of an emergency. Safety certificates were available for portable appliance testing and annual gas safety checks. While not immediately available, the five-year fixed wire test certificate was sent to HIW shortly after the inspection. We saw risk assessments for fire safety and health and safety had been recently reviewed and were suitable.

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 poster 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 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. Patient feedback reflected our findings with all patients who responded to the HIW questionnaire describing the practice as 'very clean' (7/8) or 'fairly clean' (1/8). All respondents also said they thought staff were following infection, prevention and control measures.

Personal protective equipment (PPE) was readily available for all staff. 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, with these details readily available for staff.

We observed the practice equipment and environment were maintained to a high standard to support the effective cleaning and decontamination of reusable instruments. Procedures for the decontamination and sterilisation of these instruments within the decontamination room were robust. We reviewed records of daily autoclave cycle checks and testing, along with a planned maintenance schedule in line with current guidance. 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 medicines were comprehensive. We confirmed no medicines were dispensed at the setting, other than those used in emergencies. We saw the practice prescription pads were stored securely when not in use.

We saw oxygen cylinders had been appropriately serviced, and all staff had received trained in their use. Staff records also evidenced qualifications in cardiopulmonary resuscitation for all staff and there were two trained first aiders. However, we found these two members of staff were not always on site which raised the possibility of a first aid trained staff member potentially not being available. While we did not find an instance where this had recently been the case, meaning the immediate risk to patients was low, we advised the practice to review their first aid provision. We received confirmation following the inspection that a full-time staff member at the practice had been trained in first aid.

On review of the practice emergency equipment, we found most items were within their expiry dates and readily available. However, the paediatric and adult self-inflating bags were not within sealed bags, and we saw no expiration date on the equipment which also showed signs of wear. Having emergency equipment unsealed and with no expiry date meant we could not be assured this equipment was fit for purpose in the event of an emergency. This posed an immediate risk to the safety of patients, and we resolved this matter on the day of inspection. The details of the actions taken by HIW and the setting are outlined at [Appendix A](#).

Safeguarding of children and adults

Appropriate and up to date safeguarding processes were in place to protect children and adults. The safeguarding policy referenced the Wales Safeguarding Procedures, included the details of local authority contacts and identified a named safeguarding lead. Updates to safeguarding policies and procedures were communicated through training and we also saw evidence of updates which had been received from the local health board. We saw all staff were trained to an appropriate level in the safeguarding of children and adults.

All staff we spoke with explained they would know how to identify signs of abuse, who to contact and the process to follow in the event of a safeguarding concern and would feel supported by the practice if they did raise a safeguarding concern.

Management of medical devices and equipment

We found the medical devices and clinical equipment appeared to be in good condition and fit for purpose. We saw how all practice devices and equipment were used in a manner to promote safe and effective care. The staff we spoke with and observed during the inspection were confident in using the equipment and records confirmed all staff had received suitable training. 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 readily available next to each X-ray device. Staff training records confirmed all staff had received suitable training for their roles in radiation exposures. Posters were available around the practice to inform patients of the risks and benefits of radiographic exposures.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. Overall, the patient records we reviewed evidenced treatments were being provided according to clinical need, and in line 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 and clinicians used a checklist to prevent wrong tooth site extractions.

Patient records

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

Overall, the records we reviewed provided a full picture of the care provided to patients. All respondents to the HIW questionnaire said their medical history was checked prior to treatment. The records we reviewed included suitable recording of informed consent, oral cancer screening, soft tissue examinations as well as a contemporaneous account of the treatments provided. We also saw the recent introduction of Welsh language preference recording. However, we found the dose and duration of radiation exposures were not always recorded. Faculty of General Dental Practice guidance advises clinicians might not always need to record this information where exposures are fixed, but we could not ascertain during our inspection whether any of these radiographic exposures deviated from fixed values.

The registered manager must ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

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 staff. We saw how appointments were utilised effectively by staff with an appropriate skills mix.

Quality of Management and Leadership

Leadership

Governance and leadership

Clear management structures were in place to support 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 an area manager and worked closely with the practice principal / 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 daily and formal staff meetings were held monthly and attended by all staff. Nurses held separate monthly meetings 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, the practice complaints log, training and staff feedback.

A suitable 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. The policies we reviewed were up to date and comprehensive, and we saw how changes were communicated to staff in an effective manner. We were informed the practice were in the process of moving towards an online portal for the management of their policies.

Workforce

Skilled and enabled workforce

We found a positive working environment at the practice. All the staff we spoke with were knowledgeable and professional, and the interactions we observed demonstrated strong mutual support. Induction procedures were overseen by the practice manager, and the evidence we reviewed indicated these were comprehensive and well-established. The practice operated a rota system to ensure an appropriate number of suitably trained staff were always working. Appraisals were undertaken annually, and managers outlined an appropriate process for addressing any performance concerns. We saw the practice's whistleblowing policy offered clear guidance for staff on how to raise concerns.

We reviewed a sample of six personnel records of staff members working at the practice. Within these records, we found that all staff held up-to-date GDC registrations, documented Hepatitis B immunity, and enhanced Disclosure and Barring Service (DBS) checks. Some staff members only had one pre-employment reference check stored on file with risk assessments in place to mitigate the hazards associated with missing information.

The staff records we reviewed demonstrated full compliance with mandatory training requirements. Staff were provided with sufficient time to complete their training, and we were told they were also supported to undertake additional role-specific development, which was reflected in the records we reviewed. The practice manager had an effective system in place to monitor training compliance.

Culture

People engagement, feedback and learning

We found suitable arrangements in place for the collection and review of patient feedback. Paper questionnaires were available for patients at reception, and online reviews were also used. We saw physical feedback forms were reviewed every three weeks on average, and online forms were checked when they were received by practice management. Responses to feedback were publicised on the screen in the reception area. One example of a response to patient feedback included the removal of the screening at reception after patients explained they were struggling to hear staff.

The complaints policy was aligned with NHS Putting Things Right procedures and was available for patients without needing to request a copy. The complaints procedure provided a named contact for patients to contact. Any verbal complaints were logged in a book kept at reception for action by the practice manager. The means of escalating a complaint were outlined within the patient complaint policy, including contact details for HIW, the dental complaints service and the patient advocacy service, Llais. The staff we spoke with demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. 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 a proactive approach to quality improvement with all mandatory quality improvement activities taking place. These included routine and comprehensive

audits on patient records, radiographic quality, hand hygiene as well as infection prevention and control audits. The practice had undertaken the Maturity Matrix Dentistry through Health Education and Improvement Wales in June 2025 and were seeking to complete this again in 2026.

Whole-systems approach

Partnership working and development

Staff explained how they maintained good working relationships with other health system partners, including the local pharmacy and General Practice. We saw an appropriate process in place to monitor and maintain incoming and outgoing referrals.

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
Paediatric and adult self-inflating bags from the practice emergency kit were not within sealed bags and had no expiration date.	The equipment may be unsuitable or unusable in the event of an emergency which could lead to harm coming to a patient.	HIW raised this matter with the practice manager and area manager during the inspection.	New paediatric and adult self-inflating bags were ordered and arrived the next day.

Appendix B - Immediate improvement plan

Service: Russell Street Dental Clinic

Date of inspection: 16 March 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.

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

Appendix C - Improvement plan

Service: Russell Street Dental Clinic

Date of inspection: 16 March 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.	We found the dose and duration of radiation exposures were not always recorded in the patient records we reviewed. Faculty of General Dental Practice guidance advises clinicians might not always need to record this information where exposures are fixed, but we could not ascertain during our inspection whether any of these radiographic exposures deviated from fixed values.	The registered manager must ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.	Regulation 20 (1) of the Private Dentistry (Wales) Regulations 2017	We have had a practice meeting and all clinicians are aware of this procedure. The manager will carry out audits every month to ensure the clinicians maintain this standard.	Dr Imtiaz Khan and Jaime Gear	Completed and will continue to audit on a monthly basis.

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): Jaime Gear

Job role: Area Manager

Date: 20/05/2026