Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Brilliant Dental Care by Ruth Morris (Talbot Green), Cwm Taf Morgannwg University Health Board

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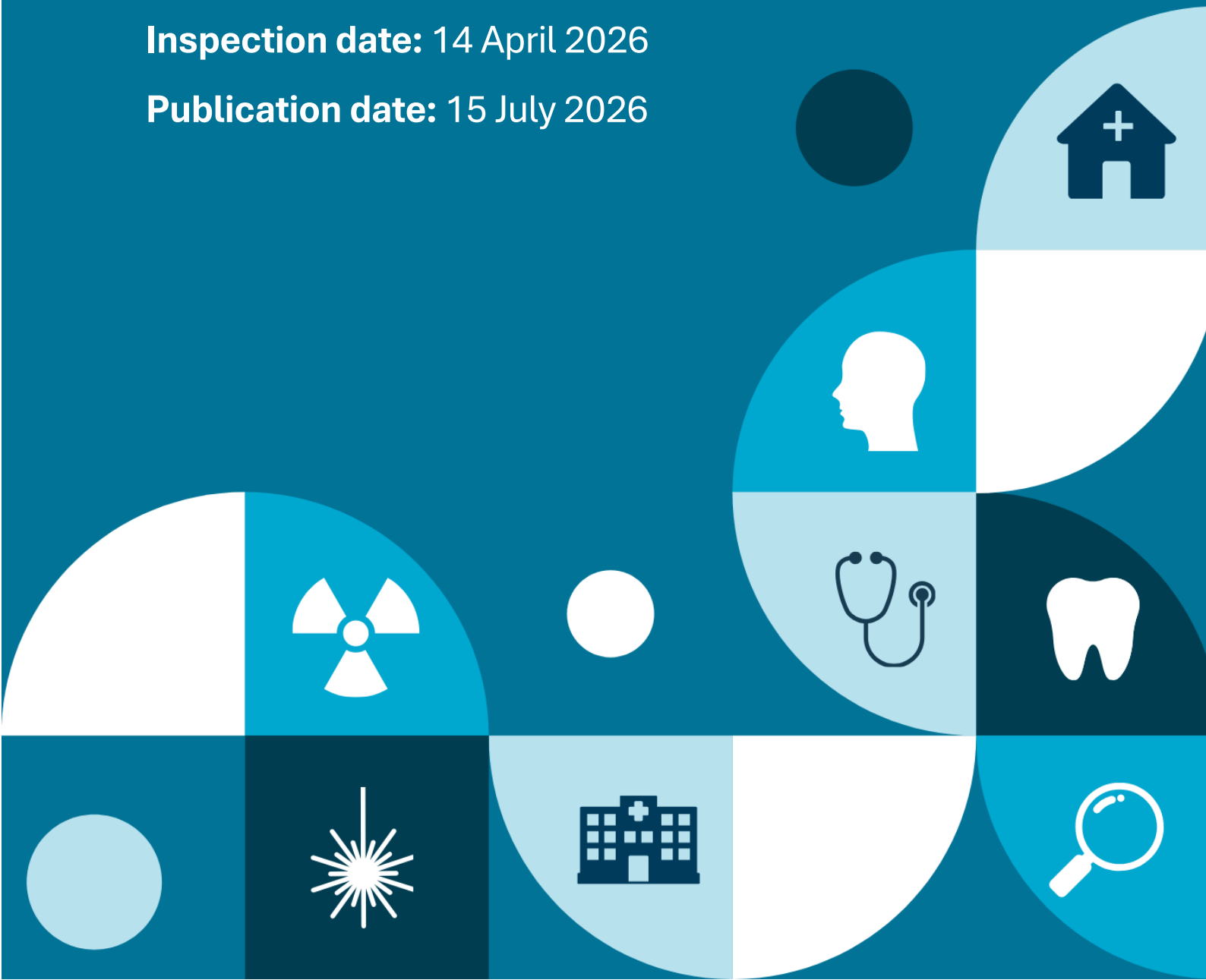

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Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

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 Brilliant Dental Care by Ruth Morris (Talbot Green), Cwm Taf Morgannwg University Health Board on 14 April 2026.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of ten questionnaires were completed by patients or their carers and one was 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:

We found that the staff at the dental practice were committed to providing a positive experience for their patients. Almost all respondents to the HIW questionnaire rated the service as 'very good' and the feedback included very positive comments.

The premises were visibly clean, in a good state of repair and provided a pleasant environment for patients.

We observed staff treating patients in a polite, friendly and professional manner.

A good range of information was provided to patients about the service and treatments provided, including how to access both routine and emergency treatment

This is what we recommend the service can improve:

- Provision of information promoting general and oral health.

This is what the service did well:

- Pleasant, well-maintained environment
- Arrangements in place to maintain patient privacy and dignity
- Patient feedback encouraged and acted upon.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and organised. Dental surgeries were well equipped and fit for purpose. All areas were seen to be clean, tidy and free from any visible hazards.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

Patient records were of a high standard, with good recording of clinical information.

We saw that appropriate measures were in place to ensure the safety of patients and staff.

This is what we recommend the service can improve:

- Formalise the process for monitoring patient referrals.

This is what the service did well:

- Clinical areas were clean, well equipped and fit for purpose
- Appropriate arrangements were in place to deal with medical emergencies.

Quality of Management and Leadership

Overall summary:

Brilliant Dental Care by Ruth Morris (Talbot Green) had good leadership and clear lines of accountability. We found that the principal dentist and owner demonstrated a clear commitment to providing a high standard of care, supported effectively by a practice manager and a compliance manager.

Staff records were notably well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and performance management.

There was a comprehensive range of policies and procedures in place. These were regularly reviewed and updated.

This is what the service did well:

- Good compliance with staff training requirements
- Systems in place to ensure regular review of policies and procedures
- Robust systems and records for the recruitment and employment of staff.

3. What we found

Quality of Patient Experience

Patient feedback

Patients that responded to the HIW questionnaire gave generally positive feedback, with nine out of ten respondents rating the service as 'very good' and one rating it as 'good'. All respondents were satisfied with the information provided to them and felt involved in their treatment and care.

Patient comments included:

> *"Excellent care for 30 years."*
>
> *"Staff are reassuring and approachable. Will accommodate any issues with appointment times or dates."*
>
> *"Excellent care and attention given to patients."*

Person-Centred

Health promotion and patient information

We saw a range of leaflets and posters in the reception area, providing useful information to patients about the services provided. There were leaflets about smoking cessation in both Welsh and English. We advised that more information could be made available about oral health promotion, such as healthy eating and reducing alcohol consumption.

The registered manager should ensure patients have access to information promoting general and oral health.

Copies of the Statement of Purpose and patient information leaflet were available at the practice and on the practice website.

'No smoking' signs were clearly displayed, showing that the practice complied with the smoke-free premises legislation.

All respondents to the HIW questionnaire said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.

Dignified and respectful care

Surgery doors were kept closed during treatment and external windows in clinical areas were obscured to promote patient privacy. Patients wanting a private discussion could be accommodated in a separate office or an available surgery.

Treatment prices for both NHS and private patients were made clearly available to patients in the reception area and on the practice website. An up-to-date certificate of Employer's Liability Insurance was seen.

The nine ethical principles of the General Dental Council (GDC) code of standards were displayed on posters in the waiting area, in both Welsh and English.

The names and GDC registration numbers of clinical staff were displayed both inside and outside the practice.

All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

Individualised care

We reviewed a sample of ten patient records and confirmed that appropriate identifying information and medical histories were included.

All respondents to the HIW questionnaire who provided an opinion said that staff gave them enough information to understand which treatment options were available and the risks and benefits of these.

Timely

Timely care

The practice opening hours were clearly displayed outside the practice, in the patient information leaflet and on the practice website. We noted a minor discrepancy where the hours stated on the patient information leaflet differed from those shown outside the practice. This was due to the practice providing additional time where the reception was staffed to manage telephone enquiries. This was addressed immediately during the inspection with the patient information leaflet updated and clarified.

Staff told us that time to accommodate emergency appointments was built into the daily schedule and that emergency appointments were prioritised based on patient symptoms and clinical need.

Information about how to access care out of hours was clearly displayed both inside and outside the practice.

Effective systems were in place to enable communication between surgeries and with the reception staff. We were told that any delays to treatment would typically be conveyed by instant messaging, allowing reception staff to verbally update patients. Patients would be given the option to re-book their appointment if needed.

All respondents to the HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communicating and language

Staff had access to telephone translation services, if required, for non-English speaking patients.

There was evidence of the 'Active Offer' of Welsh at the practice, with posters promoting the language and a good amount of patient information provided bilingually. Some members of staff had a limited understanding of Welsh. We were told there was a Welsh-speaking member of staff at a branch practice nearby that could be called upon if needed, and that they wore a 'Iaith Gwaith' badge to indicate they were a Welsh speaker.

Rights and equality

The practice had an equality, diversity and inclusion policy in place, which included references to relevant legislation and protected characteristics. The policy applied to patients, staff, contractors, students and trainees. We found the policy to be comprehensive and up to date.

Staff told us that preferred names and pronouns were recorded on patient records to ensure transgender or non-binary patients were treated with respect.

The practice was located on the second floor and accessed by stairs, which restricted access for wheelchair users or those with mobility difficulties. This was made clear to patients in the patient information leaflet. Staff told us they would also verbally advise any patients making enquiries and could offer to accommodate them at the nearby sister practice, which was entirely on the ground floor.

Posters invited patients to request information in additional formats, such as large print. An electronic tablet was provided for patients to complete administration forms, where the screen could be enlarged for patients with impaired vision. Alternatively, a quick response (QR) code was provided if patients preferred to use their own device. There was a hearing loop to assist patients with hearing difficulties.

Delivery of Safe and Effective Care

Safe

Risk management

We found the premises to be well maintained and free from obvious hazards. The practice was visibly clean, tidy and free from clutter.

We saw that the practice had up-to-date policies to ensure the premises were fit for purpose, and that risks were assessed and managed appropriately. This included an Emergency and Business Continuity policy and a comprehensive Health and Safety policy which was supported by active risk assessments.

There were appropriate arrangements for handling and storing materials subject to the Control of Substances Hazardous to Health (COSHH).

We saw evidence of up-to-date testing of portable appliances (PAT) and gas appliances and an up-to-date electrical installation condition report.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment and records of regular checks and servicing of fire safety equipment. Escape routes and fire exits were clearly signposted, and we saw evidence of regular fire drills having taken place. Fire extinguishers were wall-mounted, with labels indicating they had been checked and serviced regularly.

Smoke alarms were in place to alert if there was a fire and staff would raise the alarm verbally. We discussed the merits of having a smoke alarm in the compressor room and during the inspection an additional smoke alarm was obtained for immediate installation.

Staff had access to changing facilities and lockers for the secure storage for personal items.

The mixed-gender patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit.

Infection prevention and control (IPC) and decontamination

There were suitable arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures and an effective cleaning regime.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. The decontamination room was seen to be clean, tidy and free from clutter. We found that the procedures for processing, decontamination and sterilisation were appropriate and well understood. Appropriate checks on equipment were carried out and recorded.

All respondents to the HIW questionnaire said that the practice was 'very clean' or 'fairly clean', and that infection prevention and control measures were evident.

There were appropriate procedures for the disposal of waste. Clinical waste was stored in a locked cupboard within the premises and collected directly by the waste contractor. During the inspection we found that the cupboard lock had not engaged correctly. This was addressed immediately and during the inspection the registered manager reminded staff to be vigilant when locking the waste cupboard.

Medicines management

We reviewed the arrangements for medicines management and found robust and safe measures in place for the handling, storage and disposal of medicines.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be generally satisfactory, with equipment being in-date and regular checks being carried out. We advised that aspirin held in the kit should be of the dispersible type and this was suitably replaced during the inspection. We also noted that personal protective equipment such as gloves, aprons and eye protection was available in surgeries but should also be held with the emergency equipment. This was addressed immediately during the inspection.

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that two members of staff were trained first aiders.

Safeguarding of children and adults

The practice had detailed and up-to-date policies and procedures about the safeguarding of children and adults at risk. The policy included a 'was not brought' section and contact details for escalating matters and quick-reference flowcharts were made clearly available to staff.

The principal dentist was the designated safeguarding lead and had appropriate training to level three. A review of training records showed that all the clinical staff had up-to-date training in the safeguarding of both adults and children.

Management of medical devices and equipment

We found clinical equipment at the practice to be safe, in good condition and fit for purpose. We saw appropriate servicing records for equipment. However, during checks of dental materials, we found one item that was out of date. Further checks confirmed that this was an isolated instance. Staff disposed of the item immediately and during the inspection a checklist was developed and put in place to reduce the risk of re-occurrence.

We reviewed documents relating to the safe use of X-rays and found these to be comprehensive and appropriate. We saw that an inventory of X-ray equipment, records of maintenance and local rules were in place.

A device for taking panoramic X-rays was located towards the rear of the premises adjacent to the toilet. Staff told us they checked the toilet was vacant before using the X-ray unit. We suggested that signage be displayed by the control panel to remind staff to minimise the risk of accidental exposure; this was addressed immediately during the inspection.

We reviewed staff training records and saw that relevant staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

Effective

Effective care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients.

Discussions with staff assured us that professional guidance and advice was sought and followed when required.

The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to minimise the risk of wrong site tooth extraction.

Patient records

Patient records were held electronically and in line with an appropriate records management policy.

We reviewed a sample of ten patient records and found them to be notably well maintained. We saw evidence of thorough, comprehensive and consistent recording of clinical information. This included base charting, basic periodontal examination, soft tissue and extra and intra oral examinations, and cancer screening.

Efficient

Efficient

We found that clinical sessions were used efficiently and cancelled appointments offered to other patients. Arrangements were in place to ensure patients needing emergency treatment understood how to access out-of-hours services.

Staff confirmed that patient referrals were monitored with weekly checks and followed up if necessary. There was no written process regarding the monitoring and follow up of

referrals.

We recommend that the registered manager put a formal, written process in place for the monitoring and follow up of patient referrals.

Quality of Management and Leadership

Leadership

Governance and leadership

There were clear management structures in place, with the practice under the direction of the owner (the principal dentist), supported by a practice manager and compliance manager. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements. The high standard of record keeping and documentation indicated effective management and leadership.

We saw evidence of regular team meetings taking place, with minutes circulated to ensure all staff were kept up to date. The dental nurses also had a daily 'huddle' meeting to discuss any issues. We were told that an electronic messaging service was used to provide information and updates to various staff groups and accommodate different working patterns.

Staff had regular appraisals and we were given examples where staff had identified training opportunities and been supported in accessing these. We were told that the practice had used the Health Education and Improvement Wales (HEIW) maturity matrix tool to help identify training needs.

A comprehensive range of policies and procedures were in place and reviewed regularly, with staff notified about any changes.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw policies and procedures, detailing the recruitment process and checks made on prospective employees. Checks included proof of identity, the right to work, professional qualifications and vaccinations.

To ensure continuity of care, the practice could draw staff from the sister-practice but also used agency staff. Staff told us that their contracts with the agency ensured appropriate checks were carried out about fitness to work, and they would request to see relevant certification if specialist experience was required.

We reviewed a sample of 11 staff records and saw evidence that staff were registered with the GDC, covered by professional indemnity insurance and had appropriate vaccination against Hepatitis B. We also saw that appropriate Disclosure and Barring Service checks had been carried out. The compliance manager effectively monitored staff compliance with mandatory training requirements.

Culture

People engagement, feedback and learning

Patients were invited to provide feedback verbally, online, via social media or using a suggestion box in the waiting room. The compliance manager told us that feedback was regularly reviewed, including through an audit of patient feedback leading to an action plan.

There was no mechanism in place to highlight actions that had been taken because of feedback, such as a 'you said, we did' poster. We suggested that the practice may wish to consider how to share updates with patients if their feedback had been acted upon.

There was a comprehensive complaints procedure in place, made readily available to patients both at the premises and on the practice website. The procedure included appropriate timescales for responses and how to escalate the issue if required, with contact details of relevant external bodies.

Information about the NHS 'Putting Things Right' procedure was provided in the waiting room. We advised that this had been updated within the previous two weeks to a new procedure called 'Listening to People'. This was addressed during the inspection with updated information printed and made available in the waiting room.

Staff told us that both written and verbal complaints were logged centrally, with an 'events log' for each case to show progress with various actions. The practice manager and compliance manager would review the log regularly to identify any recurring themes or issues.

The practice had a Duty of Candour policy in place, including notification requirements.

Information

Information governance and digital technology

The practice had appropriate policies, procedures and systems in place to ensure information was held and shared securely and confidentially.

Learning, improvement and research

Quality improvement activities

We found evidence of a good variety of both clinical and non-clinical audits being carried out regularly. These included health and safety, antimicrobial prescribing, healthcare waste, disability access, smoking cessation and record keeping.

Notably, we saw that an 'annual return' document had been prepared, that could be provided to HIW upon request to show how the service quality was monitored and

assessed.

Whole-systems approach

Partnership working and development

Staff described appropriate methods of engaging with partners, including the use of electronic systems such as NHS Compass. The practice had updated procedures and systems in line with the reformed NHS dental contract that had recently come into effect on 01 April 2026.

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
During checks of dental materials, we found one item that was out of date. Further checks confirmed that this was an isolated instance.	The potential use of out-of-date materials could pose a risk to patients.	This was raised with the registered manager, practice manager and compliance manager.	Staff disposed of the item immediately and during the inspection a checklist was implemented to reduce the risk of re-occurrence.
Clinical waste was stored in a locked cupboard within the premises and collected directly by the waste contractor. During the inspection we found that the cupboard lock had not engaged correctly.	Increased risk of unauthorised persons having access to clinical waste.	This was raised with the registered manager, practice manager and compliance manager.	This was addressed immediately and during the inspection the Registered Manager reminded staff to be vigilant when locking the waste cupboard.
We advised that aspirin held in the medical emergencies kit should be of the dispersible type. We also noted that personal protective equipment was available in surgeries but should also be held with the emergency equipment.	Ensuring the equipment for managing medical emergencies is in line with guidance reduces the risk to patients in the event of an emergency.	This was raised with the registered manager, practice manager and compliance manager.	This was addressed immediately during the inspection.

Appendix B – Immediate improvement plan

Service: **Brilliant Dental Care by Ruth Morris (Talbot Green)**

Date of inspection: **14 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.	Not applicable				
Findings:	No immediate non-compliance issues were identified during the inspection.				

Appendix C – Improvement plan

Service: **Brilliant Dental Care by Ruth Morris (Talbot Green)**

Date of inspection: **14 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.	More information could be provided to encourage patient health and support prevention services.	The registered manager should ensure patients have access to information promoting general and oral health.	The Health and Care Quality Standards - Safe	Information and handouts have been sourced and are available for all	Hassina Taak/Roxanne WIlliams	Completed
2.	Patient referrals were monitored with weekly checks and followed up if necessary. There was no written process regarding the monitoring and follow up of referrals.	We recommend that the registered manager put a formal, written process in place for the monitoring and follow up of patient referrals.	The Private Dentistry (Wales) Regulations 2017, Regulation 13	Formal process has been created and documented within the practice systems. This has been communicated to all staff.	Hassina Taak/Roxanne WIlliams	Completed

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Daniel Humphrey

Job role: Business Manager **Date: 3rd June 2026**