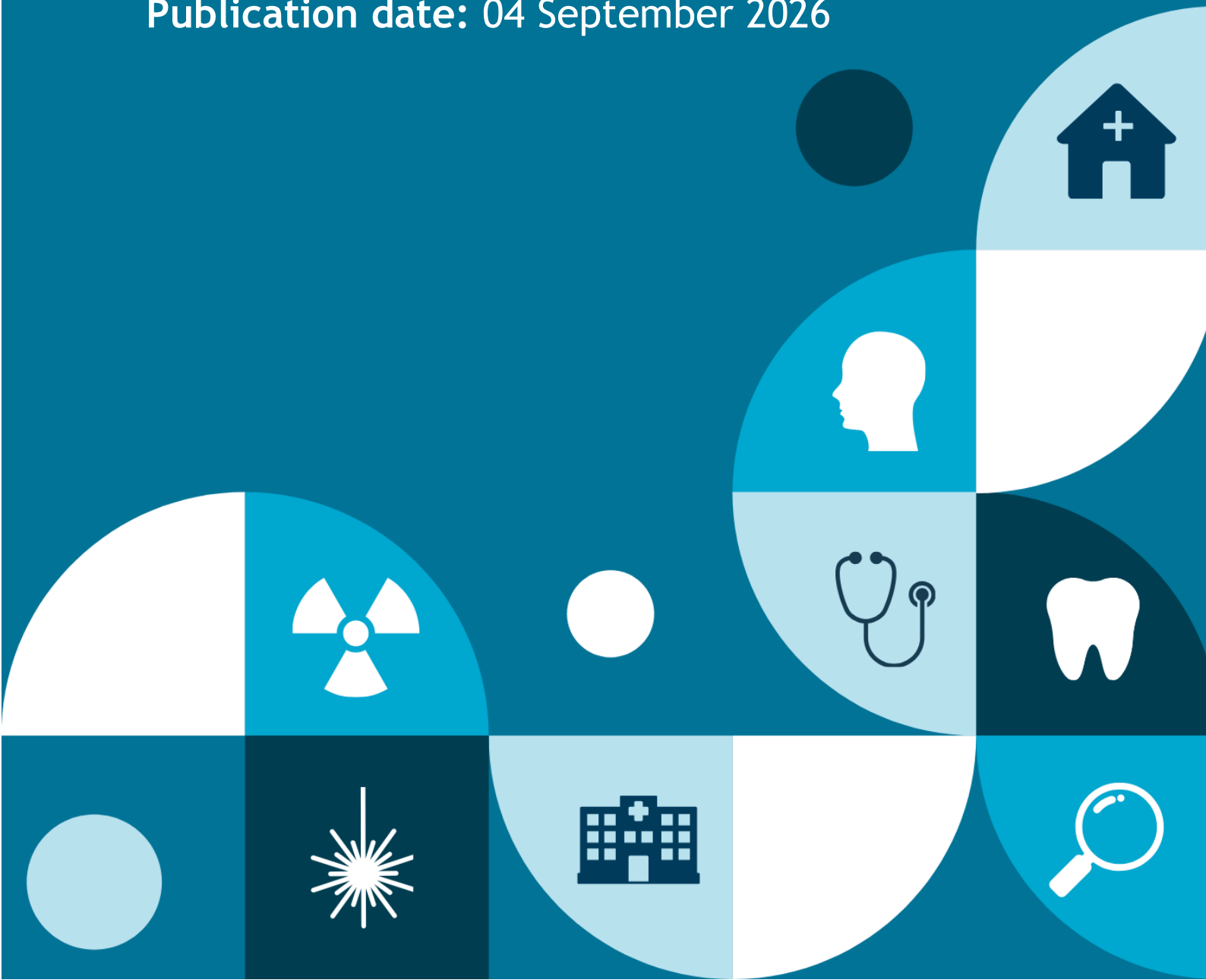
Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

London Road Dental Centre, Swansea Bay University Health Board

Inspection date: 04 June 2026

Publication date: 04 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 978-1-80853-266-5

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 London Road Dental Centre, Swansea Bay University Health Board on 04 June 2026.

Our team for the inspection comprised of one HIW healthcare inspector and one 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 11 questionnaires were completed by patients and 6 were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Feedback from patients was consistently positive, with all respondents rating the service as ‘good’ or ‘very good’. Patient comments described staff as professional, friendly and caring. Patients were generally able to access care in a timely way, with flexible appointment options and prioritisation of urgent cases.

Measures were in place to preserve patient privacy during discussions and consultations with staff regarding their dental health. A range of communication options, patient involvement in decisions regarding their care, and a broad range of health promotion information available supported person-centred care. However, there were some inconsistencies in published information, for example, opening times and out-of-hours access. Two patients reported they did not feel that cost had been made clear to them prior to treatment, and there was mixed feedback regarding accessibility.

This is what we recommend the service can improve:

- Ensure that all published practice information is consistent regarding the practice opening times and how patients can contact out of hours service provision
- Consider measures to improve or better communicate accessibility of the premises in response to mixed patient feedback.

This is what the service did well:

- Supported equitable access through offering reasonable adjustments to support communication including provision of a hearing loop, language line support and written information in alternative formats on request
- Promoted equality, diversity and inclusion through inclusive signage and consideration of patient needs within the practice environment.

Delivery of Safe and Effective Care

Overall summary:

The practice demonstrated generally safe and effective care, with appropriate systems in place for risk management, infection prevention and control, medicines management, and emergency preparedness.

The clinical environment was clean and well organised, with evidence of regular appliance testing. Building maintenance updates identified had either already been logged or were raised by the practice to be addressed shortly after the inspection.

Effective governance arrangements supported patient care, including a range of policies, staffing options and appropriate use of multidisciplinary roles. Patient records were safely managed. However, our review of eight patient records identified some aspects of documentation required improvement.

This is what we recommend the service can improve:

- Strengthen adult safeguarding procedures to ensure these clearly signpost to relevant agencies and link policies to prompt staff action
- Ensure comprehensive risk assessments for X-ray machines include consideration of isolation switch location and key operation
- Ensure completeness of patient records.

This is what the service did well:

- Demonstrated strong infection prevention and control arrangements, including cleaning schedules and effective decontamination processes
- Operated effective fire safety systems, including trained fire marshals, regular drills and appropriate equipment.

Quality of Management and Leadership

Overall summary:

The practice demonstrated generally effective governance arrangements, with clear leadership structures supported by a wider corporate framework. Staff described management as approachable, with open communication and regular information sharing through meetings and digital systems. Recruitment processes, training compliance, and clinical governance systems were robust, with evidence of ongoing audit and quality improvement activity. However, workforce feedback identified concerns regarding workplace culture, equality and diversity, staffing levels, facilities, and appraisal processes. Some inconsistency was also noted in complaints response times.

This is what we recommend the service can improve:

- Strengthen workplace culture by addressing staff concerns regarding facilities and individual experiences
- Ensure all staff receive regular, clearly structured appraisals and are fully engaged in role development discussions
- Ensure complaints are acknowledged within required timescales in line with policy.

This is what the service did well:

- Implemented strong recruitment procedures, including Disclosure and Barring Service checks and ongoing professional compliance monitoring
- Achieved good compliance with mandatory training.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW patient questionnaire were positive, with all 11 respondents rating the service as 'good' or 'very good'.

Patient comments included:

> *"I've always found this dental practice to have excellent service. If there aren't any emergency appointments available, they send you an email to request that you send a photograph of your affected tooth, so a dentist can review it and provide the necessary prescription or an appointment."*
>
> *"Staff always friendly and attend to my needs in a caring professional manner."*
>
> *"They have always understood my concerns and have been friendly and helpful. I am very grateful to have such a good dentist"*

Person-Centred

Health promotion and patient information

We saw a wide range of health promotion information available to patients within the practice premises. Educational posters displayed included information to support understanding of the risks and benefits of X-rays, the maintenance of children's dental health, oral cancer self-examination, antibiotic use and mental health awareness. Smoking cessation, alcohol awareness, healthy eating and heart health leaflets were available for patients to take away.

Information explaining the new NHS contract which had come into force in April 2026 and charges for both NHS and private treatments were displayed. However, as two respondents did not feel that the cost had been made clear to them prior to treatment we recommend the practice reflects on this feedback and considers further measures that could be implemented to ensure patients are aware of any charges treatment may incur as part of the care planning process.

Signs were displayed requesting patients to inform the practice of any changes in medical history to support appropriate care.

The names and General Dental Council (GDC) number for the current dental team could easily be seen on external practice signs, on the website and within patient information leaflets. External signs also directed patients to contact 111 for care outside of practice opening hours. However, this information was not also provided on the practice website. We also found inconsistencies in the practice opening times

published on signage, the website, patient information leaflets and practice statement of purpose.

The registered manager must ensure that all published practice information is consistent regarding the practice opening times and how patients can contact out of hours service provision.

All respondents who completed an HIW questionnaire agreed they had their oral health explained to them by staff in a way they could understand. Most agreed that staff had provided them with aftercare instructions on how to maintain good oral health.

Dignified and respectful care

We observed positive interactions between staff and patients throughout our inspection. Private spaces were available for confidential discussions with patients. Suitable surgery doors and window coverings preserved patient privacy during appointments.

Meeting minutes indicated that staff had recently been reminded of the practice policy regarding the treatment of family members and confidentiality. All staff signed a confidentiality agreement on initial employment and were provided with a copy for their records.

The GDC nine principles could easily be seen in both Welsh and English in waiting areas to highlight core ethical standards patients could expect throughout their care.

All respondents of the HIW patient questionnaire felt they were treated with dignity and respect at the practice.

Individualised care

Most respondents of the HIW patient questionnaire agreed there was enough information given to understand the treatment options available, and their risks and benefits. All respondents confirmed they had their medical history checked before treatment, indicated that staff explained what they were doing throughout the appointment, and had listened to them and answered their questions. All respondents indicated they had been involved in decisions about their treatment as much as they had wanted to be.

Timely

Timely care

We saw that patients could make appointments online, by telephone or in person at the practice. Patients seeking an emergency appointment would need to phone the practice at 08:30am to discuss their needs. Criteria were in place to ensure that patients with the most urgent needs were prioritised. The wait for routine appointments

was approximately six weeks at the time of inspection. The practice would accommodate patient requests for appointments at specific times when possible, for example, to provide care after school for children or on Saturdays for patients working on weekdays. Patients would be informed of any delays in being seen at their booked appointment time by the practice team.

Most patients who responded to the HIW questionnaire said it was 'very easy' or 'fairly easy' to get an appointment when they needed one, though two noted phone call delays. Most patients confirmed they had received adequate guidance on what to do and who to contact in the event of an infection or emergency and were aware of how to access the out of hours dental service.

Equitable

Communicating and language

We observed patients requiring support with communication or completion of digital check in were supported by the practice team. We were told that patient information could also be provided in alternative printed formats on request for patients with reading difficulties. We discussed reinstating a rainbow sign scheme that had previously been used to good effect to ensure consultations with patients who benefit from a quieter environment to support communication needs were not disturbed unless urgent. A hearing loop was installed to aid patients with hearing loss and the use of a language line could be arranged to enable communication with patients whose preferred language is neither English nor Welsh.

The practice had identified they had limited ability to implement the Welsh Language Active Offer as no Welsh speakers worked at the practice. However, essential information was displayed in both Welsh and English and the practice had a list of Welsh speaking dental professionals available in other local branches of the wider dental corporate group should patients prefer to receive their care in Welsh.

Rights and equality

We saw that the practice had suitably considered Equality, Diversity and Inclusion (EDI). Many team members brought experience gained from a variety of countries and healthcare settings and EDI training was mandatory for all staff. Inclusive signage promoted the rights of patients of any gender to access practice facilities and offered the option of dedicated space to patients breastfeeding and providing personal care to babies.

Ramp access into the building and level flooring to some ground floor surgeries enabled patients to attend in wheelchairs if they required. An accessible toilet was also available on the ground floor. However, access to practice facilities was not clearly described across all patient information leaflets. We raised this with the practice

manager who informed us they had amended the required leaflets accordingly by the end of the inspection. However, only half of the respondents to the HIW patient questionnaire found the practice building accessible, around a quarter believed it was partially accessible and a quarter were unsure.

The registered manager must consider this feedback and consider measures to improve or further highlight existing accessibility of the practice premises to patients.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice environment to be generally clean, well-organised and comfortable. Signs raised awareness of hazards and dental staff were seen drawing attention to small steps and low ceilings within the practice environment while showing patients through to consultation rooms.

A suitable and up to date building maintenance policy was in place and the recording of daily room checks had recently been moved online to ensure thorough completion by all staff.

We saw evidence that some signs of ageing and frequent use damage noted on fixtures in surgery rooms had already been logged for facilities team action following a recent WHTM 01-05 audit. Additional issues we noted were also logged shortly after the inspection. Works required included addressing degraded dental chair plastic, loose brackets for wall-mounted fixtures, peeling paint, metal corrosion, inadequate silicon sealant on worktops, drawers of dental cabinetry which were not free running and visible electric heater wires. We were also told that building maintenance requests to address roof leaks and internal plastering had been made to the landlord.

The registered manager must provide HIW with further information regarding how these issues are being resolved.

We saw annual gas safety records, five yearly electrical inspection and Portable Appliance Testing (PAT) were all current and in date. Approved health and safety posters were displayed for staff and certificates of current employer's and public liability insurance could be seen in patient areas.

We inspected the fire safety arrangements and found fire marshals were appointed and trained and fire safety drills had been conducted on a regular basis. There were several fire extinguishers located in the practice which were found to have been serviced within the last year along with the emergency lighting. Fire exits were free from obstructions and suitably signposted. A notice also informed patients that a Personal Emergency Evacuation Plan (PEEP) system was in place to aid them in an emergency if required. A fire safety risk assessment had been carried out within the last year, and recommendations resolved. No smoking signs were clearly displayed in accordance with current legislation.

Infection prevention and control (IPC) and decontamination

We found policies and procedures supported infection prevention and control and decontamination. Cleaning schedules and records ensured comprehensive cleaning

was completed on a regular basis. Handwashing facilities and Personal Protective Equipment (PPE) were suitably available.

Arrangements for the management of sharps and procedures to be followed in the event of a sharps injury were available. These included staff access to occupational health.

There was a designated decontamination room at the practice with a suitable system in place to safely transport used instruments between the decontamination room and the surgeries. Staff had been trained and assessed as competent in decontamination protocols for reusable instruments. We saw periodic tests of the decontamination equipment had been carried out and there was evidence that regular maintenance was completed.

We found that the arrangements for the segregation and storage of clinical waste and its removal from the premises were appropriate. We noted that one foot operated bin was found not to be functioning correctly which would require repair or replacement to fully enable safe waste disposal and infection prevention and control.

The registered manager must ensure that this issue is addressed and that all waste bins are fully functioning to enable safe waste disposal and infection prevention and control.

All patients who completed an HIW questionnaire thought that in their opinion, the practice was 'very clean' and that infection prevention and control measures were consistently followed.

Medicines management

We saw up to date policies were in place for the management of medicines at the practice underpinned by suitable processes for the obtaining, storing, handling and disposal of drugs. Medicines requiring refrigeration were stored in a dedicated medicines fridge and regular temperature checks completed. Emergency drugs and equipment at the practice were maintained in line with national guidance. Resuscitation policies were in date, and all staff had completed resuscitation training within the last year. Required staff had also undertaken oxygen cylinder training. Practice first aiders had been designated and trained, and first aid kits were available.

Safeguarding of children and adults

We found that the practice had appointed a designated safeguarding lead that staff were aware they should report any safeguarding concerns to. We saw evidence that staff had undertaken suitable training and discussions with team members also indicated that appropriate multidisciplinary teamwork had been implemented to report concerns and provide on-going support for patients identified as at risk.

A written policy and procedures were available. This contained links to the Wales

Safeguarding Procedures and local authority safeguarding teams contact details. However, we noted that the adult safeguarding policy and procedures did not clearly prompt staff to consider whether an adult may be at risk and subsequent steps to take when the patient did not attend an appointment. The practice failure to attend policy also did not prompt consideration of patient capacity and whether reasons for not attending needed to be explored for patient safety. It was therefore unclear how a commitment made within the practice acceptance policy not to discharge adults dependent on others to bring them to appointments was being fully implemented. The adult safeguarding flow chart displayed in the staff room also contained links to agencies relevant to safeguarding children rather than relevant to adults at risk or experiencing abuse.

The registered manager must review the practice:

- **Adult safeguarding procedures to ensure these contain links to relevant agencies**
- **Safeguarding and failure to attend policies to prompt the consideration of patient safety following failure to attend appointments.**

Management of medical devices and equipment

We saw that dental surgeries were equipped for the provision of safe and effective care and arrangements were in place to promptly deal with any device or system failure.

A maintenance and inspection schedule was in place for the two compressor machines in place at the practice and these had both been serviced within the last year.

We saw that arrangements were in place for external Medical Physics Experts, a Radiation Protection Advisor (RPA) and in-house Radiation Protection Supervisors to oversee the use of X-ray equipment at the practice. An inventory of all ionising radiation equipment was available and risk assessments, a quality assurance policy and clinical audit schedule were in place. However, we identified that additional risk assessments were required for two X-ray machines regarding the positioning of isolation switches and control units in corridor environments which patients may access unsupervised. Isolation switch keys were also not available to prevent the improper use of these X-ray machines.

The registered manager must:

- **Ensure that the positioning of X-ray isolation switches and control units within corridor areas is fully risk assessed by the RPA and that any risk control plans identified are implemented by the practice**
- **Ensure that all isolation switch keys are kept secure and used as required by risk control plans.**

X-ray machines produced digital images which were stored securely within the server. However, we found scratches on phosphor plates which could compromise the quality of X-ray images.

The registered manager must ensure that radiograph image quality is monitored and phosphor plates are replaced as necessary for image optimisation.

One packet of recently expired zinc oxide was also noted to require removal and replacement during the inspection.

The registered manager must ensure that processes for routine checking of all dental machinery and materials are fully implemented to prevent further damaged or expired items being available for use.

Most staff who answered the HIW staff questionnaire agreed that there were appropriate facilities for them to carry out their roles, and that the environment was appropriate to ensure patients received the care they required.

Effective

Effective care

We found that policies and procedures were in place to underpin the safe and effective acceptance, assessment, diagnosis and treatment of patients. We were told that the practice had worked with the health board to resolve patient queries regarding the new NHS contract and ensure that vulnerable patients could continue to be seen. Stabilisation of team numbers at the practice over the last five years had also enabled care provision to expand from being focused on emergency and urgent treatment to offer routine and preventative care for the benefit of the patient population. At the time of inspection, the practice employed a clinical team of twelve dentists, two therapists, two hygienists, eleven dental nurses including trainees and a decontamination lead.

Patient records

We found a records management policy and system were in place to ensure that patient records were safely managed. We reviewed a sample of eight electronic dental care patient records which were stored within a secure IT system.

All records we reviewed had suitable patient identifiers and the reason for attending. Most had symptoms recorded. We saw initial medical history was signed and smoking cessation advice recorded where relevant. We saw evidence of full base charting, soft tissue examination and that treatment planning and options were documented appropriately and oral cancer screening was recorded in all records reviewed. Informed consent was also recorded as obtained for all patients. However, we identified some omissions in the records:

- Whilst most records included a baseline Basic Periodontal Examination (BPE)

score there were two records where this information was missing

- Patient language choice was only recorded in two patient records. Failure to note preferred language choice could inhibit effective and individualised patient care.

The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

Efficient

Efficient

We were told that arrangements were in place to ensure efficiency was upheld for quality care.

We were told that referrals for treatment provision by therapists and hygienists employed at the practice and referrals to external services were made via required mechanisms within suitable timescales. However, referral numbers were not consistently logged within the patient record or a specific referral log.

The registered manager must ensure that referrals made within and from the practice are suitably documented.

Rotas and the option of cover from within the wider corporate group were used to support adequate clinical staffing at the practice to fulfil the delivery of patient care.

Quality of Management and Leadership

Staff Feedback

All respondents to the HIW staff questionnaire felt patient care was a top priority for the practice and that patient privacy and dignity was maintained within the practice. However, one respondent disagreed that they would be happy with the standard of care provided should this be for a relative or friend, and only half of the respondents would recommend the practice as a good place to work. One respondent indicated that they had experienced discrimination in the workplace and one indicated that they did not feel the practice was supportive of equality and diversity in the workplace.

Most staff comments focused on the changing and break out facilities available for staff and that these required improvement.

The registered manager must consider this staff feedback and take steps to ensure that workplace culture and facilities promote quality care, equality and diversity and meet the needs of the team.

Leadership

Governance and leadership

London Road Dental Centre is part of the Rodericks Dental Partners corporate group which operates across Wales and England. Day-to-day operation of the practice was managed by the practice manager with assistance from the area compliance manager. A senior manager from Rodericks Dental Partners was also present on the practice premises during the inspection to provide additional support to practice management and the wider team if they required it.

We considered there to be effective governance and leadership in relation to the size of the service with clear lines of reporting described. We saw that the management team was open and approachable to staff. All members of the team we spoke with told us they valued their colleagues and we observed constant interactions enabled open communication and demonstrated mutual respect.

Suitable arrangements were described for sharing relevant information with the practice staff team including regular local staff meetings and corporate newsletters. We saw comprehensive minutes of staff meetings demonstrating that a range of relevant topics had been discussed and clear action points identified. We were told that key updates such as safety notices would be tasked to relevant individuals through the online compliance system to ensure reading and actioning could be confirmed and audited. The online compliance system also housed a range of written policies to support staff in their roles and enabled managers to easily update and distribute these as required.

Workforce

Skilled and enabled workforce

We saw that the practice had a robust recruitment policy which detailed processes and specified conditional offers were subject to satisfactory background checks relevant to role. Disclosure and Barring Service (DBS) checks were completed prior to formal appointment to role and once in post staff would sign a self-declaration of good character on an annual basis. The GDC registration and professional indemnity of practice clinicians were also regularly monitored by practice management to ensure compliance on an ongoing basis. Upon employment staff were provided with a certificated corporate and local induction programme tailored to their role. We saw evidence that all processes were completed as described.

At the time of inspection compliance with mandatory training was good and several staff had also completed additional training on topics of relevance to the practice and personal professional interest. Training was monitored by the practice manager through the use of a matrix to highlight any mandatory training requiring renewal. However, one staff member who responded to the HIW questionnaire said they wanted additional training using the practice software.

We were told that appraisals provided opportunity for role development discussions. Following inspection feedback from another of the corporate group practices the appraisal template had been updated to prompt reflection on the value of learning activities completed and consolidate new knowledge. This was a notable demonstration of service improvement in response to feedback. However, only one respondent to the HIW staff questionnaire was able to confirm they had undergone an appraisal within the last 12 months, with three indicating that they had not had an appraisal within this timeframe and the remaining two reporting they couldn't remember.

The registered manager must ensure that all staff receive regular appraisals in line with its appraisal process and maintain oversight to provide assurance that appraisals are completed and appropriately documented when required..

We were told that suitable processes and HR support were available from the wider corporate group should staff performance be of concern. Freedom to speak up policies were also available to support staff to raise concerns regarding the practice should they feel this was needed.

Only half of the staff who answered the HIW questionnaire said there were enough staff to allow them to do their job properly and there were mixed opinions regarding whether current working pattern allowed for a good work-life balance.

The registered manager must reflect on the issues raised in this feedback to ensure staff and patient needs are considered when making workforce arrangements.

Culture

People engagement, feedback and learning

We found the practice had a comprehensive system for proactively engaging with patients, collecting, and learning, from feedback to continuously improve their services.

Patients were invited to provide feedback via suggestion boxes in the waiting rooms or through surveys sent by text message following appointments. An annual patient survey was also used to understand patient experience more broadly. We saw staff engaging positively with patients throughout the HIW inspection and listening to verbal feedback provided. All patients we spoke with indicated high levels of satisfaction with the care they received at the practice.

We saw that a written complaints procedure was in place to guide more formal handling of concerns or complaints regarding treatment received at the practice. This procedure was based on the Listening to People NHS Wales Complaints, Incidents, and Redress process and information regarding the process and key contacts for raising concerns and complaints were available to patients on the practice premises, website and within published practice information leaflets.

We reviewed complaints handling records from 2025-2026 and found processes to be documented throughout. Compliments, concerns and complaints received were acknowledged by the practice manager and input into a spreadsheet to enable subsequent response processes to be documented and themes arising to be identified for service learning. The practice manager was supported in their role as practice complaints lead by the wider corporate group complaints team. This link also enabled learning from compliments, concerns and complaints to take place locally and be shared throughout the wider group. However, some of the timescales for initial responses to patients we saw were not in line with NHS processes or practice policy.

The registered manager should ensure that time for monitoring concerns and complaints is regularly available so that all concerns and complaints received can be acknowledged within 5 working days in line with relevant policies.

We saw the practice had a Duty of Candour policy which provided clear guidance regarding practice responsibilities and procedures. We were told that one incident had occurred following which Duty of Candour had been implemented in collaboration with the health board. The practice also described a robust internal significant events process through which incidents would be highlighted within the practice and wider corporate group and actions and learning identified through collaborative investigation

and reflection.

Staff files indicated that Duty of Candour training had been completed and all staff who answered the HIW questionnaire agreed that the practice encourages them to report errors and incidents, and that action is taken to ensure incidents do not reoccur. However, one staff member who answered the HIW questionnaire disagreed that they understood the Duty of Candour and their role in meeting these standards. We recommend the registered manager considers this feedback and how staff may be better supported to understand the Duty of Candour and are aware of their role in meeting this standard.

Learning from concerns and complaints was shared with patients through 'You said we did' notices within practice waiting rooms. We were told that staff were supported through complaints and incident investigations and that debriefing discussions would be held with relevant team members for closure. Staff could also access an external employee assistance programme.

Information

Information governance and digital technology

We saw that the practice had a suitable data protection and information security policy to support the appropriate handling of all patient and staff information. Practice management were aware of retention schedules and the need to abide by these.

Suitable systems for information sharing internally within the practice and with external partners were in place. This included the use of secure digital systems.

Learning, improvement and research

Quality improvement activities

The practice had appropriate procedures in place to support clinical governance and quality improvement. An audit timeline for 2025-6 provided an overview of all planned audit activities and we saw evidence that these had been completed or were in progress as required. Clinical audits included smoking cessation, antimicrobial stewardship, orthodontic and record keeping. The practice also engaged with health board audits of clinical and operational aspects of service delivery. We saw evidence that findings of audits were shared within the team and that action was taken to ensure audits led to service improvement.

Whole-systems approach

Partnership working and development

Suitable arrangements were described for engagement between the corporate group head office and other local practices, university health board and local authority and health improvement and education bodies. This helped the practice deliver quality and coordinated care for patients and maintain a positive approach to learning and development.

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: **London Road Dental Centre**

Date of inspection: **04 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	No immediate compliance issues were identified on this inspection.

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):

Job role: **Date:**

Appendix C – Improvement plan

Service: **London Road Dental Centre**

Date of inspection: **04 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.	Not all published practice information consistent regarding: • practice opening times • how patients can contact out of hours service provision.	All published practice information to be consistent across platforms. Updated patient information leaflet and statement of purpose to be provided to HIW.	The Private Dentistry (Wales) Regulations (2017) Part 6 Schedule 2 (1)(d)	There were discrepancies in relation to our Saturday opening hours between the practice website and the leaflets. This has now been rectified to reflect our current availability. Emergency out of hours contact information has been updated on our website.	Practice Manager	Completed

2.	Only half of the respondents to the HIW patient questionnaire found the practice building accessible, with others believing it was partially accessible or were unsure.	Registered manager to consider this feedback and consider measures to improve or further highlight existing accessibility of the practice premises to patients.	Health and Care Quality Standards (2023) – Person-centred	The practice has a ramp with supporting rail at one entrance and three ground floor accessible surgeries. We also have an accessible bathroom on the ground floor with grab rails and an assistance alarm. Our practice leaflets include information on the accessibility of the practice, we have also included a statement on our website	Practice Manager Practice Manager	Completed Completed
3.	A number of maintenance issues were identified. These were logged but further information regarding their resolution required, including for one foot operated bin which was noted not to be fully functioning.	Registered manager to provide HIW with further information regarding how these issues have been resolved and ensure all waste bins are fully functioning.	The Private Dentistry (Wales) Regulations (2017) 22(2)	All maintenance issues have been logged and actioned on our facilities platform. The foot operated bin in the surgery is integrated and had been repaired. This will be assessed further. There is the addition of a free-standing foot operated bin in the surgery also.	Practice Manager	September 2026

4.	Neither the adult safeguarding nor the practice failure to attend policies prompted consideration of whether an adult may be at risk and subsequent steps. The adult safeguarding flow chart displayed in the staff room also contained links to agencies relevant to safeguarding children rather than relevant to adults at risk or experiencing abuse.	• Adult safeguarding procedures to be reviewed to ensure these contain links to relevant agencies • Safeguarding and failure to attend policies to be reviewed in relation to consideration of patient safety following failure to attend appointments.	The Private Dentistry (Wales) Regulations (2017) 14(1)(c),(d)&(e)	Due to an oversight, additional links to child services were included on the adult safeguarding flow chart, these have now been removed. It has been acknowledged that although we have 'Was Not Brought' flow charts for adults at risk, this is not referenced in our Adults Safeguarding policy. This will be implemented when the policy is due for review	Head of Clinical Compliance Chief Clinical Officer	Completed November 2026

5.	Risk assessments missing regarding the positioning of two X ray machines isolation switches and control units in corridor environments which patients may access unsupervised. Isolation switch keys were also not available to prevent the improper use of these X ray machines.	• Risk assessments to be completed by the RPA and any risk control plans identified to be implemented by the practice • All isolation switch keys are kept secure and used as required by risk control plans.	Ionising Radiation (Medical Exposure) Regulations (2017) Schedule 2(k)	Risk assessments were in the folder on the day of inspection. Further clarification was sought from our Radiation Protection Advisor and risk assessments reviewed and sent to the inspector to review for continuity. One of our units was without a key, this has been replaced and is in use.	Practice Manager Practice Manager	Completed Completed

6.	In general equipment seen was in date and/or suitably serviced. However, one packet of recently expired zinc oxide was found as well as scratches on phosphor plates for X ray machines which could compromise the quality of X-ray images.	• Processes for routine checking of all dental machinery and materials to be fully implemented to prevent further damaged or expired items being available for use. • Radiograph image quality to be monitored and phosphor plates to be replaced as required.	The Private Dentistry (Wales) Regulations (2017) 13(2)(a) Ionising Radiation (Medical Exposure) Regulations (2017) 12(3)(a)	Systems are in place for stock take every 6 months where dates are checked. Regular surgery checks are scheduled to be completed as part of weekly routines; these will be quality checked by an appointed member of staff. As part of our current quality checks, the image receptors are checked every 2 months for scratches and image quality. If any scratches are found this is compared to set criteria and logged with a code depending on the damage assessed. The films can still be used and be diagnostically acceptable until they fall under the removal criteria, at which point they are taken out of circulation and	Practice Manager Practice Manager	Completed Completed

				replaced.		
7.	We identified some omissions in patient records: • Basic Periodontal Examination score missing from two records • Patient language choice was only recorded in two patient records.	Registered manager to provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	The Private Dentistry (Wales) Regulations (2017) 20(1)(a)(i)&(ii)	One to one session with performers to be completed to discuss improvements required and SMART objectives devised to implement consistent recording of Basic Periodontal Examination scores and language preferences.	Clinical Advisor and Practice Manager	August 2026

8.	Referral numbers were not consistently logged within the patient record or a specific referral log.	The registered manager must ensure that referrals made within and from the practice are suitably documented.	The Private Dentistry (Wales) Regulations (2017) 20(1)(a)(i)&(ii)	Records were provided to the peer reviewer from the referral log to be reviewed alongside the patients record. The patients records that were checked on the day included the referral numbers that matched the log. All performers will be encouraged to continue to log our referrals and record the references in the patients notes.	Practice Manager	Completed

9.	Staff feedback indicated that not all staff would be satisfied for a relative or friend to receive treatment at the practice. One respondent to the HIW staff questionnaire indicated they had experienced discrimination within the workplace. Most staff questionnaire comments suggested that staff changing and break out facilities required improvement. There were also mixed opinions regarding whether staffing levels were adequate for staff to fulfil their jobs properly and the work-life balance provided by working at the practice.	Registered manager to consider this staff feedback and take steps to ensure that workplace culture and facilities promote quality care, equality and diversity and meet the needs of the team.	The Private Dentistry (Wales) Regulations (2017) 15	The company has released their annual 'Your Voice Survey' which encourages all staff to take part to provide feedback that can be reviewed and actioned as necessary. Our team is diverse, bringing together individuals from various cultural, social, and ethnic backgrounds. We endeavour to accommodate individual needs where reasonable. Further training opportunities will be explored for additional training for the team to enhance awareness and understanding of diversity and discrimination. There are plans already in place to extend areas of the practice to increase staff facilities.	Practice Manager Practice Manager Practice Manager	Completed August 2026 September 2026

10.	Only one respondent to the HIW staff questionnaire was able to confirm they had undergone an appraisal within the last 12 months.	Registered manager to ensure that appraisals are planned at appropriate timely intervals, that appraisal processes are transparent and fully engage staff and respond to the individual's training needs, including practice software and Duty of Candour as indicated.	The Private Dentistry (Wales) Regulations (2017) 17(4)	All eligible staff had attended an individual annual appraisal meeting. These occur every July in line with our deliverables calendar unless deemed necessary to be completed sooner. The process is not referred to as an appraisal, it is titled 'Performance Excellence'. All staff have taken part in Duty of Candour Training and certificates were available on the day. This will be reflected on in our next practice meeting	Practice Manager Practice Manager	Completed July 2026

11.	Some of the timescales for initial responses to patients we saw were not in line with NHS processes or practice policy.	Time for monitoring concerns and complaints to be regularly available so that all concerns and complaints received can be acknowledged within 5 working days.	Listening to People NHS Wales Complaints, Incidents, and Redress process (2026)	We have recently implemented new complaints policies and processes in line with the recently introduced Listening to People NHS Wales Complaints, Incidents, and Redress process and acknowledge the response time. The practice also has additional support from our central complaints team.	Practice Manager	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): Kirsty James

Job role: Practice Manager **Date: 09/07/2026**