Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Ruthin Dental Practice, Betsi Cadwaladr University Health Board

Inspection date: 30 July 2026

Publication date: 30 October 2026



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Digital ISBN 978-1-80853-547-5

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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 5

2. Summary of inspection 6

3. What we found 9

Quality of Patient Experience 9

Delivery of Safe and Effective Care 10

Quality of Management and Leadership 15

4. Next steps 18

Appendix A – Summary of concerns resolved during the inspection .. 19

Appendix B – Immediate improvement plan 20

Appendix C – Improvement plan 21



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 Ruthin Dental Practice, Betsi Cadwaladr University Health Board on 30 July 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. Only one questionnaire was completed by a patient and therefore will not be used. 11 were completed by staff. Feedback and some of the comments we received appear throughout the report.

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:

Overall, Ruthin Dental Practice demonstrated a person-centred approach and had suitable arrangements to support patients' dignity, privacy, communication and timely access to care. Staff were observed treating patients in a friendly, helpful and respectful manner, while consultation and surgery doors were kept closed to maintain privacy. Patients had access to treatment and pricing information, medical histories and treatment options were documented Protected emergency appointments were made available and clearly displayed out-of-hours arrangements supported access to urgent dental care. We observed patients and staff communicating in Welsh.

This is what the service did well:

- Staff were observed treating patients in a friendly, helpful and respectful manner
- Clear treatment information and timely access.

Delivery of Safe and Effective Care

Overall summary:

The practice had a broad range of systems in place to support safe, effective and efficient care. The premises were visibly clean, tidy and well maintained, with documented checks for fire safety, electrical installations and clinical equipment. Established arrangements were also in place for safeguarding, medical emergencies, infection prevention and control, decontamination, and the secure management of medicines and clinical waste. Staff had completed relevant safeguarding and basic life support training, while electronic systems supported the timely management and tracking of referrals. However, action was required to address a number of identified risks and governance shortcomings. These included the inappropriate storage and management of hazardous and flammable substances, which could pose risks to staff and patient safety if not adequately controlled. Improvements were also needed in relation to the management and disposal of amalgam-contaminated wastewater to ensure compliance with environmental and regulatory requirements. We found that not all relevant staff had completed training in the use of emergency oxygen, which could impact the practice's ability to respond effectively in a medical emergency. In addition, infection prevention and control arrangements relating to the processing of dental X-rays required strengthening to minimise the risk of cross-contamination. We also identified shortcomings in the completeness and consistency of patient records, meaning that clinical documentation did not always provide a full and accurate account of patient care, treatment planning, and decision-making. This is what we recommend the service can improve:

- Strengthen environmental and infection prevention controls
- Improve staff training, clinical governance and patient record completeness.

This is what the service did well:

- Up-to-date policies, accessible flowcharts and appropriately trained staff supported safeguarding arrangements
- The premises were clean, tidy and suitably equipped, with appropriate patient and staff facilities.

Quality of Management and Leadership

Overall summary:

The practice demonstrated clear leadership and effective governance, supported by a suitably recruited, registered and trained workforce. Regular team meetings, staff appraisals, routinely reviewed policies and a comprehensive audit programme promoted effective communication, professional development and continuous improvement.
Patient information was managed securely, and appropriate arrangements were in place to seek feedback and respond to concerns and complaints. However, further action was required to ensure that all staff undertake the Duty of Candour training to further support the complaints process.

This is what we recommend the service can improve:

- Staff must undertake Duty of Candour training.

This is what the service did well:

- Recruitment checks were comprehensive and there was good compliance with mandatory training

- Strong information governance and quality improvement arrangements.

3. What we found

Quality of Patient Experience

Person-Centred

Health promotion and patient information

Health promotion material was available in a dedicated patient information folder in the waiting area. This meant patients had access to information which could support them in caring for their own oral hygiene. Prices for products and treatments was also within the folder and was also available online within their practice website and on display in the reception and waiting area. We did note that the patient information folder was out of sight and could be better positioned to enable patients to review what was on offer.

We did not see any smoking cessation information displayed within the practice. However, our review of patient records indicated that smoking cessation advice was generally being discussed with patients who smoked, with this being recorded in three of the four applicable records reviewed. The practice may wish to consider making smoking cessation information and details of local support services available to patients to further reinforce advice provided during appointments.

Dignified and respectful care

The practice had suitable arrangements in place to protect patients' privacy. Although some surgeries were small, they were appropriately furnished, and consultation and surgery doors were kept closed to maintain confidentiality during private conversations and treatment.

We observed staff providing care in a dignified and respectful manner and communicating with patients in a friendly and helpful way.

The General Dental Council's nine principles of ethical standards were displayed in the treatment rooms and included in the patient information folder in the waiting area.

Individualised care

Our review of a sample of patient records confirmed that patients' medical histories were checked and documented.

The records we reviewed also showed that treatment plans and available options were documented. This provided assurance that patients received the information needed to make informed decisions about their treatment.

Timely

Timely care

Staff made every effort to provide dental care promptly. They described arrangements for keeping patients informed of any appointment delays. A minimum of two staff were always available at reception, which was located within the waiting area.

Each clinician had a protected emergency appointment at the end of every session, enabling the practice to respond promptly to urgent dental needs.

Out-of-hours contact numbers were available on the practice website and displayed throughout the premises. They were also clearly visible at the main entrance when the practice was closed.

Equitable

Communicating and language

Staff told us they would endeavour to provide information in each patient's preferred language and format.

Translation services could also be accessed when needed to support communication with patients whose first language was neither English nor Welsh. Some staff at the practice spoke Welsh, helping to meet the needs of Welsh-speaking patients. One staff member was wearing an 'Iaith Gwaith' badge, and the practice may wish to consider whether wider use of these badges by Welsh-speaking staff could further support the identification of Welsh speakers for patients.

The practice provided a range of patient information in both English and Welsh. This included a patient information leaflet containing all information required by the regulations, together with the practice's complaints policy.

Rights and equality

The practice had an equal opportunities policy in place, demonstrating its commitment to providing fair treatment and equal access to opportunities for all patients.

The building was generally accessible. Wheelchair users and patients with mobility needs could access the reception area, waiting area and an accessible toilet. Three surgeries were located on the ground floor one of which was suitable for wheelchair users.

Delivery of Safe and Effective Care

Safe

Risk management

The premises were visibly clean, tidy and free from clutter.

The practice had appropriate policies in place covering health and safety, the suitability and quality of its facilities, and the maintenance of equipment.

The arrangements for handling and storing materials governed by the Control of Substances Hazardous to Health (COSHH) could be improved upon as all hazardous and flammable liquids were stored freestanding on the floor in the decontamination room and not in a locked metal container as recommended.

The registered manager must ensure that all hazardous substances, including flammable liquids, are stored safely in accordance with documented, substance-specific risk assessments.

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

Documentation pertaining to fire safety was thoroughly reviewed, including records of fire drills and routine inspection and maintenance of fire safety equipment. All escape routes were clearly marked with exits available at both the front and rear of the premises. Fire extinguishers of various types were properly installed, clearly signposted, and had undergone regular inspections and servicing. We saw 'No Smoking' signs within the practice confirming that the practice adhered to the smoke free premises legislation.

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

The mixed-gender patient toilets were visibly clean, both upstairs and on the ground floor with suitable hand washing, drying facilities and a sanitary disposal unit. Staff had access to a separate toilet facility.

Infection prevention and control (IPC) and decontamination

Comprehensive arrangements were established to maintain a high standard of infection control. These measures encompassed well-defined policies and procedures, as well as a robust cleaning protocol. A senior staff member was appointed as the infection control lead, with responsibility for overseeing all clinical audits.

The practice maintained one dedicated room for the decontamination and sterilisation of dental instruments, in accordance with Welsh Health Technical Memorandum WHTM 01-05. Procedures relating to processing, decontamination, and sterilisation were found to be suitable and consistently understood by staff.

Equipment was subject to regular checks that were appropriately documented.

Procedures had been adapted to support the correct disposal of X-ray films from a previous inspection, infection prevention and control arrangements required improvement. We noted that X-ray plates were handled and transported without the use of gloves. As the disinfectant wipes used on the plates required a contact and drying time of five minutes to be effective against certain bacteria, this created a risk of environmental contamination and cross-infection.

The registered manager must ensure that appropriate personal protective equipment is used when handling potentially contaminated items and that arrangements for processing radiographs support effective infection prevention and control.

Medicines management

A review of medicines management arrangements confirmed that robust and secure protocols were established for the handling and storage of medications.

Appropriate procedures were followed regarding waste disposal. All clinical waste was securely stored, ensuring appropriate safety measures.

The practice continued to use dental amalgam; however, the waste outlets within the decontamination room were not fitted with amalgam filters or connected to a suitable amalgam separation system. As a result, wastewater generated during activities that could release amalgam particles may have entered the drainage system without appropriate filtration. This presented a risk that mercury-containing waste could be discharged into the environment and did not provide assurance that the practice's arrangements for managing amalgam waste were compliant with relevant requirements.

The registered manager must ensure that all wastewater pathways used for activities that may release dental amalgam particles are connected to a compliant amalgam separator and that all amalgam waste is collected and transferred to an authorised waste management undertaking.

We reviewed the practice's arrangements and equipment for managing medical emergencies. Emergency equipment and medicines were readily accessible and checked weekly.
We reviewed staff training records and saw that all staff had completed Basic Life Support (BLS) training, and one staff member had also completed Immediate Life Support (ILS) training.
Although staff had been taught how to use BOC oxygen during their BLS training, they

had not completed the BOC online oxygen training required under the Welsh Health Circular 2024.

The registered manager must ensure that all staff who may be required to operate the practice's emergency oxygen cylinders complete the appropriate BOC online training and are able to demonstrate competence in their safe use. This should be undertaken in accordance with Welsh Health Circular WHC/2024/036, and the actions set out in Patient Safety Notice 041.

We saw that first aid kits were available and regularly checked. and that two members of staff were trained first aiders.

Safeguarding of children and adults

Up-to-date safeguarding policies and procedures with quick-reference flowcharts were on display in the portal. Staff were aware of the Wales Safeguarding Procedures and had access to the mobile phone application.

Staff had up to date training in the safeguarding of both adults and children. One of the principal dentists was the safeguarding lead and had appropriate level three training. Additional members of the team were also trained up to level three, and all other staff were trained at level two.

Management of medical devices and equipment

Clinical equipment at the practice was found to be safe, well-maintained, and suitable for use. Servicing records for all equipment were appropriately documented.

The practice maintained a comprehensive radiation protection file, including an inventory of X-ray equipment, documented maintenance records, and established local rules. A review of staff training records confirmed that relevant staff are currently trained in accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

Effective

Effective care

The practice demonstrated effective systems for the acceptance, assessment, diagnosis, and treatment of patients. Staff described the procedures for acquiring and adhering to professional guidance and recommendations. Clinicians would benefit from engaging in peer review processes for their practice and are currently planning to undertake such practice. We were told of regular meetings and topics for future development.

We saw clear evidence that the practice invested in updating equipment to provide a high standard of care and noted the variety in specialities of clinical practice offered at the practice.

Patient records

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

Our review of ten patient records found that record-keeping was generally of an acceptable standard. Medical histories were being checked at each appointment and changes documented.
However, we noted that patients' language preferences were not being recorded. In addition, only one of the ten records reviewed showed that the patient had been placed on a recall interval in line with NICE guidance.

The registered manager must ensure that each patient's preferred language is clearly documented in their clinical record.

The registered manager must ensure that clinicians determine, document and regularly review an individualised recall interval for each patient, in accordance with NICE guidance.

Efficient

Efficient

There was effective use of electronic systems, such as instigating and tracking referrals online, which enabled an efficient service to be provided. Urgent clinical referral was usually done by the clinician directly by telephone to the relevant profession.

There was a well-established team that were seen to work well together, providing a high standard of care to their patients.

Quality of Management and Leadership

Staff Feedback –

Overall, feedback from the 11 staff survey respondents provided positive evidence of strong staff morale and effective leadership. It also highlighted a supportive learning culture, investment in workforce development, and a positive working environment that promotes teamwork and staff retention.

Staff comments included:

"On the whole great team."

"This is the best practice I have ever worked in. The team are positive and friendly and the management is excellent."

Leadership

Governance and leadership

Clear management arrangements were in place. The principal dentist owned the practice, and a registered manager oversaw its day-to-day management.

The leadership team demonstrated a commitment to delivering a high-quality service and a positive approach to continuous improvement.

Regular team meetings were held, and the minutes were circulated to keep all staff informed. Staff also received regular appraisals, providing opportunities to discuss career development and training needs.

A comprehensive range of policies and procedures was in place and reviewed regularly. Staff signed and dated each policy to confirm that they had read and understood it.

Workforce

Skilled and enabled workforce

Appropriate recruitment arrangements were in place, supported by policies and procedures setting out the recruitment process.
Employment checks included verification of prospective employees' identity, qualifications and vaccination status, together with appropriate Disclosure and Barring Service checks. The practice did not use agency or locum staff.

Our review of six staff records confirmed that staff were registered with the General Dental Council, held appropriate professional indemnity insurance and had received the required hepatitis B vaccinations. Compliance with mandatory training requirements was very good, supported by effective monitoring systems.

Staff had access to training and were encouraged to undertake continuing professional development.

Culture

People engagement, feedback and learning

Patient feedback was actively sought, encouraging patients to leave reviews online and on social media. A box was also provided within the waiting area for comments and feedback.

The registered manager was notified on receipt of feedback and would respond if appropriate.

There was a complaints procedure in place, and patients had access to such information within the practice patient information folder and online. Staff told us a copy of the procedure would also be provided on request. The procedure included contact details, appropriate timescales for responses and how to escalate the issue if required.

The complaints procedure included details of various external bodies that could assist with resolving complaints for their patients.

Staff told us that complaints were rarely received. We saw evidence of ongoing complaints and those which had been resolved, all of which had been met with suitable outcomes in a timely manner.

The practice had a Duty of Candour policy in place. However, staff had not completed the relevant online training and were unable to explain the associated requirements and procedures.

The registered manager must ensure that all staff complete role-appropriate Duty of Candour training to understand how to recognise, report and respond to incidents in accordance with relevant guidance.

Information

Information governance and digital technology

We found appropriate arrangements in place to support the secure management of patient information. Patient records were stored securely, with both paper and electronic systems in place to maintain confidentiality. All paper records were securely maintained, and electronic files were routinely backed up. A data protection policy was in place to support staff awareness of their responsibilities in relation to information governance.

Learning, improvement and research

Quality improvement activities

We saw evidence that the practice carried out a broad range of clinical and non-clinical audits, including healthcare waste, health and safety, radiology and infection prevention and control. These audits were subject to discussion at staff meetings and offered opportunities of shared outcomes.
The principal dentist and practice owner described several initiatives recently discussed at a senior clinicians' meeting. The practice planned to introduce these changes shortly.

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: **Ruthin Dental Practice**

Date of inspection: **30 July 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 non-compliance issues were identified during this inspection.

	Improvement needed	**Standard / Regulation**
1.		

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: **Ruthin Dental Practice**

Date of inspection: **30 July 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 that hazardous liquids and flammable materials were not stored appropriately	The registered manager must ensure that hazardous and flammable substances are stored safely in accordance with substance-specific COSHH risk assessments. Only minimum working quantities should be retained in clinical or decontamination areas, and flammable liquids must be kept in a suitable fire-resisting, spill-retaining metal cabinet when not in use, segregated from incompatible substances and sources of ignition.	Control of Substances Hazardous to Health Regulations 2002 Regulation 6 and 7	The products used and how they are stored are being reviewed. We aim to 1. Ensure that only minimum working quantities are kept in the clinical and decontamination areas. We will invest in a suitable storage solution for flammable liquids.	Practice manager	By end of October 2026

2.	We saw that soiled X-ray plates were being handled without gloves	The registered manager must ensure that staff follow an appropriate infection prevention and control procedure when handling and processing used intra-oral X-ray plates or film packets.	Private Dentistry (Wales) Regulations 2017 Regulation 13 WHTM 01-05: Decontamination in primary care dental practices and community dental services.	We will review this procedure and tighten current systems. Roll out training to the team.	Lead Nurse	By end of this week 18th September 2026
3.	The practice uses amalgam and therefore should have amalgam filters in the decontamination room.	The registered manager must ensure that all wastewater pathways used for procedures that may release dental amalgam particles are connected to an amalgam separator. The separator must be maintained in accordance with the manufacturer's instructions, and all amalgam waste must be collected and transferred to an authorised waste management undertaking.	Private Dentistry (Wales) Regulations 2017 Article 10 of the UK version of Regulation (EU) 2017/852 on mercury.	An amalgam filter has been fitted to the decontamination room sinks	Lead Nurse	Completed August 2026

4.	Although all staff had completed BLS training and we were told that oxygen administration was taught. Staff are required to undertake BOC Oxygen training online	The registered manager must ensure that all staff expected to use the emergency oxygen equipment receive appropriate, device-specific training and are able to demonstrate competence in its safe operation. Evidence of completed training and competency assessment must be maintained.	Welsh Health Circular WHC/2024/036	Oxygen cylinder training incorporated into the team training at a practice meeting	Practice Manager	Completed 19/8/2026
5.	Some patient records had incomplete documentation on preferred language.	The registered manager must ensure that action has been taken to address our findings.	The Private Dental Regulations (2017)	We have requested this information be included on our new set up with the Software provider.	Practice Manager	This goes live end of October 2026

6.	NICE guidance was not followed for recalling patients in the sample of patient records we reviewed	The registered manager must ensure that clinicians determine and record an individualised recall interval for each patient, based on an assessment of their oral-health needs and disease risk, in accordance with NICE Clinical Guideline CG19. The interval should be discussed with the patient and reviewed at each oral health review.	Private Dentistry (Wales) Regulations 2017	Planned further training with the dental team on clear and transparent recording of the recall at a practice meeting	Practice Manager	Planned 16/9/2026
7.	Despite all staff undertaking training in complaints, few staff had undertaken training in Duty of Candour.	The registered manager must ensure that staff receive role-appropriate training and information to enable them to recognise, report and respond appropriately to incidents that may engage the Duty of Candour. Evidence of staff understanding and completed training should be maintained.	Health and Social Care (Quality and Engagement) (Wales) Act 2020 and the Duty of Candour Procedure (Wales) Regulations 2023.	Team supported to carry out Duty of Candour training. Some members of the team had already done this training.	Practice manager	To aim to be completed by end of October

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): Joanna Kettle

Job role: Clinical Manager **Date:14/9/2026**