

General Dental Practice Inspection Report (Announced)

Quayside Orthodontics, Neyland,
Hywel Dda University Health Board

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Quayside Orthodontics, Neyland, Hywel Dda Health Board on 21 May 2025.

Our team for the inspection comprised of a HIW healthcare inspector and a dental 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 29 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:

We found patients were provided with dignified and respectful care throughout their patient journey. Effective communication systems allowed patients to communicate with clinicians in a way which suited them. However, we did find improvements were needed with regards to the Active Offer of the Welsh language at the practice.

We noted the rights and equal treatment of individuals were actively supported by the practice and patients received individualised care. Staff undertook specific training to protect the rights of patient, as well as the prevention of harassment.

This is what we recommend the service can improve:

- The registered manager should work with the health board to fully implement the Active Offer
- The registered manager must ensure language and communication needs of patients are recorded within patient notes.

This is what the service did well:

- Appointments were managed effectively to enable patients to be seen in a timely manner and at a time suitable to them
- The rights and equal treatment of individuals were actively supported by the practice.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and decorated to a good standard. Dental surgeries were clean, organised and fit for purpose. We saw a dedicated decontamination area with suitable systems in place for decontaminating re-useable dental instruments. All clinical equipment was found to be safe and well maintained. Clinical records were maintained to a suitable standard, however, we did identify areas for improvement regarding the details kept within the orthodontic records of patients.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. We saw routine checks were carried out on emergency equipment and all staff were trained in emergency resuscitation.

Clinicians were delivering services to meet the needs of their patients and they progressed through treatment pathways effectively.

This is what we recommend the service can improve:

- The registered manager must ensure soft tissue, intra and extra oral checks as well as oral cancer screening take place and are recorded in patient notes.

This is what the service did well:

- The practice was well-finished and kept in a good state of repair internally and externally
- Infection prevention and control procedures were comprehensive
- Safeguarding arrangements for the protection of vulnerable people were all suitable.

Quality of Management and Leadership

Overall summary:

The staff we spoke with were engaging, knowledgeable and supportive of one another. Clear management structures helped support the effective running of the practice, enabling safe care to be delivered to patients.

Staff told us they would know who to speak to, if they needed help or support and felt confident in their roles. Training was overseen by the practice manager, and we saw evidence of staff inductions as well as annual staff appraisals. All staff who responded to the HIW staff questionnaire said that they had a good work life balance.

Quality improvement activities were comprehensive and helped drive continuous improvement throughout the service. The practice maintained a relationship with other healthcare services locally.

This is what the service did well:

- We observed good staff working relationships and noted a positive working environment at the practice
- The system in place for the collection of, and response to, patient feedback was robust
- We found full compliance with all mandatory training requirements and the records of staff professional obligations were also fully complete.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW questionnaire were positive. All except one of the respondents agreed the service provided was ‘very good’. Patient comments included:

“They have helped me achieve the smile I have longed for, for years. Appreciated very much!”

“All staff are very friendly and are approachable when I need questions answered. They have fitted me in very quickly when needed. They have provided an excellent service through the whole brace journey”

“Friendly staff, very accommodating. Clean environment”

“Lovely staff who are always on hand to answer any questions. An A service provided throughout my treatment plan”*

“Very professional, helpful and friendly staff”

Person-centred

Health promotion and patient information

We saw a suitable amount of information and advice was available for patients regarding maintaining good oral health and paediatric dental health. The practice statement of purpose and patient information leaflet were both available for patients to review in English and Welsh. We observed the fees for NHS and private services clearly displayed in the patient waiting areas. The names and General Dental Council (GDC) numbers of practitioners were both on display. The opening hours and emergency contact details were clearly displayed on the front door.

All patients who responded to the HIW questionnaire agreed they were given clear aftercare instructions on how to maintain good oral health. All except one of the respondents stated their oral health was explained to them in a manner they could understand.

Dignified and respectful care

We found the practice provided patients with dignified and respectful care throughout their patient journey. Any patients wishing to have a confidential conversation with staff were taken to a spare surgery or an office behind reception to prevent their conversations being overheard.

All patients told us staff treated with them with dignity and respect. Overall, the written feedback we received was complimentary of staff and their treatment of patients.

The reception and waiting areas were joined together, and staff informed us they did not repeat confidential information over the telephone. All clinical rooms were fronted with frosted glass so patients could not be seen when being treated. Confidentiality agreements formed a part of staff contracts and all staff we spoke with understood their responsibilities with regards to the protection of patient information. We noted the nine principles prepared by the GDC were on display at reception.

Individualised care

All except one of the respondents to the HIW questionnaire stated they were given enough information to understand which treatment options were available, the costs and information on the risks and benefits. Most of the staff that responded to the HIW questionnaire (4/6) felt that patients were involved as much as they wanted to be in the decisions about their treatment.

Most patients (23/27) stated they were given information on how the setting would resolve any post-treatment concerns. Most patients (26/28) also agreed they were given suitable guidance on what to do in the event of an infection or emergency.

Timely

Timely care

A suitable appointment management process was in place to utilise the time of practitioners appropriately. Patients made appointments over the telephone or in person after their appointments. An online appointment booking system was available but not currently in use. Staff informed us that due to the type of orthodontic dentistry which took place at this practice that appointments rarely ran late. However, should an appointment extend beyond the scheduled time, clinicians called reception to inform patients of any delays. Patients would also be informed of delays upon their arrival and offered alternative appointments, where requested.

We saw an appropriate patient telephone triage system in place to ensure those most in need of urgent care were prioritised. Most emergencies were orthodontic

adjustments rather than infections, pain or swelling. We saw time scheduled in the diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen. Most of the patients responding to the HIW questionnaire (22/29) said they would know how to access out of hours dental care if they had an urgent dental problem.

Staff told us in general no patient waited longer than two weeks to be seen as a new patient. Existing patients would normally attend treatment appointments after six to eight weeks. Appointments were arranged in accordance with patient availability wherever possible. A system was in place for paediatric patients to receive appointments at a time which best suited their educational needs. Respondents to the HIW patient survey indicated they found it 'very easy' (22/29) or 'fairly easy' (5/29) to get an appointment when they needed one. Overall, the written feedback we received was positive, however, one patient said:

“As the Pembrokeshire branch is only open part-time we had struggled contacting and organising due to answering machine messages not being checked”

This matter was discussed with the practice following the inspection. We established the answer phone service is accessed daily and any patients are contacted on the same day as they are accessed by staff. In addition, in the event of an urgent matter, patients are encouraged to contact the telephone number for the sister practice in Carmarthen. On days where the Neyland practice is closed, all telephone calls are automatically transferred to the Carmarthen practice to be answered.

Equitable

Communication and language

We saw supportive arrangements in place to enable effective communication between clinicians and patients. Language line was used to communicate with patients when required, and online translation tools had been used recently with providing healthcare for Ukrainian refugees. Some patient information was available in different formats, with more specialised information provided upon request by patients. However, we did not see any evidence to indicate that the language preference of patients was being recorded within the sample of seven patient records we reviewed.

The registered manager must ensure language and communication needs of patients are recorded to help ensure they receive appropriate care.

We found evidence the practice promoted the use of the Welsh language with patients. This included staff wearing the 'Iaith Gwaith' badges to indicate their Welsh-speaking abilities to patients. We were informed the lead clinician was currently undertaking a Welsh language course. Some documentation practice was available in Welsh such as the statement of purpose and complaints procedure. However, the information visually displayed or actively available for Welsh speaking patients was limited.

The registered manager should work with the health board to fully implement the Active Offer.

Rights and equality

We saw evidence the rights and equal treatment of individuals were actively supported by the practice. We saw policies which outlined the practice approach to supporting the rights of patients and staff as well as a suitable zero tolerance to harassment policy. We noted in training records staff were encouraged to undertake specific training to protect the rights of patients, as well as the prevention of harassment or discrimination.

We noted risk assessments took place for staff operating display screens, and changes were made to the environment as a reasonable adjustment, where required. These included footrests being provided to those staff performing desk duties. Patients were actively supported with any additional needs while accessing the service, including a call bell for patients who required assistance when accessing the setting. All of the patients who responded to the HIW questionnaire said the building was accessible.

We found the rights of patients were further upheld by allowing patients to choose their preferred pronouns, names and gender on their records. All patients who responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice was well-finished and kept in a good state of repair internally and externally, enabling safe and effective care to be delivered for patients. All respondents to the HIW staff questionnaire said the environment was appropriate in ensuring patients receive the care they require. All respondents also said they had the appropriate facilities to carry out their roles.

The practice was set over one floor, with level access throughout and three appropriately sized surgeries. The waiting room had a reasonable amount of seating for the number of patients visiting the setting. We heard telephone lines in working order and saw suitable changing areas with lockers available for staff. We saw the toilets for staff and patients were clean and properly equipped.

We found the dental equipment in use by the practice was in good condition and in sufficient numbers to enable effective decontamination between uses. We saw single use items were used where necessary.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Recent risk assessments for fire safety and health and safety had been conducted and were comprehensive. We saw evidence of Portable Appliance Testing having recently taken place. All respondents to the HIW staff questionnaire said their practice encourages them to report near misses or incidents.

On review of the fire safety information and equipment, we found robust and comprehensive arrangements were in place. These included regular maintenance and testing of fire safety equipment, alongside clearly displayed fire safety and no smoking signs.

The practice Employer Liability Insurance certificate and Health and Safety Executive poster were both on display in the staff room.

Infection, prevention and control (IPC) and decontamination

We found appropriate Infection Prevention and Control (IPC) policies and procedures in place to maintain a good level of cleanliness and a safe working environment. Respondents to the HIW staff questionnaire said cleaning schedules were in place to promote regular and effective cleaning of the practice. We

observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination.

All respondents to the HIW staff questionnaire confirmed their organisation implemented an effective IPC policy. Respondents also told us the practice environment allowed for effective IPC and decontamination.

All patients who responded to the HIW questionnaire said the practice was either 'very clean' (28/29) or 'fairly clean' (1/29). All patients also confirmed IPC measures were taken by staff either all the time (26/27) or sometimes / partially (1/27).

Personal Protective Equipment (PPE) was routinely available for all staff, with hand hygiene procedures and signage all suitable. Occupational health services were available for all staff and appropriate risk assessments were in place to monitor the risk of harm from sharps injuries. All respondents to the HIW staff questionnaire confirmed they were aware of the occupational health support available to them. Respondents also said they were supplied with appropriate PPE. These arrangements enabled safe care to be delivered to patients while ensuring staff safety.

We saw suitable measures in place to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room. We reviewed appropriate records of daily autoclave machine cycle checks and a routine schedule of maintenance. Weekly cycle checks took place on the ultrasonic bath and daily checks on the autoclave. The training records we reviewed confirmed all staff had satisfactory training in place for the correct decontamination of equipment.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory. All practice waste was stored and disposed of correctly through a suitable waste disposal contract.

Medicines management

We noted no routine medicines were stored nor dispensed by this practice. However, the arrangements in place for the safe handling, storage, use and disposal of any emergency medicines were appropriate. The fridge designated for the storage of medicines was correctly managed, with temperature checks suitably logged.

We found comprehensive measures in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced satisfactory qualifications in cardiopulmonary resuscitation for all staff and there were a suitable number of

first aiders. On inspection of the emergency equipment, we found all items were present, easily accessible and within their expiry dates. We noted routine checks took place on all emergency equipment.

Oxygen cylinders were appropriately serviced and staff had been trained in their use.

Safeguarding of children and adults

The safeguarding procedures we reviewed were comprehensive and enabled the protection of children and adults. The procedures included contact details for local support service and identified a named safeguarding lead. The All-Wales Safeguarding Procedures were available for staff at the practice. Updates to procedures were communicated to the practice via the health board and any changes were communicated to staff via email or through team meetings.

Within the records we reviewed, we saw staff were suitably trained in the safeguarding of children and adults. The staff we spoke with demonstrated an understanding of the safeguarding procedures and said they would know how to raise a concern and would feel supported to do so.

Management of medical devices and equipment

We saw the medical devices and clinical equipment were in good condition and fit for purpose, which enabled safe care to be delivered to patients. Reusable dental equipment was used in manner which promoted safe and effective care. The staff we spoke with were confident in using the equipment and respondents to the staff questionnaire said they had adequate materials, supplies and equipment to do their work. Appropriate arrangements were in place for servicing and the prompt response to system failure for all equipment.

The practice radiation protection folder was available and broadly complete. However, the practice was moving from paper-based to digital system, with some sections having been left blank in the digital version. This was resolved rapidly by staff on the day of inspection but posed no immediate risk to patient safety.

Within patient records, clinicians indicated patients were suitably informed of the risks and benefits of radiation and we saw that radiation exposures were correctly captured within patient records. We noted the local rules were displayed in each surgery. The training records we inspected confirmed all staff had received suitable training for their roles.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance.

The clinical staff we spoke with demonstrated a clear understanding of their responsibilities in practice whilst being aware of when to seek relevant professional advice, where necessary.

We found suitable processes in place to record patient understanding and consent to procedures.

Patient records

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

Overall, the records we reviewed formed a complete record of the orthodontic treatments provided to patients. However, we noted soft tissue, intra and extra oral examinations were not routinely being recorded. In addition, we did not see oral cancer screening being recorded. While it is acknowledged all patients progressing through this practice were referred from their own dentists where these checks may well take place, it is important these are included into clinician checks and recorded appropriately.

The registered manager must ensure soft tissue, intra and extra oral checks as well as oral cancer screening take place and are recorded.

Respondents to the HIW patient questionnaire confirmed their medical history was checked prior to any treatment taking place.

Efficient

Efficient

We found clinicians were delivering a satisfactory service for the needs of their patients in a suitable premises. Patients progressed through internal treatment pathways efficiently and when being referred-in were dealt with efficiently. We saw how these appointments were utilised effectively by an appropriate skill mix and a robust appointment and triage process.

Quality of Management and Leadership

Staff feedback

Overall, responses to the HIW staff questionnaire were positive. All staff said they would recommend the setting as a good place to work and would be happy with the standard of care provided if friends or relatives needed dental care at the practice.

Leadership

Governance and leadership

We found a clear management structure in place to support the effective running of the practice. The practice manager explained they felt supported to undertake their leadership role effectively. Staff meetings were held every month and attended by all staff. On review of staff meeting minutes, we noted suitable discussions around staffing matters, IPC and health and safety.

The staff we spoke with were knowledgeable and supportive of one another. Staff told us they had confidence in managers and would know who to speak to if they needed help or support.

We saw the practice statement of purpose was up to date and available for patients. A recent copy had not been issued to HIW; however, this was actioned by the practice on the day of inspection. A suitable online compliance tool was used to identify, record and manage the risks, issues and mitigating actions.

Workforce

Skilled and enabled workforce

We observed good staff working relationships and noted a positive working environment at the practice. We heard how staff routinely undertake team building activities and collaborate with their partner practice in Carmarthen. The activities we heard help build a stronger team and in-turn passing on the benefits of stronger team working to patients. Respondents to the HIW staff questionnaire all said the practice takes positive action on health and well-being and their current working pattern allows for good work life balance.

We found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time. Comprehensive and supportive arrangements were also in place for the continuous professional development of all staff. These arrangements included time off given to staff to undertake training and funding

available where staff were to attend training or conferences relevant to their roles. All staff who responded to the HIW questionnaire told us they had appropriate training to undertake their role.

We reviewed a total of 5 out of 11 staff records and found full compliance with all mandatory training requirements. We also saw examples of good practice, with individual staff members completing relevant additional training above the mandatory expectations. A suitable system was in place to monitor compliance with staff training and enable staff to remain trained to an appropriate level for their roles.

The staff we spoke with during the inspection explained they would know what to do and who to speak to in the event of a concern over service delivery, treatment or management. A whistleblowing policy was in place to provide guidance on how staff can raise concerns.

Suitable arrangements were in place to monitor and maintain the professional obligations of those staff working at the practice from the commencement of their employment. All the staff records we reviewed were fully complete, including up to date GDC registrations, Disclosure and Barring Service enhanced checks and comprehensive pre-employment reference checks. Staff inductions were overseen by managers through an appropriate recruitment policy and a detailed induction checklist in a supportive manner for new staff members. We saw evidence that all appraisals took place annually for staff who had been in post for over a year.

Culture

People engagement, feedback and learning

A suitable system for the collection and review of patient feedback was in place. We saw a suggestion box in the waiting area and patients were also sent customer service reviews to complete mid-way through their orthodontics treatment journey. Feedback was reviewed routinely by the practice manager and discussed at practice meetings. Responses to feedback were publicised within the reception area on a 'you said, we did' board. We were advised that annual patient surveys were also conducted.

The complaints policy for the practice was aligned with NHS Putting Things Right and was on display in the patient waiting area. The complaints procedure for patients provided a named point of contact when submitting a complaint. Any verbal complaints were logged and communicated to the complaints point of contact in a timely manner for resolution. The means of escalating a complaint were outlined within the patient complaint leaflet, including contact details for HIW and the patient advocacy service, Llais.

The staff we spoke with demonstrated a clear understanding of their professional responsibilities regarding complaints and the NHS Duty of Candour. Whilst there were no records of any recent complaints nor Duty of Candour incidents, we were assured the processes in place were robust.

The respondents to the HIW staff questionnaire demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. Respondents said they knew and understood their role as part of the Duty of Candour and the organisation encouraged them to share with patients when something had gone wrong.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement, with all mandatory improvement activities being regularly undertaken. These included routine and comprehensive audits on patient records, antimicrobial prescribing, healthcare waste as well as infection prevention and control audits. The practice were British Dental Association 'Expert' members and completed routine quality improvement activity through this membership to drive continuous improvements. The practice also audited other non-mandatory areas, such as patient wait times, to enable shared learning and improve the delivery of safe and effective care to patients.

Whole-systems approach

Partnership working and development

Staff explained how they maintained good working relationships with their local health board and other primary care services, including the local GP. We saw an appropriate process in place to follow up on any referrals made to other service providers.

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: Quayside Orthodontics, Neyland

Date of inspection: 21 May 2025

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

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

Appendix C - Improvement plan

Service: Quayside Orthodontics, Neyland

Date of inspection: 21 May 2025

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 did not see any evidence to indicate that the language preference of patients was being recorded within the sample of seven patient records we reviewed.	The registered manager must ensure language and communication needs of patients are recorded to help ensure they receive appropriate care.	Section 13 (1) (a), Private Dentistry (Wales) Regulations 2017	All patients will be asked at their first appointment whether they would prefer to converse in Welsh or English and this will be recorded in their notes.	Dr Rebecca Davies	Immediate
2. Some documentation practice was available in Welsh such as the statement of purpose and complaints procedure. However, the information visually displayed or	The registered manager should work with the health board to fully implement the Active Offer.	Section 13 (1) (a), Private Dentistry (Wales) Regulations 2017	More of our documents will be translated into Welsh .	Dr Rebecca Davies	3 months.

	actively available for Welsh speaking patients was limited.					
3.	We noted soft tissue, intra and extra oral examinations were not routinely being recorded in patient notes. In addition, we did not see oral cancer screening being recorded.	The registered manager must ensure soft tissue, intra and extra oral checks as well as oral cancer screening take place and are recorded.	Section 20 (1), Private Dentistry (Wales) Regulations 2017	We have had a meeting with all clinical staff and have now set up a pre-formed note in the clinical records to prompt the Orthodontists to record the findings of the soft tissue examination and oral cancer screening at the consultation appointment.	Dr Rebecca Davies	Already actioned.

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): Dr Rebecca Davies

Job role: Practice Manager/Dentist

Date: 03/07/2025