Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

North Cardiff Orthodontic Centre, Cardiff and Vale 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.

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 North Cardiff Orthodontic Centre (NCOC), Cardiff and Vale University Health Board on 15 July 2025.

North Cardiff Orthodontic Centre (NCOC) comprises three distinct parts. *Crocodile Dental* serves as the paediatric arm of the practice, while *Embrace* caters to adult private patients. The NHS services are provided under the NCOC banner, representing the NHS side of the practice. This inspection reviewed all areas of the practice.

Our team for the inspection comprised of two HIW healthcare inspectors and an orthodontal 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 10 questionnaires were completed by patients or their carers and nine 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:
Staff at NCOC were committed to providing a positive experience for patients. We found that staff were friendly and polite and treated patients with dignity and respect. However, we saw occasions where doors to surgeries were left open during treatments which did not protect the privacy and dignity of patients.

An appropriate range of information was provided to patients about the service and treatments provided. However, private fees were not displayed. Appointments were primarily arranged through referrals from dental practices, although patients also had the option to book directly by phone or in person at the reception desk

All the patients who completed a HIW questionnaire rated the service provided by the dental practice as either 'very good' or 'good'. All respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one.

This is what we recommend the service can improve:

- Ensure doors are closed during patient treatments
- Display all fees clearly where patients can view them.

This is what the service did well:

- Dignified and respectful care
- An appropriate range of patient information provided
- Patients found it easy to make appointments.

Delivery of Safe and Effective Care

Overall summary:
Suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice. The practice was well maintained and organised. Dental surgeries were well equipped and fit for purpose. All areas were clean and free from any visible hazards.

Staff followed clear infection prevention and control procedures to ensure dental instruments were decontaminated and sterilised. There were robust procedures in place for the safe use of medicines and clinical equipment. There were good arrangements in place to ensure that X-ray equipment was used appropriately and safely.

Appropriate safeguarding policies and procedures were in place with a safeguarding lead appointed. All staff had completed up-to-date safeguarding training.

The patient records we reviewed were clear, legible and generally of good quality. However, some areas of improvement were identified including ensuring records included wire sequence, cancer screening and Basic Periodontal Examination (BPE).

This is what we recommend the service can improve:

- Include wire sequence, cancer screening and BPE examinations in patient notes.

This is what the service did well:

- Suitable health and safety arrangements in place
- Appropriate infection prevention and control processes were in place
- Robust safeguarding procedures were in place.

Quality of Management and Leadership

Overall summary:
We saw a clear commitment to providing a high standard of service to patients. The day-to-day management of the practice was the responsibility of the registered manager, who we found to be very committed and dedicated to the role and the practice.

There was a good approach to quality improvement, with routine and comprehensive audits on patient records, radiographs, prescribing and healthcare waste being regularly undertaken.

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

This is what the service did well:

- Committed and dedicated registered manager
- Well maintained staff records
- Evidence of up-to-date staff training.

3. What we found

Quality of Patient Experience

Patient feedback

Respondents who completed a HIW questionnaire provided positive feedback about their experiences at the practice. All respondents rated the service provided by the practice as either 'very good' or 'good'.

Patient comments included:

> *"People are very friendly."*
>
> *"Was made to feel really welcome and any questions I had were answered and was never made to feel stupid."*
>
> *"Amazing team, very helpful and caring."*
>
> *"Friendly staff."*

Person-centred

Health promotion and patient information

We saw a good range of leaflets and posters on display in the waiting areas. These informed patients about the services and treatments provided, how to maintain good oral health and dental hygiene and NHS treatment fees. However, private treatment fees were not clearly displayed and were located behind the reception desk, limiting visibility for patients.

The registered manager must clearly display all fees in the patient area where they can easily be seen.

All patients agreed that there was enough information given to understand the treatment options available and said they were given enough information to understand the risks/benefits associated with those treatment options.

Dignified and respectful care

During the inspection we saw staff treating patients with kindness and respect and it was clear that staff had formed good relationships with their patients. All 10 respondents agreed they were treated with dignity and respect.

The practice had systems in place to safeguard patient privacy, including designated private areas for confidential discussions. However, we observed that surgery doors were occasionally left open during treatments. Staff informed us that patients are offered the choice to have the door closed or not. We recommended that doors remain closed during treatment to protect patient privacy unless a patient specifically requests otherwise.

The registered manager must ensure that surgery doors are closed during treatments.

We saw that the nine core principles established by the GDC were on display in both the downstairs and upstairs waiting rooms.

Individualised care

All respondents who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available and the risks and benefits associated with those treatment options. All respondents agreed that the costs were made clear to them prior to commencing treatment.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment and confirmed that their medical history was checked before receiving treatment.

Timely

Timely care

All respondents said it was 'very easy' (7/10) or 'fairly easy' (3/10) to get an appointment when they need one. We were told that patients are informed of any delays in appointment times on arrival.

All but one respondent felt they received adequate guidance on what to do and who to contact in the event of an infection / emergency (9/10).

Equitable

Communication and language

Over half of respondents said they would know how to access the out of hours dental service if they had an urgent dental problem (6/10).

There were three staff members who could speak fluent Welsh who were identified by wearing the 'Iaith Gwaith' badge. However, we did not see any evidence to indicate that the language preference of patients was being recorded within the sample of patient records we reviewed.

The registered manager must ensure that patients' language preferences are recorded to support effective communication and meet their individual needs.

Rights and equality

The practice operates across three floors and features two distinct entrances: one designated for NHS patients and the other for private patients. There was a lift to accommodate patients with mobility issues and a ramp to assist wheelchair users to access the building. The NHS reception is located on the ground floor, which is bright, spacious, and well-furnished with ample seating. The Registered Manager's office is situated directly behind the reception area. Multiple patient toilets are available throughout the premises, including facilities that are accessible for individuals with disabilities.

Delivery of Safe and Effective Care

Safe

Risk management
Suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice. The building appeared to be well maintained internally and externally. We saw that all areas were clean, tidy and free from obvious hazards.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment in place. Escape routes were clearly signposted, and we saw evidence of fire drills having taken place. Fire extinguishers were mounted and indicated appropriately with evidence of regular servicing and maintenance. 'No smoking' signs were clearly displayed.

We saw evidence of up-to-date Portable Appliance Testing (PAT), five-yearly electrical installation inspection and annual gas safety checks. An approved health and safety poster was clearly displayed for staff to see, and we confirmed that employer's and public liability insurance was in place. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

There was a business continuity policy in place with procedures to be followed should it not be possible to provide the full range of services due to an emergency event or system failure. This included contact details for the designated emergency response team and a list of emergency contact numbers for contractors.

There was appropriate emergency equipment in place which was stored and checked correctly.

Infection, prevention and control (IPC) and decontamination
Arrangements were in place to ensure a good standard of infection control. These included appropriate infection control policies and having a designated infection control lead. Each surgery had a cleaning checklist, and we saw that these had been regularly completed. All respondents who completed the HIW felt the setting was 'very clean' and that infection and prevention control measures were evident.

Suitable handwashing and drying facilities were available in each surgery and in the patient toilet. Personal protective equipment (PPE) was readily available for staff to use.

There was a designated decontamination room located away from the clinical facilities. A suitable system was in place to transport used instruments from surgeries to the decontamination room. Arrangements were described and demonstrated for the effective cleaning and decontamination of reusable dental instruments. We saw logbooks had been completed to show appropriate checks of the decontamination equipment had been performed.

We saw clinical waste produced by the practice was stored securely while waiting to be collected for disposal. We also saw a current contract was in place to safely transfer waste from the practice.

We confirmed staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

Medicines management
There was a medicines management policy in place which outlined the procedures for the safe use, storage and disposal of medication. However, during our inspection, we noted that the thermometer in the medication storage fridge was broken.

The Registered Manager is required to replace the thermometer to ensure safe and compliant storage of temperature-sensitive medications.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory with equipment and emergency drugs being in-date and regular checks carried out. We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and first aid.

Safeguarding of children and adults
The practice had an appointed dedicated safeguarding lead. We saw a suitable policy was in place in relation to safeguarding which contained the contact details for the local safeguarding team. We noted that the safeguarding contact details were also displayed in the staff room for easy access in the event of a concern.

Management of medical devices and equipment

We found the dental surgeries were suitably equipped to provide safe and effective dental treatment. Equipment appeared in good condition and fit for purpose.

The practice had a radiation protection file as required by the regulations. 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 easily locatable in each surgery. The training records we inspected confirmed all staff had received suitable training for their roles.

We reviewed documentation about the use of X-ray equipment and found appropriate procedures and maintenance records to be in place.

Effective

Effective care

We found the practice had safe arrangements for the treatment of patients and we were assured that regulatory and statutory guidance was being followed when treatment was provided. Staff were clear regarding their work roles and responsibilities.

Patient records

We saw a suitable system was in place to help ensure patient records were safely managed and stored securely on a software package for digital records. However, during the inspection, we identified several unlocked filing cabinets containing historic patient records awaiting transfer to the new digital system. This presented a risk of unauthorised access to confidential information. The issue was immediately escalated to the Registered Manager, who took prompt action to secure the cabinets. The matter was resolved during our visit. Further information is provided in Appendix A.

We reviewed a sample of 10 patient records. The records were clear, legible and generally of good quality. All records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records demonstrated that care was being planned and delivered to ensure patient safety and wellbeing. However, we identified some areas of improvement which include:

- Utilise the features of the Orthobridge software treatment plan and consent functions
- Wire sequence needs to be added to records

- Cancer screening and Basic Periodontal Examination (BPE) checks need to be added to records.

The registered manager must ensure that records include wire sequence, cancer screening and Basic Periodontal Examination (BPE).

Efficient

Efficient
The number of dental surgeries and clinical sessions provided by the dentists appeared to meet the needs of its patients. A hygienist was available at the practice to provide routine preventative care and enhance patient care.
Staff told us that emergency appointments were included in the daily schedule and patients requiring urgent care were prioritised and accommodated where possible the same day.

Quality of Management and Leadership

Staff feedback

We spoke with staff during inspection and obtained their feedback through online questionnaires, which generated nine responses. Responses were generally positive, with most saying they were satisfied with the quality of care and support they give to patients. All respondents reported they would recommend their organisation as a place to work.

Staff comments included:

> *"Best practice I have ever worked in in all aspects. I work hard but am also well looked after by the practice manager and the rest of the team so it's worth it."*

Leadership

Governance and leadership
We saw a clear commitment to providing a high standard of service to patients. We saw staff working well together as a team.

A clear management structure was in place to support the effective operation of the practice. The practice manager was supported by the directors and the wider administrative team. Monthly staff meetings were held and attended by all team members. We were shown minutes from these meetings, which are circulated to staff via email.

We found a comprehensive range of policies and procedures in place which were reviewed regularly. Staff signed and dated policies to show that they had read and understood them.

Workforce

Skilled and enabled workforce
There were six orthodontists employed at the practice with four of them working on the day of the inspection. Twelve nurses were employed at the practice including two trainees.

Appropriate arrangements were in place for employing staff. We saw policies and procedures detailing the recruitment process which included suitable fitness to work checks made on prospective employees. These checks included proof of

identity, the right to work, qualifications and vaccinations and use of the Disclosure and Barring Service (DBS).

Staff files contained job descriptions, employment contracts and written references for the employees. We were told that the practice does not use agency staff. Any shortfalls in the rota are covered by staff from nearby branch practices.

All clinical staff had attended training on a range of topics relevant to their roles to meet their Continuing Professional Development (CPD) requirements. We were told that all staff receive an annual appraisal to discuss their performance and set objectives.

Culture

People engagement, feedback and learning
Patient feedback was actively sought. Patients can provide feedback via Google reviews. A suggestion box was available on the ground floor waiting area for patients to provide immediate feedback. We were told that feedback results are collated and reviewed for any identifying actions or themes.

There was a comprehensive complaints procedure in place which was readily available to patients. The procedure included appropriate timescales for response and how to escalate the issue if required.

Both verbal and written complaints were logged electronically and included full details and any actions taken. Complaints were regularly reviewed to identify trends or lessons learnt. We were informed that most complaints originate from the NHS side of the service and commonly relate to waiting times.

We were told that staff are required to complete mandatory training to understand their professional responsibilities under the Duty of Candour.

Information

Information governance and digital technology
The practice used electronic systems to manage patient records, policies and procedures, and staff training records. We saw appropriate policies in place that set out the arrangements for safely handling patient information.

Learning, improvement and research

Quality improvement activities

All incidents are reported to the registered manager, who ensures they are appropriately documented and reviewed. Opportunities for learning are identified and shared with the wider team to support continuous improvement. The registered manager advised that, depending on the severity of the incident, they would report it under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and notify Healthcare Inspectorate Wales (HIW) as required.

We reviewed evidence of clinical audits carried out by the practice, which included areas such as infection control, appropriate use of personal protective equipment (PPE), and hand hygiene compliance. An audit policy was in place to support and guide the implementation of clinical audits across the practice.

We were informed that the practice is actively involved in research focused on the development of twin blocks. As part of this work, representatives from the practice are scheduled to present their findings at a conference in Rio later this year.

Whole-systems approach

Partnership working and development
The practice engages directly with dental practitioners who refer into the service.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
During our inspection we found several unlocked filing cabinets containing historic notes that were awaiting scanning onto the new digital system.	There was a risk that confidential patient information was accessible to unauthorised staff or visitors.	We escalated this immediately to the registered manager.	The registered manager ensured the cabinets were locked and the key stored securely.

Appendix B – Immediate improvement plan

Service: North Cardiff Orthodontal Centre

Date of inspection: 15 July 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
No immediate improvements were identified on this inspection.					

Appendix C - Improvement plan

Service: North Cardiff Orthodontal Centre

Date of inspection: 15 July 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.	During our inspection, we noted that the thermometer in the medication storage fridge was broken.	The Registered Manager is required to replace the thermometer to ensure safe and compliant storage of temperature-sensitive medications.	Medicines management	Thermometer was replaced day after inspection.	Jaime Page	Actioned and completed 17/07/2025
2.	During our records review we identified areas that need to be included in the patient notes.	The registered manager must ensure that records include wire sequence, cancer screening and Basic Periodontal Examination (BPE).	Patient records	Feedback meeting was held to confirm and inform all clinicians to records to include wire	Jaime Page	Actioned and completed 15/09/2025

				sequence, predefined cancer and BPE		
3.	During our inspection we found several instances where doors to surgeries were left open during treatment.	The registered manager must ensure that doors are closed during treatments.	Dignified and respectful care	Feedback meeting with all team members was held to confirm all doors must be closed during treatments	Jaime Page	Actioned and completed 16/07/2025
4.	We did not see any evidence to indicate that the language preference of patients was being recorded within the sample of patient records we reviewed.	The registered manager must ensure that patients' language preferences are recorded to support effective communication and meet their individual needs.	Communication and language	Feedback meeting with all team members held to confirm language preference is recorded for patients and pre defined codes added to software system	Jaime Page	Actioned and completed 15/09/2025

5.	Private treatment fees were not clearly displayed and were located behind the reception desk, limiting visibility for patients.	The registered manager must clearly display all fees in the patient area where they can easily be seen.	Health Promotion and Patient Information	Private treatment fees have been displayed on private patient notice board	Jaime Page	Actioned and completed 15/09/2025

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

Service representative

Name (print): Jaime Page

Job role: Business and Practice Manager

Date: 15/09/2025