

General Dental Practice Inspection Report (Announced)

The Bay Orthodontics Dental
Practice, Betsi Cadwaladr University
Health Board

Inspection date: 14 January 2026

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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 the Bay Orthodontics Dental Practice, Betsi Cadwaladr University Health Board on 14 January 2026.

Our team for the inspection comprised of a HIW healthcare inspector and an orthodontist 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 24 questionnaires were completed by patients or their carers, and 5 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 that the staff at The Bay Orthodontics were committed to providing a positive experience for their patients. The premises provided a pleasant environment to receive treatment.

We observed staff treating patients in a polite, friendly and professional manner. A good range of information was provided to patients about the service and treatments provided.

Appropriate measures were in place to ensure patients were able to easily access both routine and emergency care.

This is what we recommend the service can improve:

- Implement the 'Active Offer' of Welsh.

This is what the service did well:

- Useful information made clearly available to patients
- Adjustments made to accommodate disabled patients
- Friendly and approachable staff.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and organised. Treatment rooms were clean, well equipped and fit for purpose.

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

Patient records were of a generally high standard, with thorough and consistent recording of most clinical information.

This is what we recommend the service can improve:

- Repair or replace damaged work surfaces in the decontamination room
- We advised that additional notes be included to record oral cancer screening and Basic Periodontal Examination (BPE) score.

This is what the service did well:

- Clinical equipment was safe and maintained appropriately
- Robust measures were in place to ensure high standards of infection control
- Policies and procedures were in place to support safe and effective care.

Quality of Management and Leadership

Overall summary:

We found that the practice had good leadership and clear lines of accountability. The principal orthodontist was the practice owner, and an effective practice manager demonstrated commitment to providing a high standard of care.

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 performance management.

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

The practice made good use of electronic systems to support the management and improvement of the service.

This is what the service did well:

- Effective management of the practice
- Robust systems and records for the recruitment and employment of staff
- Established team of staff that worked well together.

3. What we found

Quality of Patient Experience

Patient feedback

Nearly half of the respondents to the HIW questionnaire were aged 19 or younger, which was in line with the typical patient cohort of an orthodontic practice. Patient responses were generally positive, and all but one of the respondents rated the service as ‘very good’ or ‘good’.

The majority of respondents strongly agreed or agreed that they received sufficient information on treatment options, risks, benefits, costs, and that their medical history was checked before treatment. Staff were generally rated highly for respect, communication, and explanations.

Patient comments included:

“We were seen very quickly, staff and dentist very friendly and kept us fully informed of our treatment process, very impressed.”

“Staff friendly. Fab ortho therapist. Great with children. Reception clean and tidy.”

Person-centred

Health promotion and patient information

A folder was available in the waiting area, which included a wide range of useful information for patients. This included a patient information leaflet and the Statement of Purpose for the practice. We noted that the patient information leaflet and the Statement of Purpose were not on the practice website.

The registered manager must ensure that the patient information leaflet and Statement of Purpose are made available on the practice website.

The folder also included information to promote patient health, including leaflets about oral hygiene, identifying oral cancer and healthy eating. We reviewed a sample of patient records and noted that discussions about oral health and diet during treatment were routinely recorded.

Information about staff was provided in the folder, including names, roles and General Dental Council (GDC) registration numbers. In addition, pictures and biographies were provided for the three orthodontist specialists. Staff wore name badges that included their GDC registration number.

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

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

Dignified and respectful care

Surgery doors were kept closed during treatments and external windows in clinical areas were fitted with obscured glass and blinds to promote patient privacy.

One of the treatment rooms had two dental chairs separated by a partition. This was arranged such that each chair was out of view when entering or exiting the room. Staff told us that any patients with concerns about privacy arising from the room layout were accommodated in a different treatment room. We advised that as part of any future refurbishment the practice should consider patient privacy and if this could be improved by having individual treatment rooms.

The front door was kept locked to restrict access to the practice with patients using the doorbell and being granted access by reception staff. We observed staff greeting patients in a friendly and professional manner.

Music was played in the waiting area to promote patient privacy. If a patient requested a confidential discussion, a dedicated consulting room or the practice manager's office could be used.

Treatment prices were made clearly available to patients on posters in the reception area and in the patient information folder. An up-to-date certificate of Employer's Liability Insurance was available.

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

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

Individualised care

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

All but two of respondents to the HIW questionnaire said that staff gave them enough information to understand which treatment options were available and all but one agreed they were given enough information about the risks and benefits of the options.

Timely

Timely care

The practice opening hours were clearly displayed outside the practice, in the patient information folder and on the practice website. The opening hours provided good availability of appointments outside normal office hours.

We were told that reception staff would verbally update patients if there was any delay to their appointment and offer to re-book if necessary.

Staff told us that time to accommodate emergency appointments was built into the daily schedule and that emergency appointments were prioritised based on patient symptoms and clinical need. Patients were clearly directed to contact NHS 111 if advice was needed outside of the practice opening hours. A cancellation list was used to ensure appointments were used effectively.

NHS patients being referred for orthodontic treatment were prioritised by their Index of Treatment Need (IOTN) score.

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

However, one respondent commented:

"Initially appointments were provided in advance but over the last three to six months this has been an issue. Then when we are being contacted there are limited appointments meaning my daughter is going 13 weeks before being seen as opposed to 8 weeks which is now significantly delaying how long she has her braces on."

The registered manager should reflect on this feedback and make any necessary changes to scheduling or capacity to ensure patients are seen at appropriate intervals and that treatment is not prolonged.

Equitable

Communication and language

We were told that three members of staff could speak Welsh with patients if that was preferred. The practice had a well-established team and good knowledge of their patients and communication requirements. We saw that patient language preference was noted in their records.

We saw a range of patient information provided in both English and Welsh.

Staff had limited awareness of the 'Active Offer', and we advised they seek support from the local health board on how best to implement the scheme to help fully meet the needs of their patients.

The registered manager should seek advice and support from the local health board to implement the 'Active Offer' of Welsh.

Staff had access to translation services if required, where an interpreter could be accessed over the telephone or in-person.

Rights and equality

The practice had an Equality and Diversity and Accessible Information Standards policy in place, which included references to relevant legislation and protected characteristics. A privacy policy was in place and staff signed confidentiality agreements as part of their contracts.

The practice offered a chaperone service to patients if required.

A disability access audit had been undertaken and provision had been made to accommodate wheelchair users and patients with mobility difficulties.

Patients with specific accessibility needs had this noted in their records. A portable ramp was used to enable wheelchair users to access to the premises. The reception desk had a lowered section for wheelchair users and was fitted with a hearing loop for patients with hearing difficulties.

The patient toilet was on the ground floor and accessible for disabled patients, fitted with grab handles and an emergency alarm cord.

The reception area, waiting area and two treatment rooms were on the ground floor with level access. All chairs in the waiting room had arms to aid patients with mobility difficulties in standing up.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice to be visibly clean, tidy and free from obvious hazards.

We noted that the premises required some attention to issues relating to the age of the building. There were cracks to some walls and evidence of water ingress to the rear of the building. Repair work was evidently being carried out, with scaffolding in place to the rear of the building at the time of inspection.

The practice manager explained that work was ongoing to purchase the building from the current owner, with the aim of then implementing a programme of repair and refurbishment.

There were comprehensive policies in place for 'health and safety' and 'quality and suitability of facilities and equipment, including maintenance' and these were supported by various risk assessments. An up-to-date health and safety risk assessment was in place which identified hazards, people at risk, control measures, any actions required and progress on these actions.

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

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

We reviewed documents relating to fire safety and saw records of fire drills and regular checks and servicing of fire safety equipment. Escape routes were clearly signposted with exits to both the front and rear of the building. Fire extinguishers of various types were appropriately mounted and signposted and had been checked and serviced regularly.

A comprehensive fire risk assessment was in place, with an action plan showing risk ratings and progress on addressing the issues.

The practice had a thorough and up-to-date business plan and disaster recovery strategy policy, which included contact details and emergency phone numbers.

Staff had access to a lockable room for changing and secure storage for personal items.

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

Infection, prevention and control (IPC) and decontamination

There were suitable arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures and an effective cleaning regime. There was a member of staff designated as the infection control lead.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. We found that the procedures for processing, decontamination and sterilisation were appropriate and well understood by staff. Appropriate checks on equipment were being carried out and recorded. We noted that work surfaces in the decontamination room were damaged in places making effective cleaning more difficult. Some items in the decontamination room were stored on open shelving rather than in cupboards, which would be considered better practice.

The registered manager must ensure that work surfaces in the decontamination are repaired or replaced to enable effective cleaning and infection control.

All respondents to the HIW questionnaire felt that the practice was very clean and that infection prevention and control measures were evident.

Medicines management

We reviewed the arrangements for medicines management and found robust and safe measures in place for the handling, storage and disposal of medicines. There was a designated fridge for medicines with regular temperature checks carried out.

There were appropriate procedures for the disposal of waste. However, we found that the clinical waste bin stored externally was unlocked and this was resolved immediately by the practice manager during the inspection. We were told that the clinical waste bin was normally secured to the building but was temporarily unsecured due to the building work being carried out. We were assured this would be re-secured as soon as possible. We advised that staff be reminded about the importance of ensuring clinical waste is stored securely.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory, with equipment being in-date and regular checks being carried out. The equipment and drugs were kept in a room locked with a digital keypad. We advised that this could cause delays in the event of an emergency.

The registered manager must ensure that equipment and drugs used to deal with medical emergencies are kept in an easily accessible location during surgery opening hours.

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

Safeguarding of children and adults

Up-to-date safeguarding policies and procedures were in place and available to all staff, with appropriate local contact details to escalate concerns. The policies were seen to be detailed and included sections on legislation, aims, responsibilities, types of safeguarding issues, procedures and training. Staff were not aware of the Wales Safeguarding Procedures. This was resolved during the inspection with the practice manager downloading the mobile phone application and noting it as a topic for discussion with staff.

All staff had up to date training in the safeguarding of adults and children. The principal orthodontist was the safeguarding lead, and all three orthodontists had completed training to level three.

Management of medical devices and equipment

We found clinical equipment at the practice to be safe, in good condition and fit for purpose. We saw appropriate servicing records for equipment.

Patient X-rays were carried out in a dedicated room with appropriate safety measures in place. The practice had a well completed radiation protection file that included details of the Radiation Protection Supervisor, records of maintenance and local rules. We reviewed staff training records and saw that staff had relevant and up-to-date training on the safe use of X-rays and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

Effective

Effective care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients. Staff told us how they obtained and followed professional guidance and advice.

We saw that patient records included images showing the effective outcomes of orthodontic treatment.

Patient records

Patient records were held in line with an appropriate records management policy. Records were typically held electronically, and a programme of work was ongoing to scan and digitise hard copies of records.

We reviewed a sample of ten patient records and found them to be kept to a consistently high standard. We saw evidence of comprehensive and consistent recording of clinical information. We advised that additional notes be included to record oral cancer screening and Basic Periodontal Examination (BPE) score.

The registered manager must ensure that clinicians include oral cancer screening and BPE as appropriate in the patient records.

Patient language preference was not being recorded and staff advised us that an upcoming software update to the electronic system would provide this option and once this was in place that language needs would be included.

Efficient

Efficient

There was effective use of electronic systems which enabled an efficient service to be provided.

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

Five members of staff responded to the HIW questionnaire and responses were generally positive. All respondents agreed that care of patients was the top priority for the practice and would recommend the practice as a good place to work or receive dental care.

However, four out of five respondents felt that staff numbers were insufficient. We recommend that the registered manager consider the comments regarding staffing levels as part of any ongoing quality improvement work.

All respondents agreed that they had appropriate training, supervision and facilities to undertake their role.

One member of staff commented:

“Such a lovely team to work with I enjoy working here.”

Leadership

Governance and leadership

There were well-defined management structures in place, with the principal orthodontist being the owner, supported by an effective practice manager. An organisational structure diagram was included in the patient information folder.

We found there was a commitment to providing a high standard of service and a positive approach to making improvements.

Regular team meetings were held, with standard agenda items and different monthly topics led by staff. Minutes were taken and circulated electronically to ensure all staff were kept up to date, with a recent improvement being that all staff were required to sign to show they had read the minutes.

Staff had regular appraisals, with an opportunity to discuss progression and training requirements. Where appropriate this included personal development plans.

A clear and comprehensive range of policies and procedures were in place and reviewed regularly, demonstrating compliance with regulatory requirements. We found the range, detail and regular review of the documents to be notably good.

An effective electronic system was used to store and update policies and procedures. All staff had access to the system, which monitored and recorded that they had read any new or updated policies.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw policies and procedures, detailing the recruitment process and pre-employment checks made on prospective employees. These included proof of identity, qualifications, references and vaccinations. We saw that appropriate Disclosure and Barring Service (DBS) checks had been carried out for all staff, and that annual updates were signed by staff to confirm no changes to their DBS status.

We were told that agency staff were used very occasionally. The agency provided their staff with a mobile phone application where the practice manager reviewed their details prior to starting to work and signed off that all necessary checks were in place. This provided an effective method to ensure temporary staff met the fitness to work requirements.

We reviewed a sample of eight staff records and saw evidence that staff were registered with the GDC, covered by professional indemnity insurance and had appropriate vaccination against Hepatitis B. There was very good compliance with mandatory training requirements and the monitoring systems used were effective.

We saw that detailed induction checklists were used, with both the staff member and the practice manager signing to show that various issues had been covered, relating to general practice matters and clinical procedures.

Culture

People engagement, feedback and learning

Patient feedback was actively sought, with quick-response (QR) codes encouraging patients to leave reviews online and via social media. A suggestion box and writing materials were provided in the entrance porch for comments and feedback.

Patient feedback was regularly reviewed and a 'you said, we did' poster was displayed, identifying changes the practice had implemented because of patient feedback. One example was that patients had asked for refreshments to be provided and a water dispenser had been installed in the waiting area.

There was a comprehensive complaints procedure in place, with bilingual posters displayed outlining the process to patients. Further information was provided in the patient information folder, including details of the Llais advocacy service. The

complaints procedure included relevant contact details, appropriate timescales for responses and details of external bodies if there was a need to escalate the issue. In addition, the practice had a detailed Duty of Candour policy, clearly detailing staff responsibilities and notification requirements.

We saw that detailed records of complaints were kept both electronically and as hard copies. These included details of the complaint, persons involved and any correspondence. An annual complaints review was completed showing that effective reviews were carried out to identify any recurring themes or actions required.

Information

Information governance and digital technology

We saw that staff had received training on the secure handling of data and signed confidentiality agreements as part of their conditions of employment.

Electronic systems were seen to be used effectively to ensure compliance with regulatory requirements and efficient service delivery.

Learning, improvement and research

Quality improvement activities

We saw evidence of a wide range of clinical and non-clinical audits being carried out and service reviews such as the annual Quality Assurance Self-assessment (QAS). Audits included healthcare waste, health and safety, radiography, smoking cessation and patient records.

We saw evidence of robust procedures to identify and share lessons learned from patient safety incidents and to notify external bodies if required.

Whole-systems approach

Partnership working and development

The practice interacted efficiently with external partners, using telephone, email and online systems.

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
The clinical waste bin stored externally was found to be unlocked.	This posed a risk that unauthorised persons could be exposed to clinical waste.	This was raised with the practice manager.	This was resolved immediately during the inspection with the waste bin being locked.

Appendix B - Immediate improvement plan

Service: The Bay Orthodontics

Date of inspection: 14 January 2026

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 assurance or non-compliance issues were identified during the inspection					

Appendix C - Improvement plan

Service: The Bay Orthodontics

Date of inspection: 14 January 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 noted that the patient information leaflet and the Statement of Purpose were not on the practice website.	The registered manager must ensure that the patient information leaflet and Statement of Purpose are made available on the practice website.	The Private Dentistry (Wales) regulations 2017, Regulation 5	Following feedback from the recent inspection, the practice website has been updated to include the patient information leaflet and the statement of purpose available in English and Welsh to ensure transparency and accessibility. Evidence to find them at the bottom of the “About Us” page on the website. There are	Emma Phillips	Completed 17/02/26

			four separate links, and each one opens a PDF file when clicked. Evidence direct link to website about us page.			
2.	Staff had limited awareness of the 'Active Offer' of Welsh and we recommended they seek support from the local health board to implement the scheme.	The registered manager should seek advice and support from the local health board to implement the 'Active Offer' of Welsh.	The Welsh Language (Wales) Measure 2011	In response to inspection feedback, the Welsh active offer policy has been reviewed to ensure compliance, and active offer Welsh language badges have been ordered to clearly identify Welsh speaking staff. Photographic evidence of badges provided and Active offer policy.	Emma Phillips	completed 15.02.26
3.	Work surfaces in the decontamination room were damaged in places making effective cleaning more difficult.	The registered manager must ensure that work surfaces in the decontamination are repaired or replaced to	The Private Dentistry (Wales) regulations 2017, Regulation 13	Work surface replacement booked 01/03/26 Evidence job sheet - 7823 replacement worktop confirmation.	Emma Phillips	01/03/26

		enable effective cleaning and infection control.				
4.	The equipment and drugs were kept in a room locked with a digital keypad. We advised that this could cause delays in the event of an emergency.	The registered manager must ensure that equipment and drugs used to deal with medical emergencies are kept in an easily accessible location during surgery opening hours.	The Private Dentistry (Wales) regulations 2017, Regulation 8	Emergency Drugs are now brought to reception at the start of each day to ensure immediate accessibility. At the end of the day, they are securely locked away in the store cupboard in line with safety protocols.	Emma Phillips	Implemented 15.01.26
5.	We advised that additional notes be included in patient records about oral cancer screening and Basic Periodontal Examination (BPE) score.	The registered manager must ensure that clinicians include oral cancer screening and BPE as appropriate in the patient records.	The Private Dentistry (Wales) regulations 2017, Regulation 20	Our clinical record templates have been amended to ensure oral cancer screening and BPE are consistently documented. Record cards Audits conducted every 6 months audit findings to confirm that they are recorded routinely in the patients notes.	Emma Phillips	Implemented 10.02.26

		Clinical notes template as evidence provided.	
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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): Emma Phillips

Job role: Practice Manager

Date: 19 February 2026