Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Cathedral Orthodontics, Cardiff and Vale University Health Board

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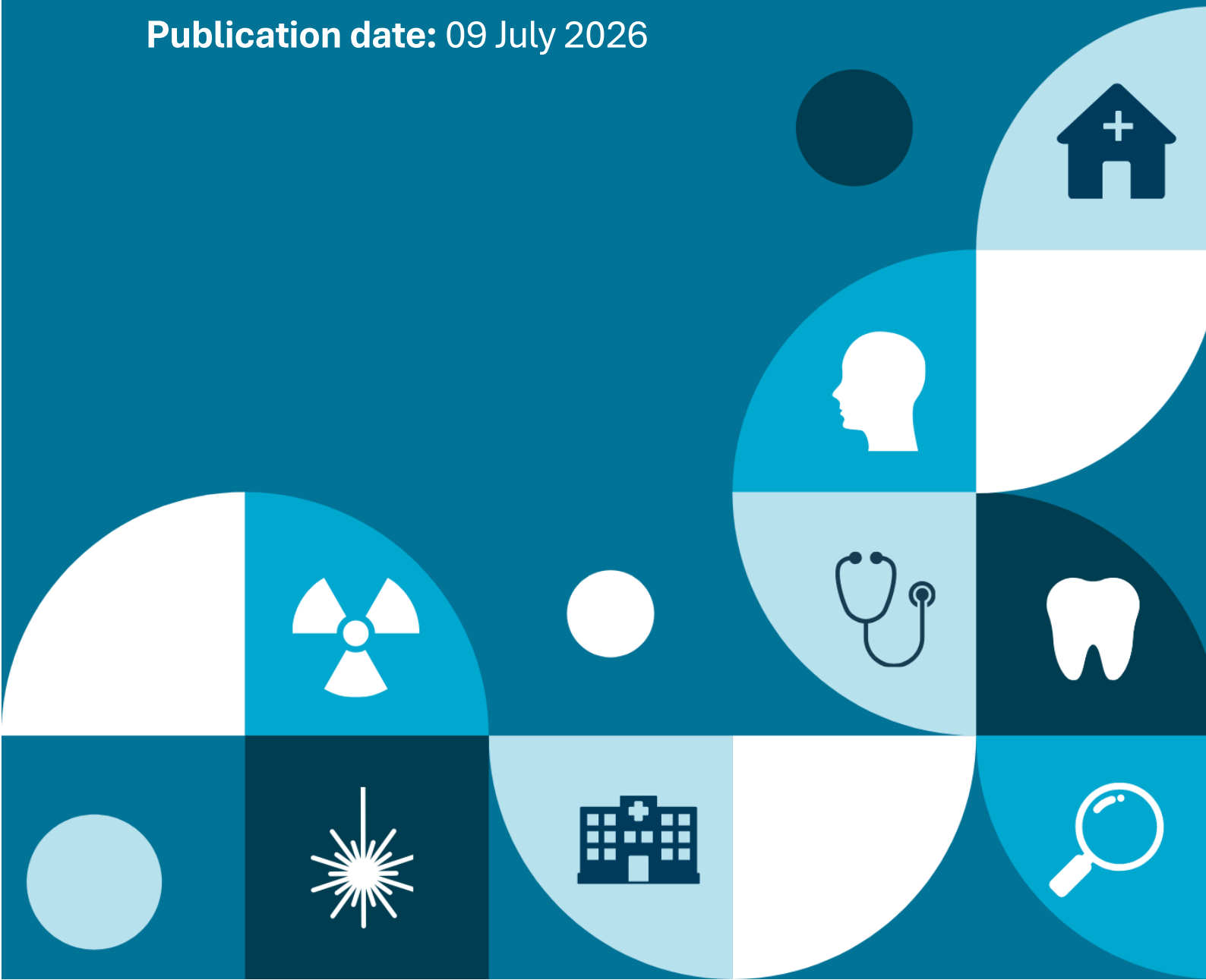

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Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

Our Purpose

We check the safety and quality of healthcare across Wales.

Our Values

We place people at the heart of what we do.

We are:

Independent – we are impartial, deciding what work we do and where we do it.

Objective - we are reasoned, fair and evidence driven.

Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find.

Inclusive - we value and encourage equality and diversity through our work.

Proportionate - we are agile and we carry out our work where it matters most.

Our Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

Our Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued, and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.

Contents

1. What we did

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 Cathedral Orthodontics, Cardiff and Vale University Health Board on 08 April 2026.

Our team for the inspection comprised of one HIW healthcare inspector and one clinical peer reviewer.

During the inspection, we invited patients (or their carers) and staff to complete questionnaires to gather their views on using and working within the service. A total of 26 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:

The practice provided a range of health promotion information to support patients in maintaining good oral health. Information was available on the practice website and displayed throughout waiting areas, covering orthodontic care, effective brushing techniques and healthy food choices. Required practice information, including the statement of purpose and practice leaflet, was available bilingually and met the requirements of The Private Dentistry (Wales) Regulations 2017.

Staff were observed treating patients with dignity, kindness and respect. Effective arrangements were in place to maintain patient confidentiality, including the use of private rooms when required. Patients were given sufficient information to understand proposed treatment and associated costs.

Appointments were accessible through the practice, with emergency orthodontic care prioritised appropriately. The practice demonstrated a clear commitment to equality, Welsh language provision and making reasonable adjustments to support equitable access to care.

This is what the service did well:

- Provided clear, bilingual patient information and health promotion materials
- Maintained good standards of confidentiality
- Supported equitable access and reasonable adjustments.

Delivery of Safe and Effective Care

Overall summary:

The practice demonstrated effective arrangements to manage risks and support the delivery of safe, effective and efficient care. The premises were of a suitable size and layout, with clinical and non-clinical areas generally well maintained, clean and appropriately equipped.

Systems were in place to support health and safety, fire safety, infection prevention and control, medicines management, safeguarding and equipment maintenance. Decontamination processes were managed in line with relevant guidance, supported by staff training, audits and appropriate facilities.

Medicines and emergency equipment were stored and monitored safely, and staff were trained to respond to medical emergencies. Safeguarding arrangements reflected current Wales Safeguarding Procedures and were supported by clear leadership and training.

Patient records were managed securely and generally maintained to a good standard, with electronic systems supporting referrals and care pathways. Arrangements were also in place to support efficient use of clinical time and timely access to urgent care.

This is what we recommend the service can improve:

- Improve consistency of Basic Periodontal Examination recording and cancer screening within patient records
- Implement process to ensure medical products remain in date.

This is what the service did well:

- Demonstrated effective infection prevention and decontamination processes
- Managed medicines and medical emergencies safely
- Maintained clean, well-organised clinical areas.

Quality of Management and Leadership

Overall summary:
The practice demonstrated clear governance and leadership arrangements that were appropriate to the size and complexity of the service. Defined management structures supported effective oversight, with policies, risk assessments and safety alerts reviewed and communicated to staff.

Workforce planning supported safe service delivery, and staff reported having an appropriate skill mix and access to training and professional development. However, gaps were identified in mandatory training records and aspects of pre-employment checks.

Systems were in place to gather and respond to patient feedback, manage complaints and promote openness through the Duty of Candour.

Information governance arrangements supported secure incident reporting and learning.

Quality improvement activity included clinical audits, peer review and monitoring of feedback. The practice worked collaboratively with other dental and healthcare services to support continuity and coordination of patient care.

This is what we recommend the service can improve:

- Strengthen pre-employment checks and record keeping
- Ensure certification of mandatory training is available for all staff.

This is what the service did well:

- Maintained clear leadership and governance arrangements
- Supported staff through training and professional development.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW questionnaire were positive. We asked patients how they would rate the service provided by the setting. All respondents rated the service as 'very good'.

Patient comments included:

> "Everything has been made clear from the beginning."
>
> "Amazing clinic, would recommend it for all. And amazing people."
>
> "Friendly and helpful staff particularly reassuring and accommodating with my daughter who has additional needs."
>
> "Lovely atmosphere. Friendly staff. Welcoming and clean environment."

Person-Centred

Health promotion and patient information

The practice provided patients with a range of health promotion information to support good oral health. Information was available on their website and included guidance on smoking cessation, dummy and thumb sucking habits, brace-friendly food and drink choices, and general orthodontic care. Posters were also displayed in the waiting areas with information such as effective brushing techniques and brace-friendly food choices.

The practice information leaflet and statement of purpose were available on their website in both English and Welsh. They were also available when requested at the reception desk. We found both documents contained the information required by The Private Dentistry (Wales) Regulations 2017.

We saw a price list on display within each patient waiting area. Details of the dental team, including General Dental Council (GDC) registration numbers, were displayed in an area easily visible to patients. Opening hours and emergency out of hours contact information was displayed within the practice and in the windows, allowing patients to view this information from outside the premises. A sign was also available outside of the premises with the practice address, telephone number and email address. We noted this information was available bilingually.

Signs were displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation.

Dignified and respectful care

During the inspection we observed staff being polite, friendly and treating patients with kindness and respect. We saw a confidentiality agreement which had been signed by all staff members, supporting the protection of patient information.

Two waiting rooms were available, and the reception desk was located in the downstairs waiting room. Doors to clinical rooms were kept closed when treating patients and conversations could not be overheard. We were told if patients requested to have a conversation in private, staff had access to a dental surgery or treatment coordinator room. If staff needed to have a confidential conversation on the telephone, calls could be transferred to a different room away from patients.

We saw the GDC nine core principles of ethical practice were displayed in the waiting areas in English and Welsh.

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

Individualised care

We reviewed a sample of five patient records and confirmed appropriate identifying patient information, medical histories and treatment options were being recorded.

All respondents who completed the HIW questionnaire agreed they were given enough information to understand treatment options available to them. For those where it was applicable, all agreed the cost was made clear to them before receiving treatment.

Timely

Timely care

Patients could access appointments by telephone or in person at the reception desk. We heard phone lines working effectively on the day. The practice did not offer an online appointment booking system. However, patients and referring dentists were able to submit enquiries via the practice website, including completing online appointment related enquiry forms.

The average waiting time between routine treatment appointments was reported to be between 8 and 12 weeks. For NHS patients, the waiting time from referral to first appointment was approximately 24 months, while private patients were typically seen within four to five weeks. Where the first appointment may be needed sooner, an urgent referral system was in place to help prioritise patients with the most clinical needs. Referrals identified as urgent were reviewed by clinicians, who determined the urgency

based on clinical judgement

We were told patients requiring emergency orthodontic care were advised to contact the practice in the morning, with patients usually seen within 24 hours.

In the event of a delay to an appointment time, clinicians communicated this with reception. Staff would then inform patients verbally in person.

The practice offered a range of appointment times to support patient access. Private patients had access to extended hours appointments during the week, including early morning and evening appointments, while NHS appointments were provided during standard daytime hours.

All respondents to the HIW questionnaire said it was either 'very easy' (18/26) or 'fairly easy' (8/26) to get an appointment when they needed one.

Equitable

Communicating and language

We found a bilingual service was available, with 'Cymraeg' posters displayed in the waiting areas. Bilingual signage and posters were displayed throughout the premises, including at the practice entrance and within waiting rooms.

Staff were aware of the Active Offer and were supported to communicate with patients in their preferred language. Although limited external support was received to promote the Active Offer, staff told us they would speak Welsh with patients who preferred to do so. We were told Welsh language training would be provided to staff if they were to make the request.

We were told 'Iaith Gwaith' badges were used to help patients identify Welsh-speaking staff. While no Welsh language communication was observed on the day of inspection, we were told that Welsh-speaking staff routinely used the language when appropriate.

Staff told us patient information could be made available in alternative formats, such as large print, upon request. Translation services were also available to support patients whose first language was not English.

Staff demonstrated an understanding of the importance of communicating with patients in their preferred language to support good quality care. Arrangements were also in place to support patients without digital access, with appointment details and other key information provided in paper format when required.

Rights and equality

We saw an equality and diversity policy was in place which had been reviewed within the last year. We were told equality and diversity was discussed within team meetings,

and that any incidents would be discussed and addressed should they arise.

Measures were in place to protect patients and staff from discrimination, harassment, and unfair treatment. Relevant information was provided to staff during induction and through the staff handbook, and the practice had a zero-tolerance policy in place.

Reasonable adjustments had been made to help ensure patients could access services on an equal basis. The practice premises were accessible to wheelchair users via a ramp. We also found baby changing facilities were available within the patient toilets.

Staff told us they would ask patients how they wished to be addressed and would use preferred names and pronouns upholding the equality rights of transgender patients. We found gender-neutral toilet facilities were available for patient use.

All respondents to the HIW questionnaire told us they had not faced discrimination when accessing the services provided by the practice.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice was generally well maintained internally and externally. The practice was of a suitable size and layout to support service delivery. The practice operated across three floors, with seven clinical surgeries and a dedicated decontamination room. Staff had access to lockers to store personal items and toilet facilities to change.

During the inspection, we found the condition of the premises was generally satisfactory. Clinical and non-clinical areas were clean, tidy and well signposted, with appropriate lighting, heating and ventilation in place, including air conditioning within each surgery. Toilet facilities were clearly signposted, clean and appropriately equipped with sanitary disposal, handwashing and drying facilities. However, we noted water damage was present in the staff toilet area on a flat surface next to the sink.

The registered manager must ensure all areas within the staff toilet are in good condition and free from damage to allow effective cleaning.

Clinical facilities and equipment supported the delivery of safe and effective care. Dental equipment was in good condition, with sufficient items available to support effective decontamination between uses. Single use items were used where appropriate, and equipment was in place to support safe clinical practice.

Policies and procedures were in place to support the ongoing safety of the service, including health and safety, building and equipment maintenance, and business continuity and disaster recovery strategy policies. A health and safety risk assessment had been completed by an external consultancy within the last year. Gas safety, five-year electrical installation and portable appliance testing (PAT) records were available and in date. The employer liability insurance certificate for the practice was displayed in an area easily seen, and the Health and Safety Executive (HSE) poster was displayed and accessible to staff within the staff room.

A fire risk assessment had been completed and reviewed annually. Fire safety equipment was maintained through an appropriate contract, with evidence see of servicing within the last year. We saw records confirming regular testing of fire alarms and weekly checks of other fire equipment. Fire exit signsand instructions on what to do in the event of a fire were clearly displayed throughout the premises. We saw evidence that staff had completed fire safety training and participated in regular fire drills.

Infection prevention and control (IPC) and decontamination

The practice had appropriate arrangements in place for infection prevention and

control and the safe decontamination of reusable instruments. An infection prevention and control policy was in place, supported by guidance from the British Dental Association. Cleaning schedules, hand hygiene facilities and the use of personal protective equipment such as gloves and masks supported effective infection control practices throughout the setting. However, we noted masks within the practice were out of their use by date.

The registered manager must implement a robust procedure to ensure all medical items are checked on a regular basis and kept in date.

Clinical areas were in a good state of repair and were laid out to enable effective cleaning, with a designated infection control lead in place. Occupational health support was available to staff, including arrangements to support vaccinations and the management of sharps injuries. Staff told us they were aware of the sharps injury protocol and how to access it.

Instruments were decontaminated in a central decontamination area, separate from clinical activity. Pre sterilisation cleaning was undertaken using ultrasonic cleaning, and autoclaves were used in line with recommended guidance. The practice completed periodic testing of decontamination equipment in accordance with relevant standards, with daily maintenance programmes, start and end of day checks, cycle records and daily surgery checklists in place. Arrangements for the transport of instruments between surgeries and the decontamination area supported safe practice. A dumbwaiter was in place to transport instruments from the first floor to the ground floor, arriving directly to the decontamination room on the ground floor.

Routine audits of infection control processes were undertaken in line with Welsh Health Technical Memorandum (WHTM) 01-05, and we found staff were appropriately trained and competent in decontamination procedures. Digital scanning was used, removing the need for impression disinfection.

Safe waste management arrangements were in place, with contracts for the disposal of clinical waste, sharps, dental models and expired medicines. Non-hazardous and domestic waste streams were also managed appropriately. Clinical waste was stored in an area that was not accessible by the public. However, we found that one clinical waste container was unlocked. This was resolved on the day of the inspection.

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

The majority of respondents to the HIW questionnaire said they felt infection prevention and control measures being followed (24/26).

Medicines management

We found an appropriate medicines management policy in place, supported by procedures covering the ordering, handling, use, recording, administration and

disposal of medicines. Medicines were stored securely, with suitable arrangements to ensure safe keeping when the practice was closed. We saw evidence that records of medicines administered were maintained.

Arrangements were in place for the safe disposal of medicines, including controlled drugs, through a local pharmacy. A designated clinical fridge was available for medicines requiring cold storage. We saw the fridge temperature was monitored using a thermometer and recorded appropriately. Should temperatures fall outside the acceptable range, we were told actions would be taken in line with policy.

The practice had systems in place to manage medical emergencies safely and effectively. An emergency management and resuscitation policy was available, based on current national guidance. Staff were aware of the procedures and told us they knew how to access the policy if required. All staff had received up to date training in cardiopulmonary resuscitation.

Emergency medicines were available in line with national guidance. Emergency equipment was available to support resuscitation, including oxygen delivery equipment and an automated external defibrillator with appropriate pads. Oxygen cylinders were maintained and staff training to support their safe use was provided.

We saw a first aid kit was available in the reception area which was accessible to staff with all items within their use by date.

Safeguarding of children and adults

A safeguarding policy was available to staff and was displayed within the staff room. Clear leadership arrangements were in place, with the practice manager acting as the safeguarding lead and the principal dentist identified as the senior safeguarding lead.

The safeguarding policy included guidance on both child and adult safeguarding, supported by clear flowcharts outlining the procedures staff should follow if concerns were identified. Local contact details for reporting safeguarding concerns to the relevant health boards were included within the policy for both children and adults.

Reference was made within the policy to the Wales Safeguarding Procedures, and senior staff had access to the mobile app to support decision making. Staff told us they were able to access up to date safeguarding guidance through regular training.

Management of medical devices and equipment

We found clinical equipment was safe, well maintained and suitable for its intended use. Staff told us they had received appropriate training to enable them to use equipment safely and competently. We found systems were in place to respond promptly to any equipment or system failures. Planned maintenance and inspection arrangements were in place, and evidence was seen of servicing of the compressor

which had been completed in the last year.

The practice had appropriate arrangements governing the use of ionising radiation and complied with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. Employer procedures, protocols and policies were in place to support the safe and effective use of X-ray equipment. We saw appropriate support from a Radiation Protection Supervisor (RPS) and Radiation Protection Adviser (RPA) was available. Local rules were available and seen displayed with X-ray machines. Staff described the controls in place when carrying out X-rays. However, we noted that the dedicated X-ray room did not have a door.

The registered manager must provide assurance that the arrangement for the dedicated X-ray room has been assessed by the Radiation Protection Adviser (RPA), and that adequate controls are in place to minimise the risk of unintended exposure to staff and patients.

Systems were in place to support patient safety, including justification and authorisation of exposures, clinical evaluation of radiographs, quality assurance processes, dose assessment and the use of diagnostic reference levels. Equipment inventories, maintenance records and quality assurance documentation were seen, and arrangements were in place for routine testing and monitoring of radiographic equipment.

Effective

Effective care

The practice demonstrated that care was delivered in line with relevant professional, regulatory and statutory guidance. The practice used Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong-site tooth extractions. Patient correspondence and records clearly identified teeth using both numbers and written descriptions, supporting accurate identification prior to treatment.

Patient records

We reviewed a sample of five patient records. Overall, the recording of information was clear and was being maintained to a good standard. Each patient had identifiers, presenting complaint, treatment options and oral hygiene and diet advice. However, we found the recording of Basic Periodontal Examinations (BPE) and cancer screening for patients was not available.

The registered manager must ensure Basic Periodontal Examinations and cancer screening are recorded consistently and in line with GDC guidance.

An electronic records management system was in use, supported by a records

management policy to ensure patient information was stored securely and handled appropriately.

Policies were in place to support informed consent and to ensure the rights of patients who lacked capacity were upheld. The practice managed and protected personal information in line with the Data Protection Act 1988 and General Data Protection Regulation (GDPR).

Patient records for both current and former patients were stored securely, including electronic records, intra oral scans and digital images. Records were retained in line with appropriate retention policies.

The practice used electronic systems to support the management of referrals, ensuring follow up and discharge correspondence was reviewed and acted upon appropriately. Referrals for patients with suspected oral cancer were made electronically, supporting timely hospital assessment.

Efficient

Efficient

Treatment planning was used to support the effective progression of patients through their orthodontic treatment pathways.

Referral processes were managed electronically, supporting timely and efficient communication with other services where required. Daily emergency appointment slots were available to support patients requiring urgent care and to help reduce the need for attendance at urgent care or out of hours services.

Arrangements were in place to reallocate cancelled appointments, helping to maximise capacity and reduce wasted clinical time. Clinical sessions were used efficiently, and staffing levels were sufficient to meet the needs of the service.

Quality of Management and Leadership

Staff Feedback

Staff who responded to the HIW questionnaire provided positive comments overall. All those who responded felt the environment and facilities were appropriate to ensure patients received the care required. Staff felt patient care was a top priority and patients were informed and involved with care decisions. All those who responded said they would be happy for their family members to receive care at the practice and agreed it is a good place to work.

Staff comments included:

> " Lovely environment to work and staff are well supported."
>
> " Amazing place to work. Really good environment."
>
> "Continual training is excellent and courses are paid for and employees encouraged to take."

Leadership

Governance and leadership

The practice had clear governance and leadership arrangements appropriate to the size and complexity of the service. Defined management structures were in place, with overall responsibility held by the practice principal and practice manager, supported by clinicians and the wider team.

Regular team meetings took place on a quarterly basis and were attended by all staff. A range of topics were discussed, including policy updates, website developments, surgery stock, appointment availability and waiting times. Meetings were documented, with the most recent meeting minutes displayed in the staff room. Any urgent information was shared through a work WhatsApp group or verbally to ensure all staff remained informed.

Leadership and accountability arrangements were effective, and those in leadership roles were found to have the appropriate skills, knowledge and experience. Risk management arrangements were in place, supported by external risk assessments covering a range of areas.

Safety notices and alerts were received by the practice manager and clinicians. These were then reviewed and shared appropriately with staff where required.

The practice maintained a register of policies and procedures, with a system in place to monitor review dates. Policies were reviewed on a regular basis and communicated to staff through meetings and internal communication channels.

Workforce

Skilled and enabled workforce

Staffing levels were planned effectively in advance through the use of rotas which were prepared one month in advance. All staff who responded to the HIW questionnaire agreed that there was an appropriate skill mix at the practice, and that there was enough staff to allow them to do their job properly.

We were told agency staff were not used often, but when present were supported through planned appointment scheduling, allowing additional time to support patient care. The practice ensured appropriate checks were completed, including confirmation of General Dental Council registration, training and disclosure checks, in line with contractual arrangements for all agency staff that working at the practice.

Staff were supported to maintain their professional registration. Reminders were given for renewal requirements, and evidence of registration was reviewed by management.

We saw a suitable whistleblowing policy available which was accessible to all staff. An open-door approach was described, and staff told us they felt able to raise concerns with management when required.

We saw a recruitment policy was in place and had been reviewed within the last year. Recruitment procedures were in place to ensure staff met fitness to work requirements, including checks on qualifications, professional registration, immunisation status, identity, employment history and disclosure checks. However, there was no policy in place for the induction, employment conditions and training requirements for staff.

The practice manager must implement a policy for the induction, employment conditions and training requirements of staff.

A structured induction process was in place for new staff, supported by checklists and a period of supervision. We were told performance concerns were managed through one-to-one meetings and, where necessary, a disciplinary procedure was also in place.

We reviewed a sample of give staff records and found evidence of GDC registration, Disclosure and Barring Service (DBS) checks, employment history and staff contacts. However, we noted the following required improvement.

- Staff appraisals were approximately three months overdue
- Hepatitis B blood results were not present for 2/5 staff members
- References were not available. We were shown risk assessment templates for the missing references; however, this had not yet been implemented.

The registered manager must ensure appraisals are completed annually.

The registered manager must give assurance that Hepatitis B blood results have been gained for all staff members.

The registered manager must review their employment procedures to ensure pre-employment checks are appropriately completed, and records are routinely reviewed to ensure compliance.

Staff had access to online training, with evidence to show most staff had completed the necessary mandatory training to the required levels. We found all staff had completed safeguarding training to the appropriate level, with safeguarding leads trained to level three, in line with best practice. However, of the five staff records reviewed, we noted one staff member did not have evidence of completed infection prevention and control, and fire safety awareness training.

The registered manager must ensure all staff have completed mandatory training with certification available in line with regulatory requirements.

The practice supported staff to undertake additional courses, and we were told dental nurses had completed radiography and orthodontic nursing courses. Personal Development Plans (PDP) were kept within staff personnel folders. All staff that responded to the HIW questionnaire said they felt they had appropriate training to undertake their role.

Culture

People engagement, feedback and learning

Patients were able to provide feedback through digital methods, including the use of QR codes displayed within the practice. Patient were also able to leave feedback via a suggestions box available in the reception area. Where patients required support to provide feedback, staff told us that family members would be asked to assist.

We were told patient feedback from the QR codes and paper feedback was reviewed on a regularly with feedback given to staff within meetings. The practice also sent out a patient survey on an annual basis which was reviewed, and a report was generated to support learning and service improvement.

A “You said, we did” poster was displayed within waiting areas to inform patients how feedback had been used to bring improvements. The practice also demonstrated learning from incidents.

A complaints procedure was clearly displayed and easily accessible to patients. The procedure was in line with the NHS Wales Listening to People complaints process for NHS care and included clear information on how to raise a concern. The written information set out clear processes, timescales for acknowledgement and response, and signposting to a range of external support services including HIW, Public Service Ombudsman for Wales, Dental Complaints Service, and Llais. The information included details of how to escalate concerns if local resolution was not achieved.

A named complaints manager was identified and advertised to patients. Records of

complaints were maintained, and processes were in place to review themes and implement learning. We were told informal or verbal concerns were not documented; however, this was implemented on the day of the inspection for future use.

We saw a Duty of Candour policy which had been reviewed in the last year. The policy clearly outlined staff roles and responsibilities. Staff were able to describe the principles of Duty of Candour.

Information

Information governance and digital technology

The practice used an electronic system to manage patient records. A mixture of paper and digital system was in place for staff training records and all policies and procedures.

An accident book maintained and both staff and patient-related incidents were logged appropriately. Patient safety information was shared with staff in team meetings and via WhatsApp where required. The practice manager or principal dentist was responsible for escalating relevant incidents to external bodies. Information arising from patient safety incidents was used to support learning and service improvement.

Learning, improvement and research

Quality improvement activities

We found that the practice had systems in place to monitor and support ongoing quality improvement. Quality-related activity was undertaken through the completion of a range of clinical and non-clinical audits, and monitoring feedback from patients. The practice monitored and responded to information arising from complaints, patient feedback and regulatory reports.

Clinical audits undertaken included reviews of dental photography, X-ray use, patient records and healthcare waste. Peer review activity took place, and staff were able to access professional advice when required.

Whole-systems approach

Partnership working and development

Staff described how they worked with a range of system partners as part of day-to-day practice. This included communicating with general dental practitioners, schools and medical practitioners where appropriate, and liaising with other dental practices that referred patients for orthodontic treatment. The practice also maintained regular

professional contact with other local orthodontic services.

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 issues were identified on this inspection.			

Appendix B – Immediate improvement plan

Service: **Cathedral Orthodontics**

Date of inspection: **08 April 2026**

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

	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.					
Findings:	No immediate non-compliance issues were identified on this inspection.				

Appendix C – Improvement plan

Service: **Cathedral Orthodontics**

Date of inspection: **08 April 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 water damage was present in the staff toilet area on a flat surface next to the sink.	The registered manager must ensure all areas within the staff toilet are in good condition and free from damage to allow effective cleaning.	The Private Dentistry (Wales) Regulations 2017 22(2)	Hywel has repaired the water damage. A monthly walk around of practice is in place to check for any faults not reported.	Sarah Llewellyn	12/04/2026
2.	We found masks within the practice were out of their use by date.	The registered manager must implement a robust procedure to ensure all medical items are checked on a regular basis and kept in date.	The Private Dentistry (Wales) Regulations 2017 13(2)	The masks were left in a stock cupboard no longer in use, we have however discarded them.	Sarah Llewellyn	09/04/2026

3.	We noted that the dedicated X-ray room did not have a door.	The registered manager must provide assurance that the arrangement for the dedicated X-ray room has been assessed by the Radiation Protection Adviser (RPA), and that adequate controls are in place to minimise the risk of unintended exposure to staff and patients.	The Private Dentistry (Wales) Regulations 2017 22(2)	A lead door was ordered, as it had to be made to order it has not been fitted yet. The date for fitting is 6th July. I have arranged for our RPA advisor to come to the practice to check the measurements of the room prior to door fitting	Sarah Llewellyn	Lead door measured and ordered.
4.	We found the recording of Basic Periodontal Examinations (BPE) and cancer screening for patients was not available.	The registered manager must ensure Basic Periodontal Examinations and cancer screening are recorded consistently and in line with GDC guidance.	The Private Dentistry (Wales) Regulations 2017 20	A meeting was held with the clinicians to ensure they record their findings.	Sarah Llewellyn	09/04/2026
5.	Staff appraisals were approximately three months overdue.	The registered manager must ensure appraisals are completed annually.	The Private Dentistry (Wales) Regulations 2017 17(4)	Annual appraisals have been implemented and started. Date flags on staff records.	Sarah Llewellyn	Started 20/04/2026
6.	Hepatitis B blood results were not present for 2/5 staff members.	The registered manager must give assurance that Hepatitis B blood results have been gained for all staff members.	The Private Dentistry (Wales) Regulations 2017 13(6)(c) 18(2)	All results in staff folders	Sarah Llewellyn	11/04/2026

7.	References were not available. We were shown risk assessment templates for the missing references; however, this had not yet been implemented.	The registered manager must review their employment procedures to ensure pre-employment checks are appropriately completed, and records are routinely reviewed to ensure compliance.	The Private Dentistry (Wales) Regulations 2017 18(2)	References to be obtained for new staff. Risk assessment filled in for long standing staff without references.	Sarah Llewellyn	On going for new staff members
8.	Of the five staff records reviewed, we noted one staff member did not have evidence of completed infection prevention and control, and fire safety awareness training.	The registered manager must ensure all staff have completed mandatory training with certification available in line with regulatory requirements.	The Private Dentistry (Wales) Regulations 2017 17(3)	Staff to print out evidence of training for their file instead of completing and logging it online.	Sarah Llewellyn	10/4/2026
9.	There was no policy in place for the induction, employment conditions and training requirements for staff.	The practice manager must implement a policy for the induction, employment conditions and training requirements of staff.	The Private Dentistry (Wales) Regulations 2017 8(1)(h)	Policies have been put in our practice folder.	Sarah Llewellyn	11/04/2026

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): Hywel Naish

Job role: Principal Orthodontist **Date: 12/06/2026**