Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Gareth R H Davies – The Dental Surgery, Swansea Bay 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 Gareth R H Davies – The Dental Surgery, Swansea Bay University Health Board on 18 June 2025.

Our team for the inspection comprised of two HIW healthcare inspectors and a dental peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 24 questionnaires were completed by patients and two were completed by staff. Some questions were skipped by some respondents, meaning not all questions had responses. 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 Gareth R H Davies were committed to providing a positive experience for patients. Staff demonstrated respect for patient dignity, including measures that protected privacy during consultations. Care was generally delivered in a timely manner, with flexible appointment options and effective communication regarding delays.

The practice promoted equality and inclusivity, and we saw evidence of clear patient information available in both English and Welsh. Enhancing accessibility information and clarifying out-of-hours guidance were identified as areas that could further improve the patient experience.

Patients submitted positive feedback in the HIW questionnaires about the care and service provided by the dental practice. All respondents rated the service as 'very good'.

This is what we recommend the service can improve:

- The registered manager must take steps to update the patient information leaflet to reflect the accessibility issues of the patient toilet facilities.

This is what the service did well:

- We saw a range of health promotion information available to patients
- Appointment management and emergency triage systems were robust
- All patient feedback was positive.

Delivery of Safe and Effective Care

Overall summary:
The practice provided safe and effective care in a clean, well-maintained environment with appropriate clinical equipment. It also followed good practices in record keeping and collaborative care.

However, improvements are needed in clinical documentation, including risk assessments and consent. Safeguarding procedures were in place, and all staff had completed relevant training, though the safeguarding lead should complete Level 3 training.

Staff completed specialist training for safe oxygen cylinder handling during the inspection, enhancing medical gas safety. Improvements are needed in clinical waste storage, radiation protection measures, use of appropriate audit standards, and documentation of risk assessments and consent.

This is what we recommend the service can improve:

- A rectangular collimator be fitted to the X-ray unit
- The safeguarding lead to complete level 3 training for adult and children
- The clinical waste storage area must be cleared of all non-clinical items, retaining only clinical waste and cleaning equipment.

Quality of Management and Leadership

Overall summary:
The practice benefits from clear leadership, a positive team culture, and a commitment to continuous improvement. Staff are supported through regular meetings, Continuous Professional Development (CPD) monitoring, and use of tools like the Maturity Matrix Dentistry.

Systems for patient feedback are effective, and governance is proportionate to the practice's size. However, some key governance areas require attention, including the need for Whistleblowing and Duty of Candour policies. Strengthening audit processes and digital systems would also further support effective management.

Overall, the practice demonstrates a positive culture with a clear focus on improvement, but some areas require formalisation to ensure continued compliance and safety.

This is what we recommend the service can improve:

- The registered manager should draft key documents such as whistleblowing and duty of candour policies
- The dental practice could replace its current paper file storage system with a fire-resistant storage solution to enhance the protection of patient records.

This is what the service did well:

- All clinical staff had attended training relevant to their roles and were meeting their CPD requirements
- The system for the collection and review of patient feedback was suitable.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW questionnaire were positive. All respondents rated the service provided at the practice as 'very good'. Some comments we received on the service are shown below:

> *"I have always received exceptionally professional treatment here and am delighted with all aspects."*

> *"I have been in this practice for 29 years. In all those years I have received the best care and attention one could ask for. For me this practice is 100% the best practice."*

Person-centred

Health promotion
The practice demonstrated a clear commitment to promoting good oral health and ensuring patients are well-informed. Oral health promotion materials were visibly displayed throughout the premises, with some of the information available in both English and Welsh, supporting accessibility for a diverse patient population.

Price lists were clearly presented in the waiting area, allowing patients to easily understand the costs associated with treatments and services. The names and General Dental Council (GDC) registration numbers of the dental team were also displayed.

'No Smoking' signs were observed within the practice, indicating compliance with smoke-free premises legislation and promoting a healthy environment.

Additionally, copies of the patient information leaflet were available in the waiting area, providing essential details about the practice and its services. The statement of purpose was available upon request, ensuring that patients could access further information about the aims and objectives of the service when needed.

Dignified and respectful care

The practice had a confidentiality agreement that had been recently reviewed and updated to include a formal review date. During the inspection, all staff members signed the revised agreement to confirm they had read and understood their responsibilities regarding the protection of patient information.

In situations where the waiting area is occupied, patients are offered the use of the surgery to ensure conversations and consultations remain private.

The nine core ethical principles of practice established by the GDC were on display in the waiting area.

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 of those options. All respondents said they had been involved as much as they had wanted to be in decisions about their treatment.

All patients stated they were given information on how the setting would resolve any post-treatment concerns. All patients also agreed they were given suitable guidance on what to do in the event of an infection or emergency.

Timely

Timely care

Patients were able to book appointments either by telephone or in person following their appointment. Staff reported that appointment schedules were generally well maintained, with minimal delays.

In instances where appointments extended beyond the allocated time, nursing staff promptly informed patients of the delay. Upon arrival, patients were kept updated and, where necessary, offered alternative appointments.

For urgent care, the practice reserved two half-hour emergency slots each day. These were typically assessed and scheduled within 24 hours. The practice also utilised a dedicated mobile phone to receive clinical images, with WhatsApp used for secure, encrypted file sharing. Files were either deleted after use or securely stored on an encrypted drive.

To support access for children and shift workers, the practice offered after-school appointments and sent reminders to encourage booking at convenient times.

The opening hours and emergency out-of-hours telephone number were clearly displayed and visible from outside the premises. Most respondents who completed a questionnaire (20 out of 24) reported that they would know how to access the out-of-hours dental service if they had an urgent dental problem. However, a small number said they did not know. The service may wish to consider how the information provided could be made clearer to ensure all patients are fully informed.

Equitable

Communication and language
The practice demonstrated efforts to support equitable communication and access to information. Some posters, including those relating to Llais, patient complaints, and the 'Putting Things Right' initiative, were displayed bilingually in English and Welsh, promoting inclusivity and compliance with language standards.

Although all current patients at the practice have English as their first language, the presence of bilingual materials reflects a proactive approach to meeting the needs of a potentially diverse patient population.

Reading glasses were available at reception to assist patients with visual impairments. It was noted that the use of larger print on some posters could further enhance accessibility for individuals with visual difficulties.

Rights and equality
The practice demonstrated a clear commitment to promoting equality, diversity, and inclusion. A bullying and harassment policy was in place, reflecting the practice's ongoing attention to maintaining a respectful and supportive working environment.

Staff had access to a range of training resources aimed at fostering inclusive healthcare, including materials on delivering care for LGBT+ individuals, supporting colleagues with dyslexia, understanding menopause in the workplace, and training on ADHD and associated neurodiversity.

The practice had also taken steps to ensure physical accessibility and inclusivity for patients. A wheelchair ramp and a portable step were available to support patients with mobility needs, and a unisex toilet was provided, offering a more inclusive facility for all patients, including those who identify as transgender. However, the toilet facility was not wheelchair accessible, which may limit its usability for some patients with mobility impairments.

The registered manager must update the patient information leaflet to reflect the accessibility issues of the patient toilet facilities.

In addition, the practice demonstrated a person-centred approach by checking with carers to confirm whether patients were still able to attend appointments, particularly those residing in nursing homes. This reflects a proactive and respectful approach to continuity of care and patient autonomy.

Delivery of Safe and Effective Care

Safe

Risk management
Patient areas were comfortable, uncluttered and free from hazards. We saw suitable arrangements for staff to change their clothes and store their personal possessions.

All staff members who completed a HIW questionnaire told us the facilities they had were appropriate for them to carry out their specific tasks. Respondents also said the environment was appropriate in ensuring patients receive the care they require.

The practice maintained a basic Health and Safety policy at the time of inspection. The Health and Safety Executive (HSE) poster was updated during the visit to include the name of the responsible person.

There was evidence of regular testing of fire detection equipment, and a recent fire risk assessment had been completed. All fire extinguishers had been serviced within the last year. Fire exits were clearly signposted and unobstructed, and records showed that fire drills had been carried out. However, it was unclear whether a fire safety equipment maintenance contract was in place.

The registered manager must confirm that a fire safety equipment maintenance contract is in place.

The designated fire marshal held valid certification. However, we found that three members of staff had not completed their annual fire safety training. This was discussed with the practice manager, who confirmed that arrangements had been made for the training to be delivered at the next staff meeting.

The registered manager must confirm that all staff have completed fire safety training.

During the inspection, the clinical waste storage room was found to be cluttered. Clinical waste bags awaiting collection were stored alongside various non-clinical items, including cardboard boxes, timber offcuts, a chair, a vacuum cleaner, other discarded items, and a mop and bucket. The presence of mixed-use items in this area may compromise effective infection prevention and control measures and presents a potential health and safety risk.

The registered manager must ensure that the clinical waste storage room is kept clear of non-clinical items and general clutter.

Infection, prevention and control (IPC) and decontamination
We saw the dental surgery was visibly clean and suitably furnished to enable effective cleaning. Suitable hand hygiene facilities were available in the surgery and in the toilet.

It was noted that the service is not currently using the Welsh Health Technical Memorandum (WHTM) guidance for auditing purposes. One audit reviewed was based on Health Technical Memorandum (HTM) standards rather than WHTM, which may not fully align with national requirements in Wales.

The registered manager must ensure that audit processes are aligned with national guidance by adopting the Welsh Health Technical Memorandum (WHTM) standards.

During our inspection we were not assured regarding the Hepatitis B immunity status of clinical staff. A record was not in place to evidence that clinical staff had received their Hepatitis B vaccinations and immunity response.

The practice must ensure a hepatitis B register is kept up to date to reflect the status of all relevant staff.

Medicines management
We saw that the arrangements in place for the management of medicines were appropriate. A suitable policy was in place for the safe handling, storage, use and disposal of medicines.

We were told that dental nurses routinely ask patients about any changes to their medical history during reception check-in. The practice may also want to consider displaying a poster encouraging patients to inform the team of any changes to their medical history.

During the inspection, we found that the practice uses BOC integrated valve medical gas cylinders. At the time, staff had not received training in the safe handling and use of this equipment.
Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

Safeguarding of children and adults

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who were vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise. In addition, all staff have access to a safeguarding application on their mobile devices, which provides immediate access to relevant guidance and contact information.

We saw evidence that all staff have completed the required safeguarding training. However, the designated safeguarding lead had not yet completed the level of training required for their specific responsibilities.

The registered manager must ensure that the safeguarding lead undertakes Level 3 safeguarding training.

Management of medical devices and equipment

We viewed the clinical facilities and found that they contained relevant equipment. The surgery was well organised, clean and tidy. We saw the medical devices and clinical equipment were safe, in good condition and fit for purpose.

Documentation was available to show arrangements were in place for the safe use of the X-ray equipment and that maintenance and testing of the equipment was in date. We saw appropriate X-ray signage was affixed to the door of the surgery and that an up-to-date radiation risk assessment was in place. However, the X-ray equipment was not fitted with a rectangular collimator, which is recommended to support best practice in radiation protection and to minimise patient exposure to radiation.

The registered manager must arrange for the installation of a rectangular collimator on the X-ray equipment.

Effective

Effective care

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

The practice reports established effective collaborative relationships with other local dental surgeries, which supports the delivery of coordinated and high-quality patient care.

Patient records

We reviewed a sample of nine patient records and found all records were being held in line with General Data Protection Regulations and overseen by a suitable records management policy. We reviewed a sample of nine patient records and confirmed that appropriate identifying information and medical histories were documented. While clinical notes included soft tissue, extra-oral and intra-oral examinations, as well as oral cancer screening, there was no evidence of recorded risk assessments for dental caries, periodontal disease, tooth wear, or oral cancer. Furthermore, documentation of informed consent was not present in the reviewed records.

The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

Efficient

Efficient

The practice operates as a mixed service, providing NHS care for children and private care for adults. Referrals to other services are managed efficiently through a computerised referral system, supporting timely and coordinated patient care.

Quality of Management and Leadership

Leadership

Governance and leadership
The practice had clear management structures in place, with the principal dentist responsible for the day-to-day management of the practice. We found there was a clear commitment to providing a high standard of service and a positive approach to making improvements. We found that a comprehensive range of policies and procedures were in place and reviewed regularly. The practice does not currently maintain a central register of policies. During the inspection, the practice was advised to consider maintaining a central register of policies and procedures. This would help ensure that all required policies are up to date, accessible, and available for inspection, as well as support regular review and version control in line with regulatory expectations.

The practice demonstrates a proportionate and practical approach to governance, appropriate to the size of the team. Team meetings are intended to take place every four to six weeks, with informal feedback and information shared on an ongoing basis. Evidence of meetings was available, and discussions typically follow a consistent format, including attendance, scheduling of upcoming 30- and 45-minute appointments, review of Units of Dental Activity (UDA) performance, and consideration of suggestions submitted via the practice's feedback box.

Workforce

Skilled and enabled workforce
The practice demonstrates a proactive approach to staff development and regulatory compliance. The practice uses the Maturity Matrix Dentistry tool to support workforce development and identify training needs. Staff meetings are routinely used to monitor and address training requirements, with Continuing Professional Development (CPD) reviewed at each meeting to ensure ongoing compliance. Annual Disclosure and Barring Service (DBS) checks are conducted for all staff, contributing to a safe and accountable working environment.
However, the practice does not currently have a whistleblowing policy in place.

The registered manager must produce a whistleblowing policy to ensure staff are aware of appropriate procedures for raising concerns confidentially and safely.

Culture

People engagement, feedback and learning
The practice encourages patient feedback through direct communication or via a suggestion box, which is reviewed prior to staff meetings to inform service improvements. Staff told us there are plans in place to reintroduce a notice board to display how the practice responds to patient feedback, further promoting transparency and engagement. A Llais poster was observed on display, signposting patients to the national voice for health and social care services in Wales. However, the practice does not currently have a Duty of Candour policy or provide associated training.

The registered manager must produce a Duty of Candour policy and ensure staff receive relevant training to ensure compliance with statutory requirements and to support a culture of openness and learning.

Information

Information governance and digital technology
The practice has systems in place to support the secure handling of patient information. At present, dental nurses are required to transcribe information to complete electronic referrals, which may introduce a risk of transcription errors.

The registered manager must review the referral process to identify opportunities for streamlining and reducing manual input.

Policies and procedures were stored and maintained electronically, with paper copies also available. Patient records were maintained in paper format and stored in a locked room. However, we noted that the storage area consisted of an inbuilt wooden unit with a sliding door, which is not fire-resistant. This presents a potential risk to the security and preservation of patient information in the event of a fire. The service may wish to consider a fire-resistant storage solution to ensure the protection of sensitive information in line with data security and confidentiality standards.

Learning, improvement and research

Quality improvement activities
At the time of inspection, there was no evidence of completed audits for healthcare waste management, health and safety, disability access, or integrated smoking cessation. These audits are essential for ensuring compliance with regulatory standards and promoting continuous improvement in patient care and safety.

The registered manager must implement a schedule of clinical audit activities to be undertaken to support a structured and ongoing approach to quality assurance.

Whole-systems approach

Partnership working and development

As a single-dentist practice operating without a fully computerised clinical system, engagement with wider digital systems is managed manually. Dental nurses support this process by inputting and transmitting necessary information to external services. While this approach is appropriate for the current scale of the practice, the introduction of even partial digital solutions could enhance efficiency and integration with wider healthcare systems over time.

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
We saw that staff had not completed the required BOC - Oxygen Integral Valve Cylinder training.	Patients could be put at risk in the event of a medical emergency.	We raised this immediately with staff during the inspection.	Training was completed during the inspection and evidence provided.
The Health and Safety Poster did not have the name of the responsible officer added.	Without a named responsible officer, delays in reporting hazards could occur.	We raised this immediately with staff during the inspection.	Responsible officers name added to the poster during the inspection.
We found three members of staff had not completed their annual fire safety training.	Patients could be put at risk in the event of an emergency.	We raised this immediately with staff during the inspection.	The practice manager confirmed that arrangements had been made for the training to be delivered at the next staff meeting.

Appendix B – Immediate improvement plan

Service: Gareth R H Davies - The Dental Surgery

Date of inspection: 18 June 2025

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

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

Appendix C - Improvement plan

Service: Gareth R H Davies - The Dental Surgery

Date of inspection: 18 June 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.	The toilet facility was not wheelchair accessible.	The registered manager must update the patient information leaflet to reflect the accessibility issues of the patient toilet facilities.	Private Dentistry (Wales) Regulations 2017 Regulation 6(1)	Update both PILs	GRHD	30/9/25
2.	It was unclear if a fire safety equipment maintenance contract was in place, and we found that three members of staff had not completed their annual fire safety training.	The registered manager must: • Provide evidence there a fire safety equipment maintenance contract in place • Ensure all staff have up-to-date training in fire safety awareness.	Regulation 22(4)(a) and Regulation 22(4)(c)	Ask Chubb (the firm who annually services the building) for confirmation that there is an arrangement for this annual visit.	GRHD	30/9/25

				Annual fire safety training had taken place on 13/5/25.	Completed	
3.	Clinical waste bags awaiting collection were stored alongside various non-clinical items, including cardboard boxes, chairs, a vacuum cleaner, other discarded items, and a mop and bucket.	The registered manager must ensure that the clinical waste storage room is kept clear of non-clinical items and general clutter.	Regulation 22 (2)(a) NHS Quality and Safety Framework	Re-locate the clinical waste bags in the lockable Stock Room. Arrange the shelf above to store new clinical and commercial waste.	GRHD	31/10/25
4.	We noted that the service is not currently using the Welsh Health Technical Memorandum (WHTM) guidance for auditing purposes. One audit reviewed was based on Health Technical Memorandum (HTM) standards rather than WHTM	The registered manager must ensure all audit of infection control takes place in line with the Welsh Health Technical Memorandum (WHTM)	Regulation 13(3)(b)	My staff will re-run the audit using the correct format when I am on annual leave.	Lisa and Liz	5/9/25
5.	During our inspection we were not assured regarding the Hepatitis B immunity status of clinical staff. A record	The practice must ensure a hepatitis B register is kept up to date to reflect the status of all relevant staff.	Regulation 13 (6)(c)(ii)	The nurses are booked in on 12/8/25. Gareth will pursue his enrolment into	GRHD	19/9/25

	was not in place to evidence that clinical staff had received their Hepatitis B vaccinations and immunity response.			Occupational Health but to prioritise the HBV check, I am seeking a test from my GMP.		
6.	The designated safeguarding lead had not completed the level of training required for their specific responsibilities.	The registered manager must ensure that the safeguarding lead undertakes Level 3 safeguarding training.	Regulation 14(1)(b)	2 courses have been identified to upgrade my child and adult safeguarding.	GRHD	30/9/25
7.	The X-ray equipment was not fitted with a rectangular collimator.	The registered manager must arrange for the installation of a rectangular collimator.	Regulation 13(2)(a)	We will purchase a collimator. One can't be found in the catalogues but I can take the tube to the London Excel Exhibition (3/10/25) and find one there.	GRHD	10/10/25
8.	We reviewed a sample of nine patient records and there was no evidence of recorded risk assessments for dental caries, periodontal disease, tooth wear, or oral cancer. Documentation of informed consent was not	The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	Regulation 20(1)(a) Regulation 13(1) Regulation 13(9)(d)	I have now introduced a formal risk assessment of caries, periodontal disease, tooth wear and oral cancer into my routine examination. I have updated my	GRHD	Completed but possibly refined before 7/11/25

	present in the reviewed records.			Examination Information Policy to reflect this. I will attend a course on tooth wear on 31/10/25 to standardise my assessment. I am good at gaining informed consent but I need to improve writing this down for the less important items.		
9.	The practice does not have a whistleblowing policy.	The registered manager must produce a whistleblowing policy.	Regulation 17(3)(e)	Produce a Whistleblowing Policy	GRHD	30/9/25
10.	The practice does not have a Duty of Candour policy.	The registered manager must produce a Duty of Candour policy.	The Health and Social Care (Quality and Engagement) (Wales) Act 2020 The Duty of Candour Procedure (Wales) Regulations 2023	The Duty of Candour Policy has been present since January 2023 but I couldn't find it on the day of the Inspection.	GRHD	Completed
11.	Dental nurses are required to transcribe	The registered manager must review the referral	Regulation 16(1)(a) and	The general details of a referral letter	GRHD	Completed

	information to complete electronic referrals.	process to identify opportunities for streamlining and reducing manual input.	Regulation 16(2)(d)(i)	will now always be entered by one of my staff before I write the referral so that patient details are confirmed by two people.		

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): Gareth R.H. Davies

Job role: Dental Surgeon

Date: 31st. July, 2025.