

General Dental Practice Inspection Report (Announced)

MyDentist, Baglan Bay Retail Park,
Port Talbot, Swansea Bay University
Health Board

Inspection date: 02 September 2025

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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 MyDentist, Baglan Bay Retail Park, Port Talbot, Swansea Bay University Health Board on 02 September 2025.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also spoke to staff working at the service during our inspection. In total, we received 24 responses from patients and five responses from staff at this setting. 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:

Patients generally provided positive feedback about the care and service provided by the dental practice. All respondents to the HIW questionnaire rated the service as 'good' or 'very good.'

The reception team were very welcoming and staff treated patients with dignity and respect. There was an equality and diversity policy in place and staff had completed training in this subject.

Appointments were arranged by telephone or via online bookings. Most patients said it was easy to get an appointment, although several were unaware of how to access out of hours dental services.

There was a range of information available throughout the practice promoting various dental treatments and products. However, there was little oral healthcare information readily available for patients, which was addressed during the inspection. One patient expressed concerns about upselling of additional products and services.

This is what we recommend the service can improve:

- To ensure delays to appointments are consistently communicated to patients in a timely manner
- To ensure staff are aware of the translation services available and use them when necessary.

This is what the service did well:

- Active offer to provide treatment in the Welsh language
- Telephones and reception were manned throughout lunch periods
- Separate treatment co-ordinator room for confidential discussions with patients
- Fully accessible to wheelchair users and patients with impaired mobility.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice was well maintained, appeared clean and was decorated to a high standard. Patient areas were uncluttered and free of hazards.

There were good processes in place for the management of medicines and for the safe use of clinical equipment. We found suitable arrangements in place for the use, maintenance and testing of the X-ray equipment.

Appropriate procedures were in place for the safeguarding of children and vulnerable adults with a lead appointed and staff trained in the subject.

Whilst patient dental records were generally good, there were a few omissions around treatment plans and medical histories that needed to be addressed.

This is what we recommend the service can improve:

- Staff to complete annual fire safety refresher training
- Ensure patients preferred choice of language and any action taken to address the language needs are recorded within the patient records.

This is what the service did well:

- Separate changing rooms for staff to change in private and individual storage lockers
- Recommended checklists were being used to help prevent wrong tooth extractions
- Staff absence and business continuity arrangements with branch practices in place to ensure continuity of care.

Quality of Management and Leadership

Overall summary:

We found management and staff were committed to providing a high-quality service for patients. There was a good range of policies and procedures in place that were regularly reviewed, easily accessible and countersigned by staff. There was a good approach to quality improvement, with clinical audits being regularly undertaken.

A robust recruitment process was in place with pre-employment checks completed. Staff records were well maintained with good levels of compliance with mandatory training.

Most responses to the staff questionnaire were positive. However, one staff member felt they had been discriminated against due to their age.

This is what we recommend the service can improve:

- To provide HIW with details of action taken to address discrimination at the practice
- To ensure staff are provided with regular appraisals.

This is what the service did well:

- A fully documented induction process which was signed off by senior staff
- ‘You said, we did’ notice on displayed informing patients of changes made based on their feedback
- Complaints managed and analysed centrally to identify themes and trends to be addressed.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All but one of the respondents who answered the question rated the service as ‘good’ or ‘very good.’

Person Centred

Health Promotion

We inspected the patient waiting area and found a wide range of information available including a display screen, that promoted teeth whitening, crowns, dentures and teeth straightening treatments. However, other than smoking cessation advice, we were unable to see any oral healthcare information available such as healthy diet, preventative hygiene or oral cancer advice. At the time of the inspection, a new work area was being piloted to register new patients and provide general practice and healthcare information. However, this provision was staff led and meant patients could not easily view or access the information. We raised this with the registered manager who made relevant healthcare leaflets more readily available for patients.

The names and General Dental Council (GDC) registration numbers for the dental team were displayed as required. We saw that both NHS and private treatment charges, and the practice complaints process were also on display. Signs were in place notifying visitors to the practice that smoking was not permitted on the premises.

Most respondents who answered the question in the HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand and most said that staff had provided them with aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

We observed the reception team to be very welcoming, and staff were polite, friendly and treated patients with respect. We found confidentiality agreements formed part of staff employment contracts. Patient privacy and dignity was maintained by keeping surgery doors closed during treatments.

Whilst the reception desk and waiting area were in the same room, there was a treatment co-ordinator's office which was used for discussing treatment options and holding confidential discussions with patients.

We saw the nine GDC core ethical principles of practice were clearly displayed in the waiting area.

All but one of the respondents who answered the question on the HIW patient questionnaire agreed that staff treated them with dignity and respect at the practice.

Individualised care

All respondents who answered the questions on the HIW patient questionnaire said that they were given enough information to understand the treatment options available, that staff had listened to them and that their medical history was checked before treatment. All agreed that staff explained what they were doing throughout the appointment.

All but one respondent said they were given enough information to understand the risks and benefits associated with their treatment options, and felt they were involved as much as they wanted to be in decisions about their care. While most said that the charges were made clear prior to commencing treatment, two respondents disagreed.

The single comment provided by a patient about the service was:

“From the week prior to the moment you arrive, you are treated as a potential customer who needs to be ‘cross sold’ as many products as possible. From the pre-care survey, the forms to complete, the literature provided - all expressly done to gain selling opportunities. No discussion about care or service as a patient. Just products as a customer.”

Timely

Timely Care

We found the practice opening hours and emergency contact numbers were displayed and could be seen from outside the premises. These included extended opening hours on Tuesday and Wednesdays for private patients, while half term holidays were utilised for school children whenever possible. We were told that delays at the practice would be communicated by reception staff whenever they were aware, although we were told that clinicians sometimes failed to notify them when they were running behind.

The registered manager must ensure that delays to appointments are consistently communicated to patients in a timely manner.

Appointments could be arranged via telephone and online bookings with reminders sent via text or email. We found that the telephones and reception were manned throughout lunch periods. We were told that patients who needed emergency treatment should call at 08:00am, with cases prioritised by reception staff with any queries referred to the clinicians. We were told the average waiting time between appointments could range between one and six weeks depending on the dentist and the nature of the treatment.

Most respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one, although three disagreed. Whilst sixteen respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, eight respondents said that they did not.

Equitable

Communication and Language

We found a lot of written information displayed in the practice was available in Welsh and English, and we saw that the Active Offer of providing a service in the Welsh language was given. We were told that patient language preference was checked on initial registration with the practice. An appropriate translation service was available for patients whose first language was not English, although staff appeared unsure of this provision and told us that they had previously used online translation services instead.

The registered manager must ensure staff are fully aware of and use appropriate translation services where required.

A hearing loop system was in place to assist patients with hearing difficulties. We were told that information could be printed in large font if required whilst magnifying glasses were also available if preferred by patients.

Rights and Equality

We felt that the practice was committed to providing dental care in a way that recognised the rights and needs of patients, with preferred pronouns and names used for transgender patients, as requested. The practice had a current equality and diversity policy in place while training on the subject had been completed by staff.

All but one of the respondents who completed the HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice.

The practice was located on the ground floor with level flooring throughout and wide doorways to each surgery. The reception desk featured a lowered section to accommodate wheelchair users. We noted easy access from the car park into the practice and considered the patient toilet to be suitable for wheelchair users with room to manoeuvre, handrails and an emergency pull cord installed.

Delivery of Safe and Effective Care

Safe

Risk Management

The dental practice was clean, spacious, well-lit and appeared to be well maintained. Internally, the environment was decorated and furnished to a high standard with patient areas comfortable and free from hazards.

We found an up-to-date health and safety policy in place, and an approved health and safety poster was on display in the staff room. A valid employer's liability insurance was clearly displayed. There were separate changing rooms for staff to change in private and individual lockers to store their personal possessions.

A business continuity policy was in place with emergency contingencies to be followed should it not be possible to provide the full range of services due to an unexpected event. We saw that this included the use of other practices within the corporate group.

We inspected the fire safety arrangements and found them to be appropriate with a fire risk assessment in place that was subject to annual reviews. We saw evidence that regular fire drills and tests of detection and alarm systems were conducted. Fire extinguishers had been serviced within the last year. However, we reviewed fire safety awareness training and found that annual refresher training was overdue for fifteen members of staff.

The registered manager must put in place an effective system to ensure staff complete up-to-date fire safety awareness training in a timely manner.

Infection Prevention and Control (IPC) and Decontamination

There was an up-to-date infection prevention and control policy with a designated lead appointed. All areas in use were visibly clean and suitably furnished to enable effective cleaning. We saw that personal protective equipment (PPE) was available and used by staff, while suitable hand hygiene facilities were installed. We found that the latest IPC audit had been conducted within the last year in line with the Welsh Health Technical Memorandum (WHTM) 01-05.

There was appropriate occupational health support available and staff vaccinations were arranged via a corporate contract. We saw sharps bins suitably located and managed, while protocols were displayed in each surgery to advise staff of the action to take in the event of a needlestick injury.

We observed the practice decontamination process and found this to be appropriate. The decontamination room was well organised with a suitable system to safely transport instruments between the surgeries and the decontamination room. We saw evidence of regular periodic maintenance of the decontamination equipment and that both start and end of day checks were completed.

Contracts were in place to safely transfer waste from the practice while clinical waste was suitably separated and securely stored while awaiting collection. We saw that appropriate arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH).

We found staff working at the practice had completed IPC training and saw evidence of this within the sample of staff files that we reviewed.

All respondents who answered the HIW patient questionnaire felt the setting was 'very clean' and all but one felt that infection and prevention control measures were being followed.

Medicines Management

We saw that a medicines management policy was in place and that suitable systems were used for ordering, handling and disposing of drugs while prescription pads were seen to be stored securely. We saw signage displayed reminding patients to inform staff of any changes in their medical history.

The practice had a policy for managing medical emergencies which was based on the national resuscitation guidelines. We inspected the equipment and drugs for use in the event of an emergency and found a suitable system for checking stocks and monitoring expiry dates of medicines and equipment. We confirmed that staff working at the practice had completed up-to-date resuscitation training.

We found that oxygen cylinders had been serviced as necessary and found the first aid kit was checked monthly and suitably stocked with all items in date. There were two trained first aiders appointed to ensure there was cover in the event of sickness and holidays.

Management of Medical Devices and Equipment

Clinical equipment appeared clean and in good condition. We found schedules of maintenance managed via compliance software and daily check logs. We considered there to be appropriate arrangements in place to deal with any equipment failure.

We saw that the X-ray equipment had been subject to the necessary maintenance and testing and found a radiation risk assessment was in place. Appropriate signage

was displayed on each surgery door. The local rules for the safe use of the X-ray equipment were readily available and information advising patients of the risks and benefits of dental X-rays were displayed in each surgery. We discussed making the risks and benefit information also available in the patient waiting area and that advice given by the clinician on this subject could be recorded within patient notes as good practice.

We saw evidence that all staff who were involved in the use of X-rays had completed relevant training.

Safeguarding of Children and Adults

A suitable up-to-date safeguarding policy was in place with the local safeguarding team contact details included and readily available. A practice safeguarding lead was appointed. We discussed placing quick reference safeguarding flowcharts in each surgery for easy access in the event of a concern.

We found all staff were appropriately trained in child and adult protection and knew who to contact in the event of a concern.

Effective

Effective Care

We found enough trained staff at the practice to provide safe and effective care for patients. Staff were clear regarding their roles at the practice and we were assured that professional and statutory guidance was being followed when providing treatment. Recommended checklists to minimise the risk of wrong tooth extraction were being used.

Patient Records

We saw a suitable system in place for the safe management of patient records and found passwords changed regularly. There were appropriate policies in place to protect the rights of patients who may lack capacity. We were told records were retained in line with the Private Dentistry (Wales) Regulations 2017, with a data retention policy in place.

We reviewed the dental care records of nine patients and overall, we considered records to be of a good standard. Each record had suitable patient identifiers with the reason for attendance, informed consent obtained, and cancer screening recorded. However, there were some omissions. We found some medical histories had either not been signed by the patient or dentist patient while one patient had no copy of their medical history scanned in. We saw one programme of treatment had been carried out, but no actual treatment plan produced, while antibiotics

that had been provided to one patient were not based on national guidelines. We also found that patient language preference was not recorded.

The registered manager must:

- provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.
- ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.

Efficient

Efficient

Overall, we found suitable arrangements in place to ensure the practice operated in an efficient way that maintained standards of quality care, with sufficient clinicians for the services provided. A short notice list was in operation to enable staff to back-fill cancelled appointments. We considered the referrals process and found these were logged with a follow-up programmed into the schedule to serve as a reminder.

We considered the facilities and premises well equipped for the services currently being delivered and with current ongoing development of the practice there will be opportunities for improved movement via internal treatment pathways.

Quality of Management and Leadership

Staff feedback

Five staff responded to the HIW questionnaire and overall, responses were positive. Comments relating to patient dignity and staff wellbeing were positive, with all respondents agreeing that care of patients was the top priority of the practice. All said they would be happy with the standard of care provided if a friend or relative needed treatment.

All respondents said that they felt facilities were appropriate to carry out their tasks, with adequate materials and access to information technologies to carry out their duties. All said that there was appropriate PPE available and used. However, while most said there were enough staff to allow them to do their job properly, two respondents disagreed that there was an appropriate skill mix at the practice.

Whilst most staff (4/5) who completed the HIW questionnaire agreed that their working pattern allowed for a good work-life balance, and that their job was not detrimental to their health, all said they would recommend the practice as a great place to work.

Leadership

Governance and Leadership

We found a clear management structure in place, enabling the effective running of the practice. The practice manager was supported by the area compliance manager and a wider corporate network.

Suitable arrangements were described for sharing relevant information with staff and we saw that minutes of monthly team meetings were recorded and shared with staff who were unable to attend.

We found a good range of policies available for staff to assist them in their roles. These had been subject to regular reviews and were countersigned by staff to confirm they had been read and understood.

All staff who responded to the HIW questionnaire agreed that they had fair and equal access to workplace opportunities, and felt the workplace was supportive of equality and diversity. However, one staff member indicated that they had faced age discrimination at work within the last 12 months.

The registered manager must provide HIW with details of action taken to address discrimination at the practice.

Workforce

Skilled and Enabled Workforce

We found suitable arrangements were in place for employing staff, with policies and procedures detailing the recruitment process. Pre-employment checks included appropriate professional qualifications, proof of identity, vaccinations and use of the Disclosure and Barring Service (DBS).

A suitable induction process was described for new employees to help ensure they understood their roles and were aware of the practice policies and procedures. We saw evidence that this process was fully documented and signed off by the supervisor.

Job descriptions, employment contracts and written references for the employees were held within staff files. We were told that the practice does not use agency staff with any leave or absences covered by staff from other branch practices.

Compliance with mandatory training was good and we saw that staff had attended additional training on a range of topics relevant to their roles within the practice. We were told that all staff have an annual appraisal to discuss their performance and set development objectives.

Most staff who responded to the HIW questionnaire felt that they had completed appropriate training to undertake their role at the practice although one staff member disagreed. Additionally, two respondents said that they had not had a review or appraisal within the last 12 months.

The registered manager must ensure that all staff have an appraisal, and a process is put in place to ensure these occur in a timely manner.

Culture

People Engagement, Feedback and Learning

We found various arrangements for seeking feedback from patients including the use of social media and patient surveys sent via text following each appointment. A suggestions box was available to enable patients without digital access to provide anonymous feedback.

We were told that patient feedback was assessed and analysed centrally with the results and any actions fed back to management to discuss at team meetings. We

saw a 'You said, we did' notice displayed in the patient waiting area informing them of changes made because of their feedback.

The practice complaints procedure was displayed in the waiting area. This indicated response timescales, identified the staff member appointed to handle complaints and included details of how to escalate an issue if required. We saw the complaints log was managed centrally via the group's Patient Support team and we saw that this was analysed to identify trends or themes that may need to be addressed.

The practice had an up-to-date Duty of Candour policy which provided guidance and set out staff responsibilities. We were told that there have been no incidents where Duty of Candour has been exercised. We saw that Duty of Candour training had been completed by all staff.

All staff who completed the HIW questionnaire said they knew about the Duty of Candour and understood their role in meeting these standards. All agreed that the practice encouraged them to raise concerns if something had gone wrong and share this with the patient.

Information

Information Governance and Digital Technology

The practice used appropriate systems to manage patient records, policies and procedures, and staff training records. There were suitable corporate data management policies in place that detailed the arrangements for the safe handling of patient information.

Learning, Improvement and Research

Quality Improvement Activities

As part of the practice improvement activities, we found a good programme of audits including clinical records, antibiotic prescribing, and X-rays. Health and Safety and disability access audits were ongoing at the time of the inspection.

We were told that peer reviews were conducted using the hierarchy of clinical staff and reviews. A corporate business management tool was being used to monitor and demonstrate compliance with risk assessments, audits and other best practice standards.

Whole Systems Approach

Partnership Working and Development

We were told the practice had good links with the local health board with suitable engagement between the practice and the local pharmacy. However, we were told that the practice had experienced some difficulties when trying to contact local GP practices.

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 summaries 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
There were no immediate concerns resolved during this inspection.			

Appendix B - Immediate improvement plan

Service: MyDentist, Baglan Bay Retail Park, Port Talbot

Date of inspection: 02 September 2025

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.

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

Appendix C - Improvement plan

Service: MyDentist, Baglan Bay Retail Park, Port Talbot

Date of inspection: 02 September 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
Delays at the practice would be communicated by reception staff whenever they were aware, although we were told that clinicians sometimes failed to notify them when they were running behind.	The registered manager must ensure that delays to appointments are consistently communicated to patients in a timely manner.	Quality Standard - Timely	A practice meeting will be arranged to discuss informing patients on arrival if the dentist is running late	Practice Manager	23/11/2025
An appropriate translation service was available for patients whose first language was not English although staff appeared unsure of this provision and told us that they had	The registered manager must ensure staff are fully aware of and use appropriate translation services where required.	Regulation 13(1)(a)	Translation services for language line rather than google translate was implemented on the day of inspection. Communication has	Practice Manager	Completed

previously used online translation services instead.			since been communicated to all staff of the change and recorded as a significant event		
Annual fire safety awareness refresher training was overdue for fifteen members of staff.	The registered manager must put in place an effective system to ensure staff complete up-to-date fire safety awareness training in a timely manner.	Regulation 22(4)(c)	Annual fire training has now been completed for all staff	Practice Manager	Completed
There were some omissions in patient records including medical histories not signed, a missing treatment plan and language preferences unrecorded.	<p>The registered manager must:</p> <ul style="list-style-type: none"> • provide HIW with details of the action taken to address our findings in relation to the completeness of patient records • ensure patients preferred choice of language and action taken to address any language needs are 	<p>Regulations 20(1)(a)(i) & (ii)</p> <p>Regulation 13(1)(a)</p>	<p>A visit from the clinical development advisor will be arranged to discuss the importance of obtaining medical histories and issuing treatment plans</p> <p>Active offer was implemented on the day of inspection and</p>	Practice Manager	23/11/2025

	recorded within the patient records.		will continue to be recorded	Practice Manager	Completed and ongoing
One staff member indicated that they had faced age discrimination at work within the last 12 months.	The registered manager must provide HIW with details of action taken to address discrimination at the practice.	The Equality Act 2010	As the individual cannot be identified, the Equality & Diversity policy will be shared again in the next practice meeting. 1-2-1 documented conversations will also take place to discuss what is working well and if any additional support is required	Practice Manager	23/11/2025
Two staff members said that they had not had a review or appraisal within the last 12 months.	The registered manager must ensure that all staff have an appraisal, and a process is put in place to ensure these occur in a timely manner.	Regulation 17(4)	A full review of all completed appraisals will take place and any members of staff that have not received an appraisal within the	Practice Manager	23/11/2025

		last 12 months will be completed	
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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): Rebecca Morse & Sarah-Jane Davies

Job role: Practice Manager & Regulatory Officer

Date: 23/10/2025