

General Dental Practice Inspection Report (Announced)

MyDentist, Killay, Swansea

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.



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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, Killay, Swansea Bay University Health Board on 04 March 2026.

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 nine questionnaires were completed by patients and four 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:

Patients reported a very positive experience of care. All respondents to the HIW questionnaire rated the service as 'very good,' highlighting friendly and professional staff who made them feel cared for, informed and involved in decisions.

Suitable patient information and health-promotion materials were available, and patients received clear explanations about treatment options, risks and costs. Patients were able to access appointments in a timely manner.

The practice was clean, welcoming and tidy throughout. Some reasonable adjustments were in place to support equitable access to services; however, the building layout limited physical accessibility, and we noted the absence of armrests on waiting-area chairs for those requiring additional support.

Language preferences were recorded for all patients, but we identified a need to strengthen the 'Active Offer' of the Welsh language. Staff addressed this during the inspection by displaying suitable information and ensuring a Welsh-speaking staff member wore an identifiable badge.

This is what we recommend the service can improve:

- Strengthen accessibility arrangements to support equitable access.

This is what the service did well:

- Well-maintained and welcoming environment
- Friendly and approachable staff
- Patient feedback was consistently positive
- Clear information provided to inform patients regarding their care
- Extended opening hours to support timely appointment access.

Delivery of Safe and Effective Care

Overall summary:

The practice demonstrated strong arrangements for safe and effective care, supported by robust corporate policies, a comprehensive programme of up-to-date clinical and environmental risk assessments, and reliable incident-management processes. The premises were generally well maintained, with some minor

decorative issues identified during the inspection. Fire-safety arrangements were well established, with regular servicing, visible signage and six-monthly fire drills.

However, several environmental safety issues were identified, including an inappropriately stored paper waste bin, unlabelled or inaccessible X-ray isolation switches, incorrect extinguisher labelling and outdated defibrillator signage; all were suitably resolved during the inspection.

We found robust systems for medicines management, with emergency medicines, equipment and resuscitation kits available, in date and well organised.

Infection control standards were high, supported by a designated lead, effective decontamination processes and appropriate waste-management systems.

Safeguarding arrangements were a particular strength, with a dedicated safeguarding lead, high levels of staff training and clear referral pathways.

Patient records were generally of good quality; however, we found inconsistent recording practices across clinicians, resulting in examples of missing or incomplete information.

This is what we recommend the service can improve:

- Review and strengthen the general upkeep of the premises
- Introduce a standardised record-keeping template to ensure clinical information is recorded consistently.

This is what the service did well:

- Effective incident-reporting and management systems
- Efficient appointment and well-managed referral processes.
- Up-to-date Cardiopulmonary Resuscitation training for relevant staff, and three trained first aiders
- Robust safeguarding arrangements.

Quality of Management and Leadership

Overall summary:

We found a clear management structure in place, supported by accessible corporate oversight, regular team meetings and effective systems for incident escalation and learning. Staff reported feeling supported and confident in delivering safe care.

Staff records were well maintained, with evidence of up-to-date training and annual appraisals in line with regulatory requirements. Policies and procedures were comprehensive, up to date and regularly reviewed.

Governance systems were well established, with robust quality-assurance processes and strong audit compliance, demonstrating a clear commitment to continuous improvement.

This is what the service did well:

- Effective management of the practice, supported by the accessible corporate team
- Robust recruitment and employment processes
- A supportive and committed team of staff who worked well together
- Monthly team meetings with agendas and minutes
- Good use of digital record and learning systems
- Ongoing quality-improvement activity, with robust actions taken to address issues identified during the inspection.

3. What we found

Quality of Patient Experience

Patient feedback

Respondents to the HIW questionnaire reported a very positive experience of care. All rated the service as ‘very good’, describing staff as friendly, professional and supportive. Patients were satisfied with access to appointments, the cleanliness of the practice and overall standard of care provided.

Patient comments included:

“X is fantastic on the desk, really helpful and respectful. I feel very comfortable in this practice.”

“Knowledgeable and friendly staff. Always welcomed by name. Treatment always clearly explained. Always reminded of appointments.”

“X is always friendly and very helpful.”

“X is always professional, friendly and gives every patient a fantastic welcome and goodbye...Always with a smile. I am so relieved when she answers the phone as I know my issues/appointments will be attended to”

“The service is of very high quality, from the front desk with lovely X that has always a nice word to say, a welcoming smile and a very caring approach. To the fantastic dentist, very knowledgeable and caring. My family and I feel very well cared for when coming to the practice.”

“Lovely staff.”

“All staff are professional and friendly.”

Person-centred

Health promotion and patient information

We found strong evidence that patients were supported to look after their oral health. A wide range of suitable health-promotion and patient information was provided in the reception area, including materials on smoking cessation, diet and oral health, gum disease, and sepsis awareness. All respondents to the HIW

questionnaire said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.

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

Copies of the patient information leaflet were available online and throughout the practice. We found clear information provided regarding NHS and private treatment charges, opening times, details of the staff team, and arrangements for emergency appointments.

The practices’ statement of purpose was available within the practice and staff confirmed plans to publish this on the website alongside the patient information leaflet, to improve accessibility of information.

Dignified and respectful care

The nine ethical principles of the General Dental Council (GDC) code of standards were clearly displayed to support dignified and respectful patient care. The names and GDC registration numbers of clinical staff were provided both inside the practice and online. All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

The reception desk and waiting area were open plan, which limited privacy; however, all staff had signed confidentiality agreements, and suitable areas were available for private conversations if required.

Surgery doors were kept closed during treatment, and windows in clinical areas were fitted with blinds or obscured glass to promote privacy. We found two surgeries had clear door panels allowing limited visibility from outside, but this arrangement was managed proportionately in line with operational and safety needs, including allowing dentists to observe the patient when X-rays were being taken.

Individualised care

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

All respondents to the HIW questionnaire said that staff gave them enough information to understand which treatment options were available and the associated risks and benefits of these. All agreed that they were as involved as they wanted to be in decisions about their treatment.

Timely

Timely care

We found suitable arrangements in place to support patients in accessing timely care. Opening hours were clearly displayed outside the building, within the patient information leaflet, and online. A corporate smart-diary system was used to manage appointments efficiently, and staff routinely contacted patients to confirm appointments and communicate any unexpected delays. Online booking was available for private dental and hygiene appointments.

At the time of our inspection, routine treatment waiting times were reported as 8-12 weeks. Staff advised that patients whose condition worsened would be offered an earlier appointment, and the practice also accepted NHS 111 referrals daily to support urgent care.

Emergency appointment slots were reserved each day, with patients triaged according to clinical urgency and prioritised for same-day assessment where necessary. External signage clearly instructed patients regarding urgent appointments and out-of-hours care.

We were told the practice had recently extended its opening hours to support lunchtime appointments, which we noted as good practice.

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

Equitable

Communication and language

We found suitable arrangements to support patients' communication needs, including the use of telephone translation for non-English speakers, printed language prompts, and posted appointment letters for those without digital access.

Patient language preferences were recorded in all records we reviewed. One staff member was a Welsh speaker, and some bilingual posters were displayed. However, we identified the need for the practice to strengthen its Welsh language 'Active Offer', as the staff member did not wear an identifier, and no information about the 'Active Offer' was displayed. We raised this during the inspection and staff took immediate steps to address this issue, by ensuring the staff member wore an identifier and by displaying suitable information.

Rights and equality

The practice had suitable arrangements to support patients' rights and equality, supported by an equality and diversity policy and staff training. Staff described how they met the needs of patients with different protected characteristics, with preferred patient names and pronouns recorded to ensure respectful care for transgender and non-binary patients.

The reception area had various adjustments in place to aid patients, including a hearing loop for patients with hearing difficulties and a magnifying glass for those with impaired vision. Large print materials could be printed on request.

The practice was inaccessible to people with mobility difficulties due to the building layout, and this limitation was clearly stated in the patient information leaflet. Staff told us that patients with mobility issues were directed to an alternative practice when needed, and the provider was exploring future relocation options to improve accessibility. During the inspection, we noted that the waiting area chairs did not have armrests, reducing support for patients who require additional stability.

The service should strengthen accessibility arrangements by exploring feasible adjustments within the current premises, including ensuring that seating with armrests is available to better support patients with mobility needs.

Delivery of Safe and Effective Care

Safe

Risk management

The practice was generally well maintained, visibly clean, tidy and free from clutter. Facilities and equipment were appropriately maintained, and staff had access to suitable changing facilities and secure storage for personal items. However, some areas required attention, including a patient toilet flush that appeared broken and areas of peeling paint on walls in patient areas.

The service should review and strengthen the general upkeep of the premises to ensure the environment remains well maintained.

The practice had a comprehensive programme of up-to-date risk assessments and audits covering key clinical and environmental areas, supported by robust corporate policies. Clear incident-reporting and management arrangements were in place and understood by staff. Staff participated in training simulations and received regular updates to maintain awareness of safe working practices. Internal communication systems were effective, helping ensure information flowed well across the team.

Fire safety arrangements were generally well established, with regular servicing of equipment, suitable procedures, visible signage and fire drills undertaken every six months. Basic emergency instructions were displayed for staff.

We saw that an Employer's Liability Insurance Certificate and a Health and Safety poster were on display.

However, we identified several environmental safety issues, all of which were suitably addressed and resolved by staff during our visit:

- A paper waste bin was stored against an external wall, posing a potential fire-safety risk
- X-ray isolation switch issues in all three surgeries, with two unlabelled switches and one instance where staff did not have access to the key required to operate the labelled switch. This posed a risk that staff may be unable to safely and promptly isolate radiographic equipment in the event of a fault or emergency
- An incorrect wall label for a CO₂ extinguisher, posing a risk that staff could select the wrong extinguisher type in an emergency

- Outdated signage indicating the former defibrillator location, posing a risk of delay in locating essential life-saving equipment during an emergency.

Details of the actions taken to address these issues are detailed in [Appendix A](#).

Infection, prevention and control (IPC) and decontamination

There were suitable arrangements to ensure a high standard of infection control, supported by appropriate policies, procedures and an effective cleaning regime.

The practice had a designated infection control lead, and we found appropriate arrangements for relevant staff vaccinations and sharps-injury management. Effective systems were in place for the cleaning, disinfection and sterilisation of dental instruments.

Waste disposal arrangements were appropriate across all relevant waste streams, and clinical waste was being stored securely.

All respondents to the HIW questionnaire said that the practice was ‘very clean’.

Medicines management

We found robust arrangements for medicines management, including effective systems for the ordering, storage, handling, administration and disposal of medicines.

Emergency medicines and resuscitation equipment were available and maintained in line with recognised standards. Emergency kits were well-organised and properly managed.

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

Safeguarding of children and adults

We found effective safeguarding arrangements at the practice. Up-to-date safeguarding policies and procedures were available, and safeguarding flow charts were displayed in the staff room. The practice had a dedicated safeguarding lead, and staff were confident in identifying, responding to and reporting safeguarding concerns.

Staff safeguarding training compliance was high, with all dentists and the hygienist trained to Level 3, which we recognised as good practice. Safeguarding simulations were also routinely conducted to help maintain staff knowledge and awareness.

Management of medical devices and equipment

Clinical equipment was safe, in good condition and suitable for use, and staff confirmed they were trained to operate the equipment they used. Reusable instruments were handled and disinfected appropriately, and there were clear arrangements for responding promptly to any device or equipment failures. All equipment was serviced in line with expected maintenance schedules.

During the inspection, we noted that the X-ray unit in Surgery 2 had cracked paintwork that resembled a possible structural defect. On our recommendation, this was professionally assessed immediately after the inspection and confirmed to be a cosmetic issue, with the unit deemed safe for continued use and no further action required.

We reviewed staff training records and saw that relevant staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

Effective

Effective care

The practice had safe and effective arrangements for the acceptance, assessment, diagnosis and treatment of patients. Staff followed professional, regulatory and statutory guidance as required, and were able to obtain relevant professional advice when needed, supported by established corporate group pathways.

The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to minimise the risk of wrong-site tooth extraction.

Patient records

Patient records were held electronically and in line with an appropriate records management policy. We reviewed a sample of ten patient records and found them to be generally well maintained and of good quality. We saw evidence of thorough, comprehensive and consistent recording of clinical information. This included medical histories, base charting, radiographs and treatment planning.

However, our records review found inconsistent recording practices across clinicians, and examples of missing or incomplete information. Several isolated omissions were identified in the records, including one record missing smoking-cessation and oral-hygiene advice, another missing soft-tissue, extra-oral and cancer-screening entries, one adult record without a baseline Basic Periodontal Examination, and a single record lacking documented consent, treatment options, a recall interval and a full risk assessment. We highlighted these issues to staff and recommended that a standardised record-keeping

template be introduced to support complete, consistent and thorough documentation across all clinicians.

The practice must:

- Introduce a standardised record-keeping template to ensure clinical information is recorded consistently and thoroughly across all clinicians and reduce the risk of missing or incomplete entries
- Increase the frequency of record-keeping audits to support ongoing monitoring and quality improvement.

Efficient

Efficient

We found good systems in place to support the efficient delivery of care and uphold quality standards. The facilities and premises were appropriate for the services delivered, and services were organised to enable timely movement through treatment pathways. Clinical sessions were used efficiently, and the number and mix of clinicians were sufficient to meet service needs.

Patients requiring urgent dental care were managed promptly, and the practice operated an effective system to offer cancelled appointments to other patients, helping to maximise appointment availability.

Referral arrangements were robust and very efficiently managed, with strong monitoring and audit processes led by the practice manager; we identified this as an example of good practice.

Quality of Management and Leadership

Staff feedback

Staff who responded to the HIW questionnaire and who we spoke with during the inspection provided generally positive feedback. All respondents felt that the facilities and premises were suitable for their work and confirmed they had received appropriate training to undertake their role.

Most staff felt able to meet the conflicting demands on their time and agreed there were enough staff to allow them to do their job properly.

Staff reported that care of patients was the practice's top priority and told us they were satisfied with the quality of care and support they give to patients.

All staff stated that they would be happy for a friend or relative to receive the standard of care provided at this practice.

Leadership

Governance and leadership

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

The practice had a clear management and staffing structure, led by an effective and committed practice manager and supported by an accessible corporate team. We saw a clear commitment to providing a high standard of care and a positive approach to making improvements.

Monthly staff team meetings were held, with agendas and minutes circulated to ensure staff were kept up-to-date and engaged.

Effective governance systems, incident reporting and quality assurance processes formed part of the wider corporate support framework in place for the practice.

Workforce

Skilled and enabled workforce

We found effective arrangements in place to ensure staff were suitably trained, supported and competent to deliver safe and effective care.

Staffing levels and skill mix were appropriate for the service, with nurses working flexibly across surgeries and reception to maintain cover if needed. No agency or temporary staff were used, supporting continuity of care.

Recruitment procedures were robust, requiring proof of identity, right to work, qualifications and references before employment, and Disclosure and Barring Service checks were completed for all staff. Induction processes were well structured, incorporating detailed checklists and a six-month probation period for nurses.

Annual appraisals were completed, and we found effective systems to monitor mandatory training and development. Staff had access to online learning and key staff resources through the organisation's Online Academy and the Workday App. Ongoing staff development was encouraged, with examples provided including a nurse completing a dental radiography course and support provided to a student nurse preparing for examinations.

Effective processes to maintain GDC registration and other professional requirements were in place, with formal checks twice a year and prompts when renewals were due.

Culture

People engagement, feedback and learning

The practice demonstrated an effective approach to gathering and using feedback to drive quality improvements. Patients were able to provide feedback in various ways, including verbally, in writing, through a suggestions box and through text-message surveys issued after appointments. The practice displayed "You Said, We Did" information in the reception area to demonstrate how feedback had informed improvements.

A clear complaints procedure was prominently displayed, and patients also had access to Putting Things Right (PTR) information for NHS care. Complaints were recorded on the practice's electronic system and monitored by the practice manager, with support from the corporate Patient Support Team. Outcomes from complaints and patient feedback were shared with staff during meetings, supporting learning and service improvement.

Information

Information governance and digital technology

A clear process existed for recording patient-safety incidents, with suitable arrangements for escalation to external bodies where required.

Patient safety information was shared with staff through meetings and informal huddles, ensuring that learning was disseminated effectively across the team.

Learning, improvement and research

Quality improvement activities

Leadership and management arrangements supported a positive culture of quality improvement, with clear managerial structures and reliable access to corporate support.

The practice maintained up-to-date risk assessments and audits and had robust systems for recording and escalating incidents, ensuring learning was shared across the team.

Staff demonstrated a proactive approach to improvement. They described appropriate procedures for managing significant events and provided an example where a reviewed incident had led to premises improvements.

Several issues we identified during the inspection were resolved immediately, demonstrating the practice's responsive approach to risk and commitment to ongoing improvement.

Whole-systems approach

Partnership working and development

The practice had appropriate partnership arrangements, with established referral systems that enabled effective engagement with relevant partners when needed, supported by the corporate team.

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 found a paper waste bin stored against an external wall.	This posed a potential fire-safety risk.	We raised our concerns with staff.	The bin was moved to a suitable location.
We found X-ray isolation switch issues in all three surgeries, including two unlabelled switches and one instance where staff did not have access to the key required to operate the labelled switch.	This posed a risk that staff may be unable to safely and promptly isolate radiographic equipment in the event of a fault or emergency.	We raised our concerns with staff.	The switches were correctly labelled, and a suitable key was obtained during the inspection.
We noted an incorrect wall label for a CO ₂ extinguisher.	This posed a risk that staff could select the wrong extinguisher type in an emergency.	We raised our concerns with staff.	The extinguisher was correctly labelled.

We found outdated signage indicating the former defibrillator location.	This posed a risk of delay in locating essential life-saving equipment during an emergency.	We raised our concerns with staff.	The outdated signage was removed.
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Appendix B - Immediate improvement plan

Service: Mydentist, Killay, Swansea

Date of inspection: 04 March 2026

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate assurance / non-compliance issues were identified during the inspection					

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):

Job role:

Date:

Appendix C - Improvement plan

Service: Mydentist, Killay, Swansea

Date of inspection: 04 March 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. The waiting area chairs did not have armrests, reducing support for patients who require additional stability.	The service should strengthen accessibility arrangements by exploring feasible adjustments within the current premises, including ensuring that seating with armrests is available to better support patients with mobility needs.	Rights and equality	Chairs with arms have been ordered and awaiting delivery.	Kirsty Fisher	01/05/2026
2. Some environment areas required attention, including a patient toilet flush that appeared broken and areas of peeling	The service should review and strengthen the general upkeep of the premises to ensure the environment remains well maintained.	Risk management	The flush has been assessed and confirmed that it is working fine.	Kirsty Fisher	

	paint on walls in patient areas.			The peeling paint in reception has been reported to the Mydentist facilities helpdesk.		01/05/2026
3.	We found inconsistent recording practices across clinicians, and examples of missing or incomplete information within patient records.	<p>The practice must:</p> <ul style="list-style-type: none"> • Introduce a standardised record-keeping template to ensure clinical information is recorded consistently and thoroughly across all clinicians and reduce the risk of missing or incomplete entries • Increase the frequency of record-keeping audits to support ongoing monitoring and quality improvement. 	Effective care	A template for clinical record keeping notes has been implemented for the dentists discussed on the day of inspection. The practice manager will continue to monitor when completing the bi-annual record card audits.	Kirsty Fisher	Completed and ongoing

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): Kirsty Fisher / Sarah-Jane Davies

Job role: Practice Manager / Regulatory Officer

Date: 14/04/2026