

General Dental Practice Inspection Report (Announced)

Pen Y Bont Dental Centre, Cwm Taf
Morgannwg University Health Board

Inspection date: 26 March 2026

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Pen Y Bont Dental Centre, Cwm Taf Morgannwg University Health Board on 26 March 2026.

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 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 one was 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:

Feedback from the HIW patient questionnaire was positive, with all respondents rating the service as 'very good' or 'good'.

A range of oral health promotion and patient information was available, with a patient guide folder available at the reception desk. Staff were observed to treat patients with dignity and respect, and appropriate arrangements were in place to maintain confidentiality.

Care was individualised, with patient records demonstrating that relevant information and treatment discussions were recorded. Access to care was timely, with clear arrangements for routine and urgent appointments. The practice provided a bilingual service and had reasonable adjustments were in place to support equality and inclusion.

This is what we recommend the service can improve:

- Ensure patient information is displayed as required by GDC standards
- Practice information leaflet to be available on the practice website
- Update the Statement of Purpose on the website to meet regulatory requirements.

This is what the service did well:

- Health promotion and oral health information was readily available
- Appointments were accessible, with effective arrangements for urgent care
- Supported equality, inclusion and patient choice, including bilingual services.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be clean, well maintained, and suitable for the services provided. We found equipment to be in good working order. Risk management, fire safety and health and safety arrangements were in place and regularly reviewed.

Infection prevention and control arrangements met required standards, with suitable decontamination facilities, trained staff and systems aligned with WHTM 01-05 guidance.

Medicines management and medical emergency arrangements largely met national guidance, and safeguarding processes were well embedded, with staff trained to the appropriate levels.

Patient records were clear, comprehensive and securely managed, supporting effective care delivery. The service operated efficiently, with appropriate referral pathways and systems in place to manage routine, urgent and emergency dental care.

This is what we recommend the service can improve:

- Mitigate the safety risk associated with access to first floor clinical waste bins
- Ensure first aid cover is available during all opening hours.

This is what the service did well:

- Maintained a clean, secure and well-maintained clinical environment
- Had robust fire safety, health and safety, and risk management systems in place.

Quality of Management and Leadership

Overall summary:

We found the management and leadership at the practice was effective and proportionate to the size and complexity of the service. A clear management and governance structure was in place, supported by regular team meetings and accessible policies.

The practice demonstrated a commitment to good governance, learning and continuous improvement through audits, incident reporting and the review of patient feedback and complaints.

Workforce arrangements supported the delivery of safe care, with effective recruitment, induction, training and appraisal processes in place.

Information governance systems were used appropriately to manage records, compliance and learning from incidents. The practice also demonstrated effective partnership working with external organisations to support patient care and service development.

This is what the service did well:

- Used audits, complaints and feedback to support service improvement
- Supported staff through robust recruitment, induction and training processes.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW questionnaire were positive. We asked patients how they would rate the service provided by the setting. All respondents rated the service as ‘very good’ (7/9) and ‘good’ (2/9).

Patient comments included:

" ... go out of their way to make my visits as comfortable as possible. I am extremely happy at this dentist."

" Very happy, dentist made me feel comfortable when I was nervous."

Person-centred

Health promotion and patient information

We found a range of patient information available within the reception area. This included information on smoking cessation and various oral health promotion information provided through leaflets and QR codes on posters.

The practice had a patient information leaflet and Statement of Purpose available in the waiting area within a patient guide folder. We found both documents contained the information required by the Private Dentistry (Wales) Regulations 2017. However, we noted the patient information leaflet was not available on their website. In addition, the Statement of Purpose was available on their website; however, it did not contain all the information required.

The registered manager must publish the patient information leaflet on their website and update the version of the Statement of Purpose on the website to include all the information required.

Information on NHS and private treatment prices were available within the patient guide folder at reception. However, they were not clearly displayed for patients.

The registered manager must clearly display price lists for NHS and private treatment in an area easily seen by patients.

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

The practice telephone number, opening hours, emergency out of hours number, email address and website address was displayed outside the practice. The names and General Dental Council (GDC) registration numbers of the dentists were also displayed outside the practice. Information for all GDC registered staff in the practice and the GDC nine core principles of ethical practice were available within the patient guide folder. However, this information was not displayed in an area easily seen by patients as required by the GDC standards.

The registered manager must display the names and GDC registration numbers of all GDC registered staff working at the practice and the GDC nine core principles in an area easily seen by patients.

Dignified and respectful care

During the inspection we observed staff being polite, friendly and treating patients with kindness and respect. All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

The reception desk was located within the waiting room on the ground floor. We were told staff were able to use dental surgeries should patients request to have a conversation in private, and confidential telephone calls could be taken in a different room in the practice if required. We found doors to clinical areas were solid and were kept closed whilst treating patients ensuring conversations could not be overheard. We saw a confidentiality policy and procedure in place which had been reviewed and signed by all staff.

Individualised care

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

Where applicable, all respondents who completed the HIW questionnaire agreed they were given enough information to understand treatment options available to them and the majority agreed the cost was made clear to them before receiving treatment.

Timely

Timely care

Patients could book appointments in person at the reception desk or by telephone. We heard telephone lines working effectively on the day of the inspection.

We were told the current wait time between treatment appointments was approximately two weeks. Patients were able to choose an appointment time that suited them. Where an appointment may be needed sooner, a cancellation list was available. Patients are informed they can access emergency appointments by phoning or emailing the practice at the start of the day if possible, and we were told patients were typically seen within 24 hours.

In the event of a delay to an appointment time, clinicians communicated with reception via an internal messaging system. Staff would then inform patients verbally in person or ring the patient ahead of their appointment to offer an alternative time if preferred.

Most respondents to the HIW questionnaire said it was 'very easy' to get an appointment when they needed one (8/9), with one respondent stating it was 'fairly easy'.

Equitable

Communication and language

We found the practice provided a bilingual service, with all information within the patient guide being available in both Welsh and English, and posters around the practice available bilingually.

We were told one clinician at the practice spoke Welsh fluently and others were able to use basic phrases. Staff were encouraged to wear 'Iaith Gwaith' badges, and these were observed during the inspection. We were told staff did not currently have access to Welsh language training, however if interest was shown it would be provided. The practice recorded the preferred language of each patient on their records and staff used Welsh language with patients where possible.

Patient information was available in alternative formats such as large print when requested. The practice had access to Language Line and Wales Interpretation and Translation Services (WITS) to enable them to treat patients whose first language is not English or a patient who required British Sign Language (BLS). Staff understood the importance of communicating with patients in their preferred language to support the delivery of good health care.

For patients without digital access, appointments could be made by telephone or in person, and printed appointment details or letters were provided when needed.

Rights and equality

We saw an appropriate equality and diversity, harassment and zero tolerance policy in place which had been reviewed by staff. All staff had completed equality

and diversity training. The practice ensured the rights of transgender patient were upheld by recording preferred names and pronouns. The setting also had toilet facilities that were gender neutral. We were told by staff that all patients are treated the same.

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

We found reasonable adjustments were in place to ensure the setting was accessible to all. Two dental surgeries were located on the ground floor with one having a bariatric dental chair in place, and a portable ramp was available at the front entrance.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice was visibly clean, secure and decorated to a good standard. The premises were in a good state of repair both internally and externally, and the size and layout was suitable for the service provided. There was one waiting room which was appropriate for the four dental surgeries. Staff had an area within the staff room in which they were able to store their personal items, with a door that could be locked. Staff had use of toilet facilities for changing.

Lighting, heating and ventilation appeared appropriate. We found signage was clear, including dental surgery and toilet facilities. Toilet facilities were equipped with sanitary disposal, handwashing and drying facilities and baby changing facilities. We also noted free sanitary products available for patients to take if needed.

Dental equipment was in good condition, and appropriate items were available to enable effective decontamination between uses. Single-use items were in place where appropriate.

We found a health and safety risk assessment was in place which had been completed within the last year. Relevant policies were in place, including building equipment and maintenance, health and safety, risk management, and business continuity and disaster recovery. An employers and public liability insurance certificate was available within the patient guide folder, and a Health and Safety Executive (HSE) poster was accessible to staff.

We were told the practice worked solely off electric and therefore there was no requirement for a building gas safety certificate. We saw evidence of the five-year electrical installation certificate which had been completed in October 2023. Portable Appliance Testing (PAT) had been completed within the last year with evidence seen.

We found fire safety arrangements at the practice were robust. A fire risk assessment had been completed and reviewed annually. Fire extinguishers were available throughout the building with evidence seen of servicing completed in July 2025. We saw evidence of fire safety equipment maintenance contracts which had been completed in the last year. Weekly fire alarm tests were undertaken and recorded on the online compliance system. Fire exits were clearly signposted, and instructions in the event of a fire were on display. Fire drills took place every six

months, with the last drill completed in September 2025. All staff had completed fire safety awareness training.

Infection, prevention and control (IPC) and decontamination

We found the practice had a suitable infection control policy and procedure in place to maintain a clean and safe clinical environment. Hand hygiene facilities were appropriate, and personal protective equipment (PPE), including gloves and masks were accessible and used appropriately.

The practice had one designated decontamination room available which was equipped with appropriate facilities for the decontamination and sterilisation of dental instruments. A dedicated infection control lead was in place, and suitable equipment and processes were used to safely transport instruments around the practice.

We found decontamination processes were suitable. Pre-sterilisation cleaning methods were appropriate, and autoclaves were in use with cycle records maintained. Daily maintenance checks and start/end-of-day protocols were followed, and periodic tests were completed in line with Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

Occupational health support was available to all staff through the local health board. Staff were aware of the needlestick injury protocol, which was accessible via a flow chart in all clinical areas. We were told clinicians used safety plus needles to ensure the use of safer sharps.

We saw Control of Substances Hazardous to Health (COSHH) materials were stored securely and appropriately. Waste disposal arrangements were appropriate, with contracts in place for clinical waste, amalgam, sharps, and other hazardous materials. Clinical waste was stored securely in separate bins and expired medicines were disposed of appropriately. However, we noted the clinical waste bins were located outside of the fire exit on the first floor. This was on a flat roof which posed a safety risk due to no handrail being present and a drop from the roof to the ground floor being located near the clinical waste bin.

The registered manager must review the location of the clinical waste storage to ensure it does not pose a risk to staff safety and consider relocating it to a safer, secure area away from fire exits and any risk of falls.

Medicines management

We saw an appropriate medicines management policy in place, supported by procedures for ordering, safe handling, and disposal of medicines. Medicines were

stored securely in a locked cabinet within a designated room where staff monitored access through a log.

Records of medicines administered were kept within patient notes. Patients were provided with information about prescribed medicines, and the staff were aware of the Yellow Card scheme for the reporting of adverse effects if required.

A designated medicines fridge was available, and temperatures were being checked and recorded daily. Staff were aware of the procedure to follow in the event of a temperature falling outside the acceptable range.

We found a medical emergency policy was in place which was based on current national guidelines and reviewed annually. We saw evidence that all staff had completed cardiopulmonary resuscitation (CPR) training within the last year. All emergency drugs were available, in date, and met national guidelines. Systems were in place to replace expired items and record checks. We noted the medical emergency bag was located on the second floor, when surgeries were located on the ground and first floor. We advised the setting to consider the location of the medical emergency bag to ensure quick access in the event of an emergency.

Resuscitation equipment that is recommended by the Resuscitation Council UK was available and in date, oxygen cylinders were serviced annually. We saw a first aid kit was available with all items in place and in date. Two staff members were trained first aiders. However, this did not provide full time cover.

The registered manager must ensure there is a first aid trained member of staff available during opening hours.

Safeguarding of children and adults

We saw an appropriate safeguarding children and adults at risk policy in place which had been reviewed within the last year. The policy included local contact details for safeguarding teams, including names and telephone numbers.

Staff were able to access up-to-date guidance on child and adult protection matters through the Wales Safeguarding Procedures app and by completing safeguarding training. All staff had completed safeguarding training to the required level, and the safeguarding lead had completed level three training. Staff at the practice were aware of how to raise a safeguarding concern and the processes to follow.

Management of medical devices and equipment

We found clinical equipment at the practice was safe, in good condition, and suitable for its intended purpose. A maintenance and inspection schedule was in place for the compressor, which had been serviced within the last year. Staff had

received appropriate training to ensure they could safely use all equipment, and arrangements were in place to promptly deal with any device or system failure

Radiation protection arrangements complied with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) requirements. Staff were aware of their duty holder roles and responsibilities, which were reviewed annually. Patients were provided with information about the benefits and risks of X-rays, and pregnancy enquiries were made in line with practice policy. We noted in some dental surgeries, the information poster on X-rays was difficult to read for patients due to being in the corner of the room and not easily in sight. We advised the practice to move the poster to a location that was more easily seen by patients.

Radiation protection documentation included local rules, risk assessments, and arrangements for maintenance and incident reporting. Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS) information was available, and X-ray equipment and maintenance records were seen.

Effective

Effective care

There was evidence that professional, regulatory, and statutory guidance was followed when providing treatment. The practice used Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong-site tooth extractions which were available within cupboards in the dental surgeries.

Patient records

We reviewed a sample of ten patient records. Overall, the recording of information was clear and was maintained to a good standard. Each patient had patient identifiers, reason for attendance, patients preferred language, risk assessments, tissue examinations, Basic Periodontal Examinations (BPE) and treatment options.

The practice had a suitable records management policy in place. We saw systems in place for the recording and keeping of records management that supported patient care and upheld the rights of patients.

The practice appropriately managed and protected personal information in compliance with the Data Protection Act 1988 and General Data Protection Regulation (GDPR). Digital records were backed up to a secure cloud system, and records were retained in line with appropriate retention policies.

Follow up and discharge letters for referred patients were documented within patient notes and monitored on the dental referral system. For suspected oral

cancer patients, clinicians monitored referrals on the dental referral system and contacted the patient for updates.

Efficient

Efficient

The service operated efficiently to support the delivery of quality care. Patients were able to access routine hygiene appointments directly, with dentists referring patients as required and recording prescriptions within clinical records.

Arrangements for referral to other services were in place and operated through established systems. NHS referrals were made using the national referral system, while private referrals were recorded through an internal electronic log.

The practice had processes in place to manage patients requiring urgent dental care, including designated emergency appointment slots within clinical diaries, to help reduce attendance at urgent care or out-of-hours services.

Quality of Management and Leadership

Leadership

Governance and leadership

We found the practice had a clear and effective management structure in place to support the running of the practice. Team meetings were held and documented quarterly, with ad hoc meetings taking place in between where required. Topics included key performance indicators (KPI), compliance, staff job roles and patient feedback. Meeting notes were shared with staff members who could not attend, and all staff signed to say they had reviewed the minutes.

Governance, leadership, and accountability were appropriate for the size and complexity of the service. We were told the practice had recently enrolled to complete the Maturity Matrix and were awaiting confirmation from Health Education and Improvement Wales (HEIW). There were clear arrangements in place for identifying, recording and managing risks. Safety alerts were received by senior management at the practice and shared with the team in meetings if non-urgent or via WhatsApp if urgent, with actions put in place.

Policies were maintained within a dedicated folder on the PC where all staff could access. Policies were reviewed annually, or earlier if updates were added.

Workforce

Skilled and enabled workforce

A rota system was in place to plan staffing levels effectively. We were told agency staff was not used at the practice. In the event an extra staff member was needed, staff would work extra hours.

We were told checks were carried out online to confirm staff maintained their GDC registration; this was completed annually.

The practice had a whistleblowing policy in place that was accessible to all staff via the PC and was displayed in the staff room. Staff were able to leave anonymous suggestions through a digital system which we were told worked well. We were told staff could raise concerns to the practice manager, and if the concern was in relation to the practice manager, they would go to the practice principal.

A recruitment and selection policy was in place, and an induction checklist was completed for all new staff. New employees received an employee handbook, and

we were told the new starters would have a two-week induction process where they were buddied with a qualified member of staff. Following this, there would be a three-month probation period.

We were told any performance concerns were escalated to the practice manager, and raised in appraisals or sooner in one-to-one meetings where required. A disciplinary procedure would be followed if necessary, and Human Resources (HR) advice could be gained through Dental Compliance Made Easier (DCME).

We reviewed a sample of four staff records and found evidence of GDC registration, health screening documents, Disclosure and Barring Service (DBS) checks, employment history, references and appraisals.

Staff had access to online training, with evidence that all staff had completed the necessary mandatory training to the required levels. Senior management had oversight of staff personnel information and a training matrix through the online compliance system DCME. The practice supported staff to undertake additional training courses, and we were told the practice manager had been enrolled on a management course that was to commence in the following months. The staff member that responded to the HIW questionnaire said they felt they had appropriate training to undertake their role.

Culture

People engagement, feedback and learning

Patients were able to leave feedback in the suggestion boxes provided in the waiting area and online. Staff were able to manually request feedback on their system however this was not regularly utilised.

We were told feedback is monitored daily and a yearly feedback review was completed with a report generated. Feedback was shared in team meetings with any relevant learning discussed. 'You said, we did' posters were displayed to demonstrate how patient comments had led to improvements.

A complaints procedure was available and easily accessible to patients within the patient guide folder at reception. The complaints process was in keeping with the Putting Things Right arrangements for NHS patients. The written information set out clear processes, timescales for acknowledgement and response, and signposting to a range of external support services including HIW, Llais, Dental Complaints Service and the Ombudsman. The information included details of how to escalate concerns if local resolution was not achieved.

We were told the practice manager was responsible for managing complaints, and staff roles were outlined within the complaints policy. We saw a complaint log was

in place on DCME, and we were told informal or verbal concerns were documented in a document on the PC that all staff could access.

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

Information

Information governance and digital technology

The practice used digital systems to manage patient records, staff records and policies and procedures.

Any incidents were records on DCME compliance system. Information relating to patient safety was shared with the team through staff meetings and debrief meeting following the incident if required. The practice used the information from incidents to support improvements in the quality and safety of the service.

Learning, improvement and research

Quality improvement activities

Quality-related activity was undertaken through the completion of a range of clinical and non-clinical audits. The practice also monitors and responds to information arising from complaints, patient feedback and regulatory reports. The practice also has arrangements in place to produce an annual report.

We saw a range of audits were undertaken, including radiography, record keeping, IPC, antibiotic prescribing, hand hygiene and smoking cessation.

Whole-systems approach

Partnership working and development

The practice demonstrated effective partnership working with a range of external organisations. Staff contacted the GPs of patients when required to obtain relevant clinical information. We were told the practice was part of a dental cluster and through this, engages with pharmacists and other healthcare professionals locally.

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Pen Y Bont Dental Centre

Date of inspection: 26 March 2026

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

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

Appendix C - Improvement plan

Service: Pen Y Bont Dental Centre

Date of inspection: 26 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 patient information leaflet was not available on their website and the Statement of Purpose on their website did not contain all the information required.	The registered manager must publish the patient information leaflet on their website and update the version of the Statement of Purpose on the website to include all the information required.	The Private Dentistry (Wales) Regulations 2017 6(2) 5(2)	The patient information leaflet will be added to the website. The Statement of Purpose on the website will be updated to include all required information.	Charlotte Fuller	Information sent to web designers. Expected to be completed in May 2026.
2. NHS and private price lists were not displayed in an area easily seen by patients.	The registered manager must clearly display price lists for NHS and private treatment in an area easily seen by patients.	The Private Dentistry (Wales) Regulations 2017 6(3) GDC Standards 2.4.1	NHS and private price lists are now displayed in the reception area.	Charlotte Fuller	Completed April 2026

3.	The names and GDC registration numbers of all staff members and the GDC nine core principles were not displayed in an area easily seen by patients.	The registered manager must display the names and GDC registration numbers of all GDC registered staff working at the practice and the GDC nine core principles in an area easily seen by patients.	GDC Standards 6.6.10 6.6.11	Names and GDC numbers of all staff are now displayed in reception. The nine principles of the GDC are now displayed in reception	Charlotte Fuller	Completed April 2026
4.	The clinical waste bins were located on a flat roof which posed a safety risk due to no handrail being present and a drop from the roof to the ground floor being located near the clinical waste bin.	The registered manager must review the location of the clinical waste storage to ensure it does not pose a risk to staff safety and consider relocating it to a safer, secure area away from fire exits and any risk of falls.	The Private Dentistry (Wales) Regulations 2017 22(2)(a)	The large waste storage bun has been relocated to the edge of the flat roof and securely fixed in place to serve as a barrier.	Paul Austin (Registered Manager)	Completed April 2026
5.	Two staff members were trained first aiders; however, this did not provide full time cover.	The registered manager must ensure there is a first aid trained member of staff available during opening hours.	The Private Dentistry (Wales) Regulations 2017 13(1)(b)	Another staff member (Practice Manager) will be trained as a first aider to ensure continuous first aid coverage on site, particularly during periods when existing first aiders are on annual leave.	Charlotte Fuller	This will be completed alongside the renewal training of existing first aiders, (no later than October 4 th 2026).

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Charlotte Fuller

Job role: Practice Manager

Date: 07/05/2026