Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Cefn Coed Dental Practice

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

Our Purpose

We check the safety and quality of healthcare across Wales.

Our Values

We place people at the heart of what we do.

We are:

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

Objective - we are reasoned, fair and evidence driven.

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

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

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

Our Vision

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

Our Priorities

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

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

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

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

Contents

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Cefn Coed Dental Practice, Cwm Taf Morgannwg University Health Board on 15 June 2026.

Our team for the inspection comprised of a HIW healthcare inspector and a clinical 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 10 questionnaires were completed by patients or their carers and two were completed by staff. Feedback and some of the comments we received from patients appear throughout the report. Due to the low number of staff responses, these have not been included.

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:

We found patients received dignified and respectful treatment throughout their patient journey at Cefn Coed Dental Practice. All patients rated the service as ‘very good’ and all of the feedback we received was positive. The practice environment and protocols promoted dignified care which was being delivered by staff who were conscious of patient privacy. The general information available to patients, including that promoting good oral health, was suitable. However, we did find areas to improve around the communication of the specialist services on offer to patients from the practice.

Appointments were managed in a timely way to utilise practitioner availability in an effective manner. The practice took part in the NHS emergency appointment service and held an oral surgery contract for the health board. We were informed by staff that delays were infrequent but suitable procedures were in place to manage these and communicate them to patients appropriately. Most patients told us they found it easy to get an appointment when they needed to, and they were given advice on what to do in the event of an infection or emergency.

Communication methods with patients were robust and we saw the ‘Active Offer’ was embedded into the practice way of working. The rights of patients and staff with protected characteristics were upheld and support was in place for patients by allowing them to choose their preferred pronouns, names and genders on record systems.

This is what we recommend the service can improve:

- Ensure all information available to patients is accurate.

This is what the service did well:

- Patients were treated with dignified and respectful care while ensure their rights were fully upheld
- Patient appointments were managed in a timely manner
- British Sign Language and other language services were available and used routinely by staff.

Delivery of Safe and Effective Care

Overall summary:

The practice was generally maintained to a suitable standard to enable safe care to be delivered to patients. All patients told us infection, prevention and control procedures were being followed by staff and said the practice was 'very clean'. However, we found evidence of damp ingress which appeared to have turned into mould in one of the buildings. These were issues which had been identified a year earlier by the health board but which the corporate group had yet to address. The areas impacted should be used as little as possible until the root cause of the issue resolved.

Elsewhere in the practice we saw effective decontamination processes in place to ensure instruments and equipment were ready for use. One X-ray machine appeared to have been poorly repaired which we require the practice to improve. Fire safety and general health and safety arrangements were suitable with policies, procedures and compliance checks all in place.

Medicine management and safeguarding arrangements were both robust and evidenced through detailed policies which we saw evidence were being followed by all staff.

The patient records we reviewed provided a contemporaneous account of the treatments provided by clinicians who were following professional, regulatory and statutory guidance.

This is what we recommend the service can improve:

- Ensure building repairs take place in a timely manner and equipment is maintained to an appropriate standard**.**

This is what the service did well:

- Safeguarding procedures were robust to help protect vulnerable patients
- Patient records provided a clear and comprehensive picture of the care provided
- The practice radiation protection folder was complete, organised and easy to navigate.

Quality of Management and Leadership

Overall summary:

We saw knowledgeable staff, confident managers and effective management systems all helping to deliver good health outcomes for patients. We noted a positive working environment at the practice with all the staff we spoke with being open, knowledgeable and professional.

Staff meetings were routine and the collection and sharing of information was suitable. We saw agency use was minimal, and all staff records were fully compliant with mandatory training and compliance checks.

Feedback mechanisms were overseen by practice management and the evidence we saw assured us this was managed effectively and in the best interests of patients. The practice complaints and Duty of Candour procedures were fully aligned with the most up to date guidance and the incidents we reviewed showed good evidence of robust recording and response.

Quality improvement activities were routine and helped drive improvements across the service. We noted strong working relationships between the practice and other health service partners.

This is what the service did well:

- Patient feedback and Duty of Candour arrangements were robust
- Clear management structures and effective governance supported the smooth running of the practice.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW patient questionnaire were positive. All respondents rated the service they received from the practice as 'very good'. One patient said:

> *"The staff make you feel welcome and engage in everyday conversation which makes you feel more relaxed"*.

Person-Centred

Health promotion and patient information

We saw information displayed in the waiting area which advised patients on ways to maintain good oral health. We noted paediatric patients were openly offered complimentary tooth paste to promote good oral health which we noted as a positive initiative. The statement of purpose and patient information leaflet were both up to date and available for patients to review online or at the practice.

While there was a wealth of helpful information available to patients on the practice website, we noted fixed-brace orthodontics were advertised as being available at this setting. During the inspection, this was tested through the patient booking portal which indicated a specialist orthodontist was available at this setting and a face-to-face consultation was offered with a practitioner. However, after we discussed this with staff, it emerged there was no orthodontist based at the practice and fixed-brace orthodontics were not available. It was understood this was a confusion between the information available to the corporate head office who handled website content and new patient booking queries.

The registered manager must ensure all information available to patients is accurate.

The fees for treatments and the names and General Dental Council (GDC) registration numbers of practitioners were all displayed where they could be easily seen. The opening hours and emergency contact details for the practice were clearly displayed on the front door of the building.

Dignified and respectful care

We found evidence that patients were provided with dignified and respectful care throughout their patient journey by staff at this practice. All respondents to the HIW

patient questionnaire told us staff treated them with dignity and respect, they felt listened to and staff answered their questions. All respondents felt they could access the right healthcare at the right time, regardless of their protected characteristics. Respondents also said staff explained what they were doing throughout the appointment, and that they were involved as much as they wanted to be in decisions about their treatment.

The practice environment promoted dignified care and steps were taken by staff to ensure the privacy of patients when being treated in surgeries. The receptions and waiting areas in both buildings were adjoined but we did not hear any patient information being discussed in person nor over the telephone. Staff advised us that no personal information was repeated over the telephone, and that separate rooms were used when confidential conversations needed to take place.

Practice staff had signed confidentiality agreements which outlined their responsibilities with regards to the protection of patient information. We noted the nine core principles of ethical standards prepared by the GDC were on display.

Individualised care

All patients responding to the HIW questionnaire stated their oral health was explained to them in a manner they could understand and said they were given clear aftercare instructions on how to maintain good oral health. All patients told us they were given enough information to understand which treatment options were available, including the risks and benefits of each option. Most respondents said the costs were made clear to them before treatment, while all said they were given information on how the setting would resolve any post-treatment concerns.

Timely

Timely care

We found an effective appointment management process was in place, utilising the time of practitioners appropriately. Staff explained the wait time between treatment appointments was generally six weeks. Patients could make future appointments in person after their treatments, over the telephone and some routine appointments could also be made online. Staff informed us appointments rarely ran behind time, but where there were delays, clinicians told the reception team so that patients could be informed. Longer delays would be communicated to patients over the telephone and alternative appointments would be offered when requested. Most respondents to the HIW patient questionnaire indicated they found it easy to get an appointment when they needed one. We were informed how appointments were arranged in accordance with patient availability wherever possible.

We saw the reception team operated a patient telephone triage system to prioritise those most in need of urgent care, consulting practitioners when needed. We saw time allocated in the practice diary each day to accommodate emergency appointments, including NHS Access Sessions. Staff informed us that no patient would wait over 24 hours to be seen, and we were told the practice held an oral surgery contact for the health board. An out-of-hours telephone number was provided for patients to contact the practice in the event of an emergency. All respondents to the HIW patient questionnaire said clear guidance was given on what to do in the event of an infection or emergency and most said they would know how to access the out of hours dental service if they had an urgent dental problem.

Equitable

Communicating and language

We saw suitable arrangements in place to help enable effective communication between clinicians and patients. The staff we spoke with were fully aware of the importance in communicating with a patient in a language of their choice. Language line was used to communicate with patients when required, including British Sign Language, and some patient information was available in different formats such as easy read or larger font. We were told by staff they would provide more specialised information upon request by patients.

We found evidence the practice promoted the use of the Welsh language. The practice made efforts to provide documentation in both English and Welsh, where possible. Staff informed us the health board actively supported them with the implementation of the Welsh 'Active Offer' for patients. Two staff members were Welsh speakers who wore 'Iaith Gwaith' badges as a visual prompt for patients that they spoke Welsh. We were told training was available for any staff member wishing to learn Welsh.

Rights and equality

We saw how the rights and equal treatment of individuals were actively supported by the practice. Suitable policies and procedures were in place, and staff undertook specific mandatory training to protect the rights of patients. Processes were in place for the prevention of harassment or discrimination.

Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees, including specialised chairs for staff members and disabled parking for patients. We found the rights of transgender patients were upheld by allowing patients to choose their preferred pronouns, names and gender on their records.

Delivery of Safe and Effective Care

Safe

Risk management

The practice was set across two separate buildings, connected through a car park. There were six surgeries in total and two reception areas with waiting rooms. We heard telephone lines in working order and noted toilets for patients and staff were kept clean and were properly equipped. Staff changed in toilets or the staff rooms and lockers were available for personal belongings. We saw patient toilets were equipped to accommodate those with mobility difficulties.

Overall, the environment in both practice buildings was well maintained, clutter free and tidy. The building at the rear was of a newer build and design which was kept to a high standard. However, we were told the older front building of the practice had been struggling with a damp problem for some time which had developed into what appeared to be the visible ingress of mould. We saw the issue of this damp was evidenced in a report produced following a visit by the health board in May 2025 which said:

> *"The main building has significant areas of damp – evidence of the building being patched up, but probably requires re-rendering before the internal damp can be addressed. Surgery three had strong smell of damp despite the extractor fan being on"*.

At the time, the health board required improvements be made within three months. We noted recent renovations had taken place to remove some of what appeared to be mould from the interior of the patient facing areas, but some small areas remained under windowsills and behind cupboards in two surgeries. We saw evidence that damp had also recently been present in the decontamination room of the front building. It was understood that a quotation had been received to re-render the exterior of the building, which was the apparent root cause of these issues, but the work had yet to be funded by the corporate group. While efforts had been made on the inside to resolve matters on several occasions, the underlying cause on the outside had not been appropriately addressed. The ingress of damp which was causing what appeared to be mould can, in the long term, create an unhealthy work environment and impact the health of patients, especially those with underlying health conditions.

The registered manager must ensure:

- **Surgeries which had or have what appeared to be mould present are used as sparingly as possible**
- **The root cause of the ingress of damp are resolved in a timely manner.**

Satisfactory policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Safety certificates were available for portable appliance testing, five-year fixed electrical wire testing and annual gas safety checks. We saw risk assessments for fire safety and health and safety had been completed and met expected standards.

We found comprehensive fire safety arrangements were in place. These included regular maintenance and testing of fire safety equipment, alongside clearly displayed fire exit and no smoking signage. The practice Employer Liability Insurance certificate and Health and Safety Executive information were both on display.

Infection prevention and control (IPC) and decontamination

Infection prevention and control (IPC) policies and procedures outlined the processes staff were expected to follow to deliver safe and effective care. Respondents to the HIW patient questionnaire said the practice was 'very clean' and said they thought staff were following infection, prevention and control measures. One patient said:

> *"Always wearing gloves, masks and aprons"*.

Personal protective equipment (PPE) was readily available for all staff. Routine hand hygiene was promoted through procedures and signage in patient and staff facing areas. We noted suitable arrangements were in place for the management of needlestick injuries, with risk assessments documenting the hazards associated with sharps. Occupational health services were provided through the local health board and the details for staff were readily available.

We found the handheld practice dental equipment in good condition and in sufficient numbers to enable effective decontamination between uses. We saw single use items were used where appropriate, with the clinical facilities and the equipment being used promoting the safe and effective care of patients. On inspection of the practice X-ray machines, we saw the original paintwork on the device in surgery one had peeled off and had been painted over with what appeared to be domestic paint. We were unable to confirm whether this paint could be decontaminated effectively, and it did not appear to be sufficiently robust for a piece of equipment used so frequently. Equipment which has been poorly maintained and being unable to be effectively decontaminated posed a risk to patients which the setting must address.

The registered manager must ensure all equipment is maintained appropriately to enable effective decontamination.

Procedures for the decontamination and sterilisation of reuseable dental instruments within the two decontamination rooms were robust. We saw the servicing records for all devices were in place and appropriate, while the records of daily checks and testing for both machines which we reviewed were comprehensive. Training records confirmed

all staff had received the correct level of training for infection prevention and decontamination. Clinical waste was being stored and disposed of correctly under a suitable waste disposal contract. The arrangements for the Control of Substances Hazardous to Health (COSHH) were satisfactory.

Medicines management

We found the arrangements in place for the safe handling, storage, use and disposal of any medicines were robust. Prescription pads were secured appropriately, and measures were in place to keep a log of those issued.

Suitable measures were in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced qualifications in cardiopulmonary resuscitation and first aid. Oxygen cylinders had been appropriately serviced, and staff had received training in their use. On inspection of the emergency equipment, we found all items were present and within their expiry dates. We noted routine checks took place on all emergency equipment and the equipment was ready for use in the event of an emergency.

Safeguarding of children and adults

Appropriate and up to date safeguarding procedures were in place to protect children and adults. The procedures included the details of local authority contacts and identified a named safeguarding lead. This policy was accompanied by the Wales Safeguarding Procedures. Updates to safeguarding policies and procedures were communicated through training and through the local health board. We saw all staff were trained to an appropriate level in the safeguarding of children and adults.

Management of medical devices and equipment

The medical devices and clinical equipment we inspected appeared to be in good condition and fit for purpose, other than the X-ray machine noted elsewhere in this report. We saw how all practice devices and equipment were used in a manner which promoted safe and effective care and the staff we observed during the inspection appeared confident in using the equipment. The records we reviewed confirmed all staff had received suitable training for the safe and effective use of equipment. Arrangements were in place for servicing and the prompt response to system failure for all the equipment we inspected.

The practice radiation protection folder was fully complete, and we saw copies of the local rules were readily available next to each X-ray device. Staff training records confirmed all staff had received suitable training for their roles in radiation exposures. Clinicians outlined clearly in patient records the discussions held regarding the risks and benefits of exposure to radiation and we saw this information was also displayed.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance. The clinical staff we spoke with demonstrated a clear understanding of their responsibilities whilst being aware of when to seek relevant professional advice, where necessary.

We found suitable processes in place to record patient understanding and consent to surgical procedures, along with comprehensive clinical checklists to prevent wrong tooth site extractions.

Patient records

We reviewed a total of five patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations.

Overall, the records reviewed provided a suitable picture of the care provided to patients. The records included effective note taking of full base charting, reasons for attendance, oral cancer screening as well as a contemporaneous account of the treatments provided.

All respondents to the HIW questionnaire said their medical history was checked prior to treatment.

Efficient

Efficient

We found clinicians were committed to delivering a comprehensive service that met the needs of their patients. Patients progressed through internal and external treatment pathways efficiently. Urgent referrals were appropriately recorded and proactively followed up in a timely manner by practice management. We saw how appointments were utilised effectively by staff with an appropriate skills mix.

Quality of Management and Leadership

Leadership

Governance and leadership

We found clear management structures in place which supported the effective running of the practice. The practice manager was confident and felt they had the right skills and knowledge to undertake their leadership role effectively. The practice was part of the Rodericks Dental group which enabled practice management access to various corporate support services and regional management input.

We heard how formal staff meetings were held monthly and attended by all staff. On review of a sample of these meeting minutes, we saw discussions took place around infection control, safeguarding and complaints.

A suitable digital system was used to identify, record and manage risks, issues and any mitigating actions. The practice manager communicated safety notices to staff in meetings, and any relevant notices would be displayed.

All practice policies were held in a newly established compliance portal which the practice had recently changed to. The policies we reviewed were up to date and comprehensive, and we saw how changes were communicated to staff in an effective manner.

Workforce

Skilled and enabled workforce

Overall, we found a positive working environment at the practice. The staff we spoke with were knowledgeable and professional, and the interactions we observed between staff showed strong support for one another. We saw induction procedures were overseen by the practice manager and the evidence we reviewed indicated that these procedures were robust. The practice operated a rota to ensure there were always an appropriate number of suitably trained staff working at any one time. Agency staff were used sparingly, and managers could think of few occasions where they had been used recently. The system in place for the checking and induction of the agency staff used at the practice were appropriate.

We reviewed a sample of five personnel records of the staff members working at the practice. Within these records, we found all staff had up to date GDC registrations, documented Hepatitis B immunity and pre-employment reference checks. Every staff member also had an enhanced Disclosure and Barring Service (DBS) check recorded in their file.

The staff records we reviewed evidenced full compliance with all mandatory training. All staff were given the time to undertake their training, and we were told that staff were supported to complete additional training relevant to their roles which was evident in the records we reviewed. All staff in the sample reviewed had received an appraisal. The practice manager had a suitable system in place to monitor appraisal and training compliance.

Appraisals were annual and managers explained a suitable process for the management of any performance issues. The practice whistleblowing policy provided guidance to staff on how they could raise concerns.

Culture

People engagement, feedback and learning

We found suitable arrangements in place for the collection and review of patient feedback. Links to complete online reviews were sent to patients following appointments and a suggestion box was available for patients at reception. We were informed the suggestion box was reviewed routinely, and online forms were checked when they were received by practice management. The practice responded to feedback received online and any from the suggestion box would be responded to at the practice. Patient feedback was audited by both practice and their corporate team on a six-monthly basis to ensure any common themes were identified and addressed.

The complaints policy was aligned with the NHS Wales Complaints, Incidents and Redress Process and was available for patients without needing to request a copy. The complaints procedure provided a named member of staff for patients to contact. Any verbal complaints were logged in the practice complaints system. The means of escalating a complaint were outlined within the patient complaint policy, including contact details for HIW, the local health board and the patient advocacy service, Llais. The three complaints the practice had received in the last two years were reviewed and we saw no common themes, and they were all handled in line with practice policy.

We saw the practice policy for the management of Duty of Candour incidents was suitable and training was mandatory for all staff. While there were no Duty of Candour incidents for us to review, we were assured the process in place would manage these in accordance with the required guidance.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with all mandatory quality improvement activities taking place. These included routine and comprehensive audits on patient records, radiographic quality, hand hygiene, antibiotic prescribing as well as infection prevention and control audits. The practice had undertaken the Maturity Matrix Dentistry and were a pilot practice for the Sustainability Matrix both of which were completed through Health Education and Improvement Wales.

Whole-systems approach

Partnership working and development

Staff explained how they maintained good working relationships with other health system partners, including the local GP and pharmacy. We saw an appropriate process in place to monitor and maintain incoming and outgoing referrals to and from those healthcare partners.

4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: **Cefn Coed dental practice**

Date of inspection: **15 June 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.

Findings	No immediate concerns were identified on this inspection.

Appendix C – Improvement plan

Service: **Cefn Coed dental practice**

Date of inspection: **15 June 2026**

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We noted fixed-brace orthodontics were advertised as being available at this setting. During the inspection, this was tested through the patient booking portal which indicated a specialist orthodontist was available at this setting and a face-to-face consultation was offered with a practitioner. However, after we discussed this with staff, it emerged there was no orthodontist based at the practice and fixed-brace orthodontics were not available. It was understood this was a	The registered manager must ensure all information available to patients is accurate.	Regulation 13 (9) of the Private Dentistry (Wales) Regulations 2017.	Immediate action was taken, and the website and patient booking information have been reviewed and amended to accurately reflect the services available at the practice. Processes have also been strengthened to ensure that any future changes to clinical services are promptly communicated so that all patient-facing information remains accurate and up to date.	Charlotte Evans	Completed

	confusion between the information available to the corporate head office who handled website content and new patient booking queries.					
2.	We were told the older front building of the practice had been struggling with a damp problem for some time which had developed into the visible ingress of what appeared to be mould. We saw the ingress of damp was evidenced in a report produced following a visit by the health board in May 2025. The health board required improvements be made within three months. We noted recent renovations had taken place to remove some of what appeared to be mould from the interior of	The registered manager must ensure: • Surgeries which had or have what appeared to be mould present are used as sparingly as possible • The root cause of the ingress of damp are resolved in a timely manner.	Regulation 22 (2) of the Private Dentistry (Wales) Regulations 2017.	Due to the failing of completed remedial work. We are arranging for wireless monitors to be installed to measure the humidity and temperature in affected rooms to investigate the source. Following investigation, we will seek professional advice from the Property Care Association on any additional remedial work required.	Senior Regional Facilities Co-ordinator	October 2026

	the patient facing areas, but some of this remained under windowsills and behind cupboards in two surgeries. We saw evidence the ingress of damp had also recently been present in the decontamination room of the front building. While efforts had been made on the inside to resolve matters on several occasions, the underlying cause on the outside had not been appropriately addressed. The ingress of damp which was causing what appeared to be mould can, in the long term, create an unhealthy work environment and impact the health of patients, especially those with underlying health conditions.					

3.	On inspection of the practice X-ray machines, we saw the original paintwork on the device in surgery one had peeled off and had been painted over with what appeared to be domestic paint. We were unable to confirm this paint could be decontaminated effectively and it did not appear to be sufficiently robust for a piece of equipment used so frequently. Equipment which has been poorly maintained and being unable to be effectively decontaminated posed a risk to patients which the setting must address.	The registered manager must ensure all equipment is maintained appropriately to enable effective decontamination.	Regulation 13 (3) of the Private Dentistry (Wales) Regulations 2017.	We have consulted with a mobile refurbishment paint specialist to assess if this can be prepped and repainted in situ. Depending on outcome, further solutions will be explored to rectify this issue.	Senior Regional Facilities Co-ordinator	October 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: C Evans

Name (print): Charlotte Evans

Job role: Practice Manger **Date: 17/07/2026**