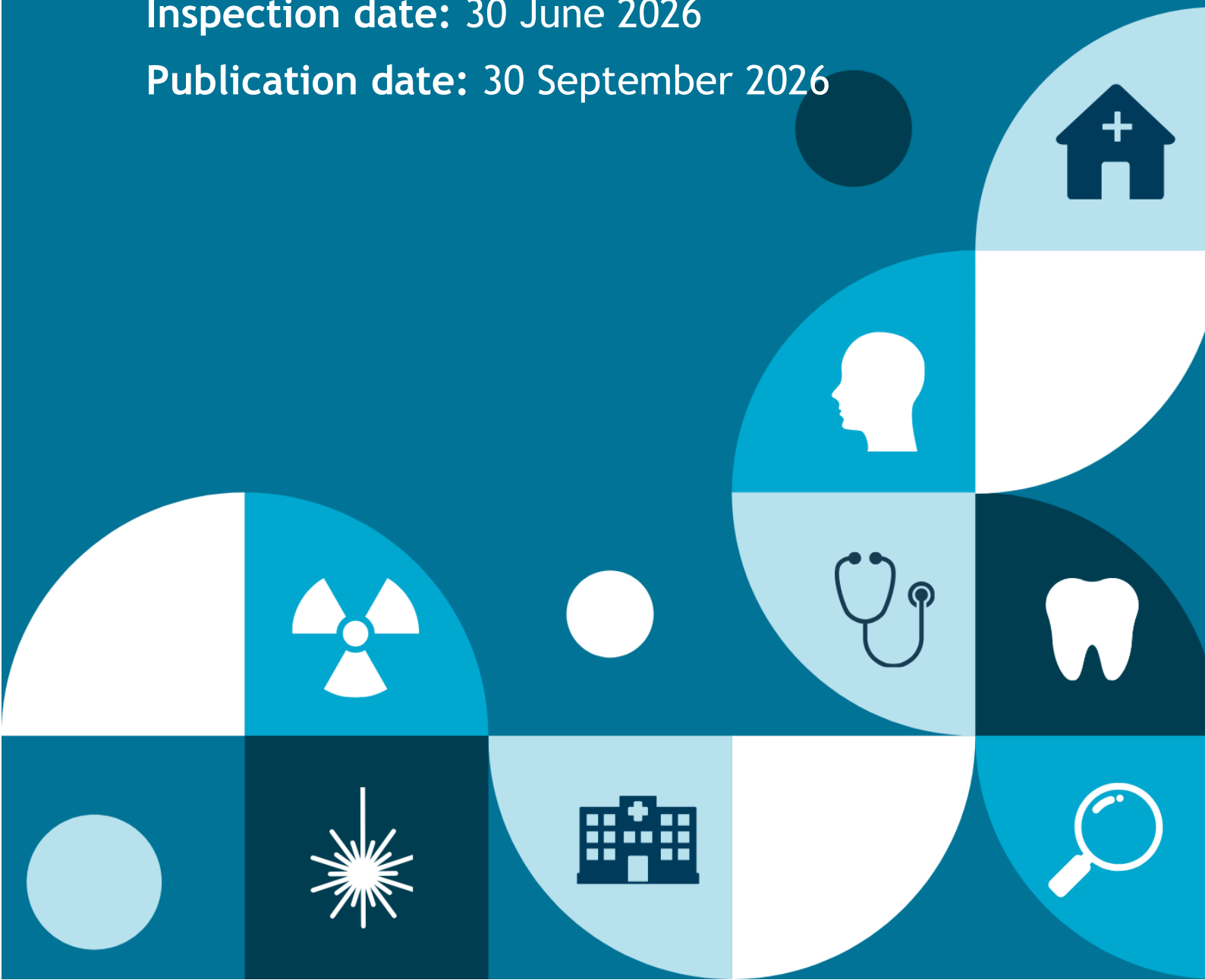


General Dental Practice Inspection Report (Announced)

Eirlys Dental Practice, Colwyn Bay,
Betsi Cadwaladr University Health
Board

Inspection date: 30 June 2026

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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	5
2. Summary of inspection	6
3. What we found	9
Quality of Patient Experience	9
Delivery of Safe and Effective Care	12
Quality of Management and Leadership	16
4. Next steps	19
Appendix A – Summary of concerns resolved during the inspection ..	20
Appendix B – Immediate improvement plan	21
Appendix C – Improvement plan	22



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 Eirlys Dental Practice, Colwyn Bay, Betsi Cadwaladr University Health Board on 30 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 11 questionnaires were completed by patients and 10 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:

We found that the staff at the dental practice were committed to providing a positive experience for their patients. All respondents to the HIW questionnaire rated the service as 'very good' and gave positive feedback about the practice, treatment and staff.

The premises were visibly clean, in a good state of repair and provided a pleasant environment for patients.

We observed staff treating patients in a polite, friendly and professional manner.

Good provision was made to ensure the service was accessible to patients with mobility difficulties.

This is what the service did well:

- Appointments and emergency care made readily available
- Patient feedback encouraged and acted upon.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and organised. Dental surgeries were well equipped and fit for purpose. All areas were seen to be clean, tidy and free from any visible hazards.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

Patient records were of a high standard, with good recording of clinical information.

We saw that appropriate measures were in place to ensure the safety of patients and staff. There were comprehensive measures in place to manage risks, including fire safety and business continuity. We found appropriate procedures in place to promote patient safety, including safeguarding of children and vulnerable adults.

This is what we recommend the service can improve:

- Minor repairs to ensure patient and staff safety.

This is what the service did well:

- Clinical areas were clean, well equipped and fit for purpose
- Good arrangements in place to deal with medical emergencies
- Generally high standard of patient records.

Quality of Management and Leadership

Overall summary:

The practice had good leadership and clear lines of accountability. We found that the practice manager demonstrated a clear commitment to providing a high standard of care, supported effectively by their staff.

Staff records were complete, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and performance management.

There was a comprehensive range of policies and procedures in place. These were regularly reviewed and updated and good use was made of electronic systems.

We found evidence of a very good range of both clinical and non-clinical audits being carried out. It was notable that discussions were underway with HEIW to implement a five-year programme of quality improvement measures.

This is what we recommend the service can improve:

- Put systems in place to allow an easier overview of staff training and of patient complaints.

This is what the service did well:

- Systems in place to ensure regular review of policies and procedures
- Robust systems and records for the recruitment and employment of staff

3. What we found

Quality of Patient Experience

Patient feedback

Patients that completed the HIW questionnaire gave consistently positive feedback about the practice, access to care and the treatment they received. All those who responded rated the service as 'very good'. Patient comments included:

"Amazing staff. As a very nervous person at the dentist, everyone has made me feel very comfortable and relaxed. I had an emergency extraction and was very nervous. The dental nurse was absolutely amazing."

"Been coming here for many years. Having gone through cancer twice the practice and staff have been very understanding with my treatments (of what I can and cannot have). A+."

Person-Centred

Health promotion and patient information

We saw a good range of leaflets and posters in the reception area, providing useful information to patients about the practice and the services provided. There were leaflets available about smoking cessation. The practice may wish to consider displaying additional oral health promotion information, such as healthy eating and alcohol awareness resources, to further support patients in maintaining good oral health.

Copies of the patient information leaflet were available at the practice and on the practice website. We noted that the practice had an up-to-date Statement of Purpose, however this was not on the practice website.

The registered manager must ensure the Statement of Purpose is made available on the practice website.

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.

Dignified and respectful care

We observed staff speaking to patients in a polite, friendly and professional manner.

Surgery doors were kept closed during treatment and external windows in clinical areas were obscured to promote patient privacy. Patients wanting a private discussion could be accommodated in the practice manager's office.

Music was played in the reception area to further promote patient privacy.

Treatment prices for both NHS and private patients were made clearly available to patients in the reception area and on the practice website. An up-to-date certificate of Employer's Liability Insurance was also on display.

The nine ethical principles of the General Dental Council (GDC) code of standards were displayed on posters in the waiting area.

The names, roles and GDC registration numbers of clinical staff were displayed at the entrance to the practice. The registered manager told us this was due to be updated to reflect recent staff changes.

All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

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 who provided an opinion said that staff gave them enough information to understand which treatment options were available and the risks and benefits of these.

Timely

Timely care

The practice opening hours were clearly displayed by the entrance to the practice, in the patient information leaflet and on the practice website.

Staff told us that time to accommodate emergency appointments was built into the daily schedule of each dentist and that emergency appointments were prioritised based on patient symptoms and clinical need. Receptionists used a triage guide, developed by in-house with the aid of clinical staff.

Information about how to access care out of hours was clearly displayed both inside and outside the practice, and on the practice website.

Effective systems were in place to enable communication between surgeries and with the reception staff. We were told that any delays to treatment would typically be conveyed by instant messaging, allowing reception staff to verbally update patients. Patients would be given the option to re-book their appointment if needed.

Almost all respondents to the HIW questionnaire said that it was 'very easy' to get an appointment when they needed one, and one respondent said it was 'fairly easy'.

The practice made use of a 'short notice' list to offer cancelled appointments to patients that were not emergencies but would benefit from expedited care.

Equitable

Communicating and language

The practice made use of electronic tablets for patients to complete medical history and consent forms, where patients could magnify the screen to view the forms in a larger format if required. The devices were equipped with a language translation application, enabling instantaneous translation of various languages including British Sign Language.

There was evidence of an 'Active Offer' of Welsh at the practice, with some patient information provided bilingually. We were told there were a small number of Welsh-speaking staff at practice, including the practice manager. Some staff wore a 'Iaith Gwaith' badge to indicate they were a Welsh speaker.

Rights and equality

The practice had an equality, dignity and human rights policy in place, which included references to relevant legislation and protected characteristics. The policy was comprehensive, up to date and applied to both patients and staff.

Staff told us that preferred names and pronouns were recorded on patient records to ensure transgender or non-binary patients were treated with respect.

The practice had carried out a disability access audit and had various measures in place to aid patients with mobility difficulties. The practice was located on the second floor with level access throughout, and a lift was available. An evacuation chair was also available to ensure patients could safely leave the building in the event of an emergency where the lift could not be used.

The reception desk had a lowered section to accommodate wheelchair users and an accessible toilet was available, fitted with grab handles and an emergency pull-cord alarm.

A hearing loop was in place at reception and signage invited patients to inform staff if they required assistance. A bariatric chair with adjustable height was available in the waiting room.

Staff told us that notes were kept on patient records to highlight specific needs, such as booking wheelchair users into a larger treatment room.

Delivery of Safe and Effective Care

Safe

Risk management

We found the premises to be well maintained and free from obvious hazards. The practice was visibly clean, tidy and free from clutter.

The stock room did not have a lock fitted and a lock on a door separating the decontamination room from an external area was broken. We advised that locks be fitted and repaired to prevent unauthorised access.

The registered manager must ensure that appropriate locks are fitted to prevent unauthorised access to the stock room and decontamination room.

We saw some evidence of minor damage in the waiting room that required repair, including to the flooring. However, we were told that a project was underway to extend the reception desk area and that repairs would be carried out as part of that refurbishment.

The treatment rooms were in generally good condition. One surgery required additional sealing to the floor and others showed signs of minor wear and tear. Three surgeries had been updated recently and staff told us a rolling programme was in place to update and refurbish the remainder. Treatment rooms were supplied with equipment to promote safe use, such as safety needles.

We saw that the practice had a building and equipment maintenance policy to ensure the premises were fit for purpose, and that risks were assessed and managed appropriately. A comprehensive Health and Safety policy was supported by risk assessments and action plans. There were Disaster Planning and Business Continuity Management policies and procedures in place.

There were appropriate arrangements for handling and storing materials subject to the Control of Substances Hazardous to Health (COSHH).

We saw evidence of up-to-date testing of portable appliances (PAT) and gas appliances and an up-to-date electrical installation condition report.

We reviewed documents relating to fire safety and found there was a comprehensive fire risk assessment in place and an updated action plan. Escape routes and fire exits were clearly signposted, and we saw evidence of regular fire drills having taken place. A range of fire extinguishers were wall-mounted, with labels indicating they had been checked and serviced regularly. The practice worked effectively with the building owner to share information and ensure fire detection equipment was functional. Staff had undertaken fire safety awareness training. 'No smoking or vaping' signs were clearly displayed, showing that the practice complied with the smoke-free premises

legislation.

Staff had access to changing facilities and lockers for the secure storage of personal items.

The mixed-gender patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit.

Infection prevention and control (IPC) and decontamination

There were suitable arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures, an effective cleaning regime and a nominated infection control lead.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. The decontamination room was seen to be well designed, clean and tidy. We found that the procedures for processing, decontamination and sterilisation were appropriate and well understood. Appropriate checks on equipment were carried out and recorded.

All respondents to the HIW questionnaire felt that the practice was 'very clean' and that infection prevention and control measures were evident.

There were appropriate procedures for the disposal of waste. Clinical waste was stored externally with bins locked in a metal cage. We noted the lock being used could allow access to the cage if extended fully and advised this be replaced. This was addressed with a lock being ordered and evidence of installation provided immediately after the inspection.

Medicines management

We reviewed the arrangements for medicines management and found robust and safe measures in place for the handling, storage and disposal of medicines. Prescription pads were stored securely and a designated fridge was available to store medicines.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory with appropriate equipment and medicines stored securely and with regular checks carried out to ensure all items were present and in date.

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

We were told that the use of oxygen was included in the CPR training and some staff had undertaken further training in the safe use of BOC oxygen cylinders in line with a patient safety notice. We advised that all relevant staff should undertake the BOC training.

The registered manager must ensure that all staff trained to carry out CPR have undertaken specific training on the safe use of BOC oxygen cylinders.

Safeguarding of children and adults

The practice had up-to-date policies and procedures about the safeguarding of children and adults at risk. Relevant contact details for escalating matters and quick-reference flowcharts were made clearly available to staff.

The practice manager was the designated safeguarding lead and had appropriate training to level three. A review of training records indicated that staff had up-to-date training in the safeguarding of adults and children, to an appropriate level.

Management of medical devices and equipment

We found clinical equipment at the practice to be safe, in good condition and fit for purpose. Staff had received appropriate training to use equipment safely and records showed that regular servicing and maintenance took place.

We reviewed documents relating to the safe use of X-rays and found these to be comprehensive and appropriate. We saw that an inventory of X-ray equipment, records of maintenance and local rules were in place.

We advised that although patient records were generally of a high standard they should include more consistent information about X-ray exposures, including the justification, referrer and operator, that risks and benefits were discussed and the grading system for radiographs should be updated in line with the latest guidance. New software had recently been adopted by the practice and would facilitate recording this information.

The registered manager must ensure that all relevant information about X-ray exposures is consistently captured in patient records.

A poster in the waiting room informed patients of the risks and benefits of X-ray exposures. We advised that good practice would be to have posters in each treatment room where exposures were carried out.

We reviewed a sample of six 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

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients.

Discussions with staff assured us that professional guidance and advice was sought and followed when required.

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. The practice had recently adopted new software to meet new requirements for NHS providers.

We reviewed a sample of ten patient records and found them to be of a consistently high standard, with one considered to be exemplary. We saw evidence of thorough, comprehensive and consistent recording of clinical information. This included base charting, basic periodontal examination, soft tissue and extra and intra oral examinations, and cancer screening.

Efficient

Efficient

We found that clinical sessions were used efficiently and cancelled appointments offered to other patients.

Arrangements were in place to ensure patients needing emergency treatment understood how to access out-of-hours services. A notice at the front entrance to the building provided advice on management of dental concerns and pathways to follow for urgent or non-urgent treatment.

The practice had an efficient referral system in place, using the online All Wales system, and referral notes were evident in patient records.

Quality of Management and Leadership

Staff Feedback

Staff responses to the HIW questionnaire were generally very positive, regarding the facilities, equipment and training provided. All the respondents agreed that care of patients was the top priority of the practice and were happy with the level of care provided. Almost all respondents were satisfied with staff numbers and the skill mix at the practice, however one respondent felt that more staff were needed. All respondents said they would recommend the practice as a good place to work.

One staff member commented:

“All staff, both clinical and admin are very helpful within their scope. All policies etc are reviewed often. Compliances followed and updates always given in meetings or sooner if needed.”

Leadership

Governance and leadership

There were clear management structures in place, with the practice under the direction of an effective practice manager. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

We saw evidence of regular team meetings taking place, with minutes circulated to ensure all staff were kept up to date. The dental nurses also had weekly meetings and there was a daily ‘huddle’ meeting.

Staff had regular appraisals and we saw examples where staff had been supported in accessing further training. We were told that the practice had used tools provided by Health Education and Improvement Wales (HEIW) to help identify training needs and quality improvement, such as the Maturity Matrix and the Skills Optimiser Self-Assessment Toolkit (SOSET).

A comprehensive range of policies and procedures were in place and reviewed regularly, with staff notified about any changes. The practice made effective use of electronic systems to store, share and update policies and procedures.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw policies and procedures, detailing the recruitment process and checks made on prospective employees. Pre-employment checks included proof of identity, the right to work in the UK, professional qualifications and vaccinations.

To ensure continuity of care, the practice could draw staff from other practices in the group but also used agency staff occasionally. Staff told us that their contracts with the agency ensured appropriate checks were carried out about fitness to work.

We reviewed a sample of six staff records and confirmed that staff were registered with the GDC and appropriate Disclosure and Barring Service checks had been carried out. We also saw evidence that staff were covered by professional indemnity insurance and had appropriate vaccination against Hepatitis B. However, records for one member of staff did not include confirmation of their immunity against Hepatitis B and a risk assessment should have been put in place until a satisfactory response to the vaccinations could be confirmed.

The registered manager must ensure that any staff without confirmed immunity to Hepatitis B have a risk assessment in place.

The practice manager monitored staff compliance with mandatory training requirements and compliance was generally good. However, records were seen to be fragmented and a more effective system should be used to ensure a clear overview of compliance.

The registered manager should put clear and robust systems in place to provide an overview of staff compliance with mandatory requirements.

Culture

People engagement, feedback and learning

Patients were invited to provide feedback verbally, online, via social media or using forms provided in the waiting room.

A 'you said, we did' poster was displayed showing that patient feedback was acted upon, with examples such as providing drinking water and changes to the music played in the waiting room.

There was a comprehensive complaints procedure in place, made readily available to patients both at the premises and on the practice website. The procedure included appropriate timescales for responses and how to escalate the issue if required, with contact details of relevant external bodies. Information was provided about the

advocacy service provided by Llais, and the complaints procedure had been updated to reference the NHS 'Listening to People' framework that was issued in April 2026.

Staff told us that both written and verbal complaints were logged centrally, as well as in patient records. The practice manager regularly reviewed the complaints received, however there was no overview log being maintained to help identify any recurring themes or issues.

The registered manager should add an overview section to the complaints log to help identify recurring themes or issues.

The practice had a Duty of Candour policy in place, including notification requirements.

Any lessons learned from feedback or complaints were shared with relevant staff at team meetings.

Information

Information governance and digital technology

The practice had appropriate policies, procedures and systems in place to ensure information was held and shared securely and confidentially.

Learning, improvement and research

Quality improvement activities

We found evidence of a very good range of both clinical and non-clinical audits being carried out. These included: legionella, healthcare waste, antimicrobial use, radiography, the safe use of X-ray equipment, COSHH, clinical notes, WHTM 01-05, IPC, smoking cessation, disability access and regular assessments of Health & Safety and fire risk.

Discussions were underway with HEIW to implement a five-year programme of quality improvement measures.

Whole-systems approach

Partnership working and development

Staff described appropriate methods of engaging with partners, including the use of electronic systems such as eDEN and NHS Compass. The practice had updated procedures and systems in line with the reformed NHS dental contract that had recently come into effect on 01 April 2026.

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
Clinical waste was stored externally with bins locked in a metal cage. We noted the lock being used could allow access to the cage if extended fully and advised this be replaced.	The lock could allow unauthorised access to clinical waste.	The matter was discussed with the practice manager.	This was addressed with a lock being ordered and evidence of installation provided immediately after the inspection.

Appendix B – Immediate improvement plan

Service: Eirlys Dental Practice, Colwyn Bay

Date of inspection: 30 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 non-compliance issues were identified during the inspection.		
Improvement needed		Standard / Regulation		
1.	Not applicable	Not applicable		
Service Action:		Responsible officer	Timescale	
Not applicable		Not applicable	Not applicable	

Appendix C – Improvement plan

Service: Eirlys Dental Practice, Colwyn Bay

Date of inspection: 30 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.	The practice had an up-to-date Statement of Purpose; however, this was not on the practice website.	The registered manager must ensure the Statement of Purpose is made available on the practice website.	The Private Dentistry (Wales) Regulations 2017: Regulation 5	This has been forwarded to the Web designer to be added to the website	Dawn Gorle	End of August
2.	The stock room did not have a lock fitted and a lock on a door separating the decontamination room from an external area was broken.	The registered manager must ensure that appropriate locks are fitted to prevent unauthorised access to the stock room and decontamination room.	The Private Dentistry (Wales) Regulations 2017: Regulation 22	Lock now fitted for the stock room Awaiting new lock for the decon room as one ordered was incorrect	Dawn Gorle	Stock room Completed Decon to be completed WC 10/08/2026

3.	We were told that the use of oxygen was included in the CPR training and some staff had undertaken further training in the safe use of BOC oxygen cylinders in line with a patient safety notice. We advised that all relevant staff should undertake the BOC training.	The registered manager must ensure that all staff trained to carry out CPR have undertaken specific training on the safe use of BOC oxygen cylinders.	The Private Dentistry (Wales) Regulations 2017: Regulation 17	Learning has been registered and to be completed by staff	Dawn Gorle	End of August deadline has been given to all staff
4.	Patient records should include more consistent information about X-ray exposures, including the justification, referrer and operator, that risks and benefits were discussed and the grading system for radiographs should be updated in line with the latest guidance.	The registered manager must ensure that all relevant information about X-ray exposures is consistently captured in patient records.	The Private Dentistry (Wales) Regulations 2017: Regulation 20	Email has been sent to all Clinicians outlining the importance of this	Dawn Gorle	Completed

5.	Vaccination records for one member of staff did not include confirmation of their immunity against Hepatitis B and a risk assessment should have been put in place until a satisfactory response to the vaccinations could be confirmed.	The registered manager must ensure that any staff without confirmed immunity to Hepatitis B have a risk assessment in place.	The Private Dentistry (Wales) Regulations 2017: Regulation 13	This has been discussed with the staff member who is in contact with Occupational Health to request her records. Risk assessment put in place in the interim.	Dawn Gorle	End of August
6.	Mandatory training records were seen to be fragmented and a more effective system should be used to ensure a clear overview of compliance.	The registered manager should put clear and robust systems in place to provide an overview of staff compliance with mandatory requirements.	The Private Dentistry (Wales) Regulations 2017: Regulation 17	Staff CPD excel spreadsheet has been created – see attached	Dawn Gorle	In Progress TBC End of August
7.	There was no overview log of complaints kept to help identify any recurring themes or issues.	The registered manager should add an overview section to the complaints log to help identify recurring themes or issues.	The Private Dentistry (Wales) Regulations 2017: Regulation 21	New Log has been created – see attached	Dawn Gorle	To be updated with all Complaints from this year To be completed end of August

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): Dawn Gorle

Job role: Practice Manager

Date: 22/07/2026