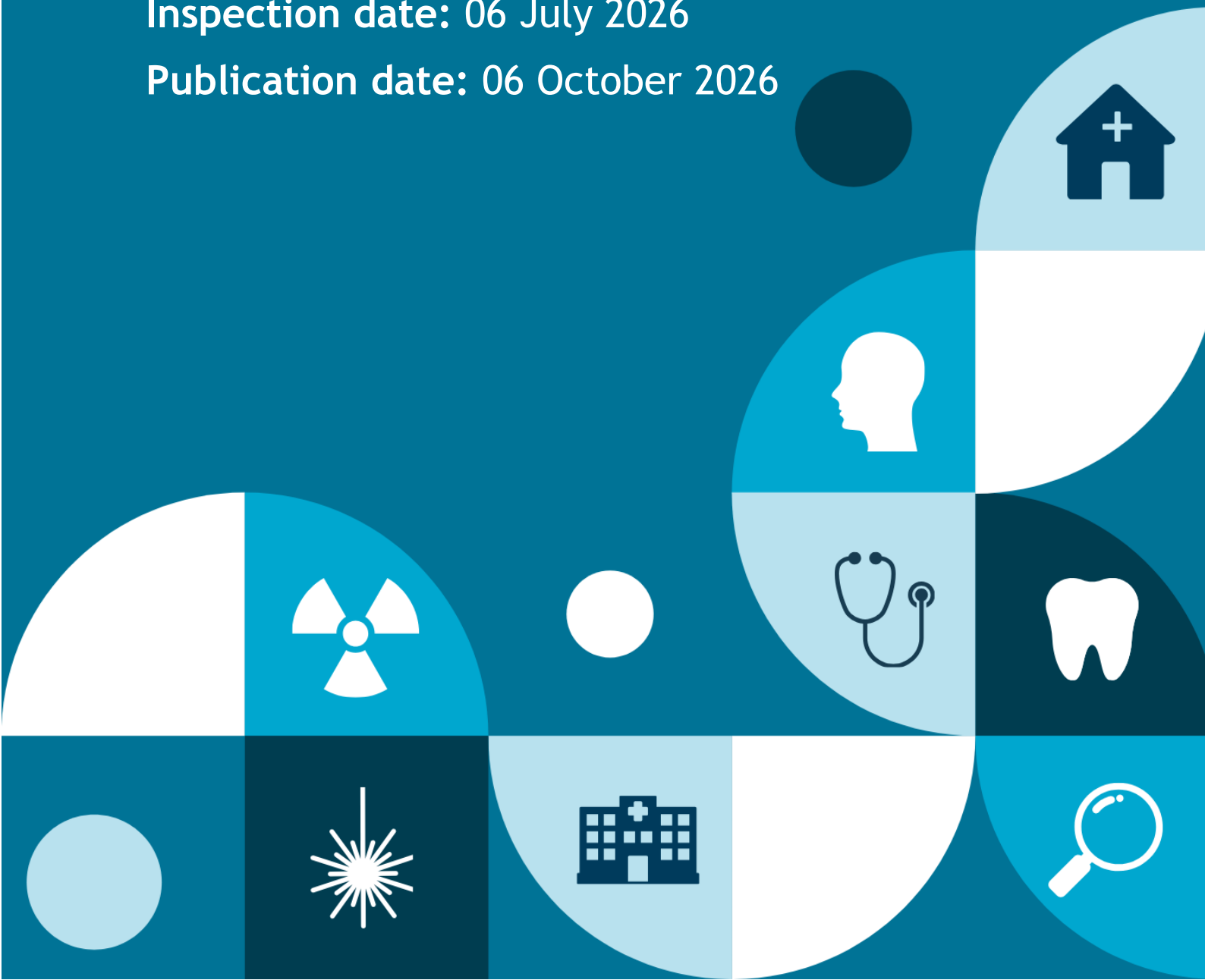


General Dental Practice Inspection Report (Announced)

Brilliant Dental Care by Ruth Morris
(Beddau), Cwm Taf Morgannwg
University Health Board

Inspection date: 06 July 2026

Publication date: 06 October 2026



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Digital ISBN 978-1-80853-412-6

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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.



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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 Brilliant Dental Care by Ruth Morris (Beddau), Cwm Taf Morgannwg University Health Board on 06 July 2026.

Our team for the inspection comprised of one HIW healthcare inspector and one 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. A total of seven were completed. We also spoke to staff working at the service during our inspection. 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 respondents rating the service as 'very good' or 'good'.

A range of health promotion information was available within the waiting area, alongside clear information on treatment charges, practice opening hours and emergency dental care. Patients were treated with kindness and respect, and all questionnaire respondents told us staff treated them with dignity and respect.

The practice had arrangements to maintain confidentiality, including private areas for confidential discussions. Patients could access appointments by telephone or in person, with emergency appointments available daily and urgent cases prioritised. Patient records reviewed contained appropriate identifying information, medical histories and treatment options. Patients who completed the questionnaire told us they received sufficient information to understand available treatment options and associated costs.

The practice promoted equality and inclusion through bilingual information, alternative formats and reasonable adjustments to support access to care. Patients also provided positive feedback about the ease of obtaining appointments when needed.

This is what the service did well:

- Offered timely access to emergency dental appointments
- Supported patients through bilingual communication and alternative formats
- Provided a wide range of health promotion information.

Delivery of Safe and Effective Care

Overall summary:

Overall, we found the practice had appropriate arrangements in place to support the delivery of safe and effective care. The premises were clean, well maintained and suitable for the services provided, with comprehensive risk management, health and safety, fire safety and business continuity arrangements in place.

Infection prevention and control measures were effective, and decontamination processes were managed in line with relevant guidance. Appropriate systems were in place for medicines management, medical emergencies, safeguarding and the safe use of clinical equipment, including X-ray equipment.

Patient records reviewed were maintained to a good standard and contained the information required to support safe treatment and continuity of care. The practice also had robust referral processes, including arrangements to monitor urgent referrals.

This is what we recommend the service can improve:

- Strengthen autoclave record-keeping by documenting cycle information daily within a logbook alongside the use of a data logger.

This is what the service did well:

- Maintained comprehensive emergency medicines and equipment
- Operated effective safeguarding and referral monitoring systems
- Had robust fire safety and health and safety arrangements.

Quality of Management and Leadership

Overall summary:

Overall, we found the practice had effective leadership and governance arrangements in place to support the delivery of safe and high-quality care. Roles and responsibilities were clearly defined, and systems were in place to identify, manage and monitor risks.

Staff were supported through regular meetings, clear communication channels and access to up-to-date policies and procedures.

Recruitment, induction and appraisal processes were established, and staff had access to appropriate training and continuing professional development opportunities. However, we noted evidence of Hepatitis B immunity status was not available in all staff records reviewed. The practice encouraged a positive and open culture, with arrangements in place for staff to raise concerns and contribute to service development.

Patient feedback, complaints and incidents were monitored and used to support learning and improvement, while a comprehensive programme of clinical and non-clinical audits helped drive quality assurance. Digital systems supported the management of patient information, training and governance activities.

This is what we recommend the service can improve:

- Ensure evidence of Hepatitis B immunity is available for all clinical staff.

This is what the service did well:

- Used audits, feedback and incidents to support quality improvement
- Maintained clear leadership and governance arrangements
- Supported staff through regular training, appraisals and professional development.

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' or 'good'.

Patient comments included:

"Excellent treatment given by all staff."

Person-Centred

Health promotion and patient information

We found a range of health promotion information available to patients within the reception and waiting areas. This included information on smoking cessation, children's oral health, healthy eating, dental erosion and oral hygiene. Patients also had access to Design to Smile materials and Community Dental Service information, including QR codes linking to educational resources.

The practice had a patient information leaflet in English and Welsh which was readily available within the waiting area, and a statement of purpose which was available when requested from the reception desk. We found both documents contained the information required by the Private Dentistry (Wales) Regulations 2017.

Information on NHS and private treatment charges was clearly displayed within the waiting area. The names and General Dental Council (GDC) registration numbers of the dental team were available for patients to view, and the practice opening hours and emergency out-of-hours contact number were displayed outside the premises.

Dignified and respectful care

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

A confidentiality policy and procedure was in place and had been reviewed and signed by all staff. Patients who wished to speak with staff in private could use an upstairs office, which was also used for confidential telephone calls when needed. Where patients were unable to use the stairs, discussions would take place in a dental surgery once it became available.

The reception desk was located within the waiting area, which was an appropriate size for the practice. We saw that the door to the dental surgery was kept closed during appointments, helping to ensure conversations could not be overheard and maintaining patient privacy.

We saw the GDC nine core principles of ethical practice displayed in both Welsh and English within the waiting area.

Individualised care

We reviewed a sample of six 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 that cost was made clear to them before receiving treatment.

Timely

Timely care

Patients could book appointments by telephone or in person at the reception desk. We were told the average waiting time between treatment appointments was approximately two weeks. A cancellation list was maintained, and patients were contacted if earlier appointments became available.

Patients requiring emergency dental care were advised to telephone the practice at the start of the day. Dedicated emergency appointment slots were available daily, and we were told patients were usually seen within 24 hours, with the practice aiming to offer same-day appointments where possible. Patients with the most urgent treatment needs were prioritised through emergency and additional treatment appointments. Where necessary, urgent patients could also be referred to a sister practice to access timely care.

In the event of a delay, clinicians informed reception staff, who then communicated this to patients verbally. Where appropriate, patients were contacted before attending the practice and informed of any delays to their appointment.

All respondents to the HIW questionnaire said it was easy to get an appointment when they needed one.

Equitable

Communicating and language

We found the practice provided a bilingual service, with posters and leaflets available in both Welsh and English throughout the waiting area. Staff demonstrated an awareness of the Active Offer, and we were told they would be supported to access language training if they wished to develop their skills.

We saw 'Iaith Gwaith' badges worn by staff and visual prompts displayed within the waiting area and dental surgery, helping patients identify staff who were able to communicate through the medium of Welsh.

Patient information was available in a range of alternative formats, including large print and easy-read versions. A hearing loop was available within the waiting area, and patients were advised to speak with reception staff if they required information in an alternative format. Language Line was available to support patients whose first language was not English, and staff understood the importance of communicating with patients in their preferred language.

Patients without digital access could arrange appointments by telephone, and printed appointment cards and information were provided when required.

Rights and equality

We found the practice had appropriate arrangements in place to promote equality, diversity and inclusion. An equality and diversity policy was available, and we were told staff had completed equality and diversity training.

We were told that patients were treated fairly and equally, and recruitment processes were standardised to support fair and consistent decision-making. A zero-tolerance approach to discrimination and harassment was in place, and staff understood how to raise any concerns with a senior member of staff.

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, such as wide doorways, were in place to support access to services for all patients.

The practice ensured the rights of transgender patients were upheld by recording and using patients' preferred names and pronouns.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice environment was clean, safe and well maintained. The premises were in a good state of repair internally and externally, and the size and layout were suitable for the services provided. The practice comprised of one dental surgery with an appropriately sized waiting area. The surgery and waiting room were located on the ground floor, supporting accessibility for patients. Staff had access to changing facilities, and personal belongings could be stored securely in a lockable room.

Lighting, heating and ventilation appeared appropriate, and all areas were clean, tidy and clearly signposted. Toilets were equipped with appropriate handwashing, drying and sanitary disposal facilities.

We found dental equipment was in good condition, and appropriate items were available to enable effective decontamination between uses.

We saw a comprehensive health and safety risk assessment which had been reviewed within the previous year. Relevant policies and procedures were in place, including health and safety, risk management, premises maintenance and business continuity arrangements. Evidence was seen of valid employer's liability insurance and a Health and Safety Executive (HSE) poster was accessible to staff. We saw evidence of certificates for gas safety, five-year electrical installation conditions report and Portable Appliance Testing (PAT).

We found fire safety arrangements to be robust. A fire risk assessment had been completed and reviewed annually. We saw multiple fire extinguishers located throughout the practice which were appropriately maintained. Fire alarm and emergency lighting maintenance contracts were in place and had been completed within the last year. We saw evidence that fire alarm tests were undertaken, and fire drills took place at regular intervals, with the last drill completed in February 2026. Fire exits were clearly signposted, and instructions in the event of a fire were displayed. Signs were displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation. All staff had completed fire safety awareness training.

Infection prevention and control (IPC) and decontamination

We found the practice had appropriate infection prevention and control policies and procedures in place to maintain a safe and clean clinical environment. We were told a designated infection prevention and control lead was in place. Dedicated hand-washing sinks were available in each surgery and the decontamination room, with appropriate hand hygiene posters displayed. Personal protective equipment (PPE),

including gloves and masks, were available 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. Suitable processes and equipment were in place to safely transport instruments around the practice.

Decontamination processes were appropriate and managed in line with guidance. Pre-sterilisation cleaning was carried out using an ultrasonic bath and magnification light, and autoclaves were in use with a data logger was in place to monitor cycles. We noted that the data logger records were reviewed monthly and advised the practice to strengthen oversight by recording the cycle time, pressure and duration within the logbook each day. We found 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 through a local hospital, and staff vaccination and immunity status were monitored. Arrangements were in place to manage sharps injuries, with safety plus syringes in use and all staff were aware of the sharp's injury protocols.

Appropriate waste management arrangements were in place, with contracts available for the disposal of clinical waste, amalgam, sharps, and other hazardous materials. Clinical waste was stored securely in separate bins, and expired medicines were disposed of appropriately. Control of Substances Hazardous to Health (COSHH) documentation was well maintained. Most respondents to the HIW questionnaire said the practice was 'very clean', and two said 'fairly clean'.

Medicines management

The practice had an appropriate medicines management policy in place which set out the procedures for ordering, recording, handling and disposing of medicines. Medicines and prescription pads were stored securely, and staff were aware of how to report adverse drug reactions through the Yellow Card scheme.

A designated medicines fridge was available, with temperatures checked and recorded regularly. Staff were aware of the actions required if temperatures fell outside the acceptable range. We found controlled drugs were managed and disposed of in line with the practice's procedures.

We found a medical emergency policy based on current national guidance was available and reviewed regularly. We saw evidence that staff had completed cardiopulmonary resuscitation (CPR) training within the last year, and emergency medicines and resuscitation equipment met national guidelines. Emergency drugs and equipment were in date, and systems were in place to undertake regular checks and replace expired items. Oxygen cylinders were appropriately maintained, and staff

received training on their use. A first aid kit was available, and two staff members were trained first aiders providing full time cover.

Safeguarding of children and adults

The practice had a combined safeguarding adults at risk and safeguarding children and child protection policy in place which had been reviewed within the previous year. The policy included local contact details for reporting concerns and incorporated the Wales Safeguarding Procedures. A designated safeguarding lead was in place to oversee safeguarding matters across the practice.

Staff were able to access up-to-date safeguarding guidance through the safeguarding application on their phones and demonstrated awareness of the actions they would take if they had concerns about the welfare of a child or adult. Staff told us they would be supported by the safeguarding lead and senior colleagues when managing safeguarding concerns.

We found all staff had completed safeguarding training for children and adults to an appropriate level. In addition, two members of staff had completed Level 3 safeguarding training, which is best practice.

Management of medical devices and equipment

We found clinical equipment was safe, in good condition, and suitable for its intended use. 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. The practice had contingency arrangements to respond to equipment or system failures, and a new compressor had been installed within the last year.

Radiation protection arrangements complied with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) requirements. We found staff were aware of their duty holder roles and responsibilities, and patients were provided with information about the benefits and risks associated with dental X-rays.

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. We found the practice used Local Safety Standards for

Invasive Procedures (LocSSIPs) checklists to help reduce the risk of wrong-site tooth extractions and promote patient safety.

Patient records

We found appropriate systems were in place to support the safe management of patient information. A records management policy was in place, and patient information was managed in line with General Data Protection Regulation (GDPR) requirements. Paper records were stored securely in locked cabinets, and electronic records were held on a secure cloud-based system. Records were retained in accordance with appropriate retention guidance.

We reviewed a sample of six patient records during the inspection. Overall, records were being maintained to a good standard and supported the delivery of safe and effective care. Patient identifiers, medical and dental histories, social histories, treatment plans, consent, clinical findings and details of care provided were consistently recorded. Language preferences were documented, and records showed patients were provided with appropriate oral health promotion advice where indicated. We found radiographs were appropriately stored, clinically evaluated and quality graded.

The practice maintained a robust system for managing referrals, including a tracking log to monitor outgoing referrals and follow-up correspondence. Arrangements were also in place to monitor patients referred for suspected oral cancer and to follow up where required to ensure patients had been seen and appropriate action taken.

Efficient

Efficient

We found the practice had appropriate arrangements in place to support the efficient delivery of care. The practice had systems in place to ensure patients moved through treatment pathways appropriately and received timely care.

A system was in place to offer appointments that became available due to cancellations, ensuring efficient use of clinical time. Referral pathways were clear and robust, with external referrals made appropriately through the NHS referral portal. Processes were in place to manage urgent dental care effectively, helping to reduce the need for 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 delivery of care. Leadership responsibilities were clearly defined, with oversight provided by the registered manager, practice manager and compliance manager.

Governance and accountability arrangements appeared to be appropriate for the size and complexity of the service. Leaders demonstrated the knowledge and experience required to manage the practice effectively.

Systems were in place to identify, record and manage risks, with risk assessments reviewed regularly and updated when changes occurred. Relevant safety alerts and guidance from external bodies were received by senior staff and shared through management meetings and staff meetings.

We saw evidence that team meetings were held regularly. Monthly meetings took place with a sister practice, supported by weekly staff catch-ups and additional communication through a staff messaging group. Meetings were documented and covered topics including prescribing, infection prevention and control, uniforms and practice administration. Information was shared with staff who were unable to attend to ensure they remained informed of important updates.

A register of policies and procedures was maintained through an electronic compliance system. Policies were reviewed regularly, and staff were informed of updates through email and other communication channels. Systems were also in place to monitor whether staff had read and acknowledged revised policies.

Workforce

Skilled and enabled workforce

A rota system was in place to ensure sufficient numbers of suitably qualified staff were available to meet the needs of patients. Where additional staffing support was required, staff members from a sister practice were utilised to maintain continuity of care.

We were told the practice supported staff to maintain their (GDC registration, and staff were required to provide proof of registration annually.

A Speaking Up policy and whistleblowing procedure were in place, and staff told us they felt able to raise concerns with senior members of the team when required.

The practice had recruitment and induction processes in place to support the employment of staff. New starters completed an induction and orientation programme, including a review of relevant policies and procedures, followed by a probationary period with ongoing monitoring. We were told that recruitment checks included references, identification verification, Disclosure and Barring Service (DBS) checks, professional registration checks where applicable, and professional indemnity verification.

We reviewed a sample of five staff records and found evidence of GDC registration, professional indemnity insurance, DBS checks, occupational health information, appraisals and personal development plans. However, we noted three out of five records reviewed did not have blood results following Hepatitis B vaccination available.

The registered manager must ensure evidence of Hepatitis B immunity status is available for all clinical staff.

Oversight of professional obligations and personnel records was maintained by the compliance manager, who ensured information remained up to date. Annual appraisals were completed for staff, and processes were in place to address performance concerns through additional support, training or formal procedures where required.

Staff had access to online learning through the practice compliance system, and we found a good level of compliance with mandatory training requirements. A continuing professional development (CPD) log was maintained for each member of staff and reviewed regularly. Training records demonstrated that staff had completed training relevant to their roles, including safeguarding, cardiopulmonary resuscitation (CPR), infection prevention and control, fire safety and duty of candour.

Culture

People engagement, feedback and learning

Patients were able to provide feedback through a feedback box located within the reception area, as well as through online reviews. Feedback received was reviewed regularly by the practice, and we were told the feedback box was checked weekly. We saw evidence that patient feedback had been used to support service improvement, including the completion of a waiting time audit following comments regarding appointment delays. We noted there was no information displayed for patients demonstrating how feedback had been used to make improvements within the practice; this was put in place on the day of the inspection.

The practice had a clear and accessible complaints procedure available. Information was displayed in both Welsh and English within the waiting area and the procedure followed the Listening to People process for NHS patients. The procedure set out clear

processes for managing complaints, including timescales for acknowledgement and response, sources of advocacy and support, and information on how concerns could be escalated if local resolution could not be achieved. Contact details for HIW, the Public Services Ombudsman for Wales, the Dental Complaints Service and Llais were included. We were told the practice manager was responsible for handling complaints, with alternative arrangements in place should this not be appropriate. Complaints and concerns were recorded and monitored, including informal concerns which were documented using an event reporting form.

We saw a Duty of Candour policy was in place which clearly outlined staff responsibilities and had been reviewed within the previous year. Staff had completed Duty of Candour training and demonstrated an understanding of the importance of being open and honest when something went wrong.

Information

Information governance and digital technology

The practice used digital systems to manage patient records and compliance information. Patient records were maintained using a password-protected electronic system, and an online compliance platform was used to manage policies, training and governance documentation.

We were told patient safety incidents were recorded within patient records and the accident book. Information relating to incidents was shared with staff through email and secure messaging systems to ensure any learning and required actions were communicated promptly.

Learning, improvement and research

Quality improvement activities

The practice had systems in place to monitor and support ongoing quality improvement of the service. These included regular practice meetings, peer review within the team and across the wider group of practices, and the completion of a range of clinical and non-clinical audits. Audits were undertaken using Health Education and Improvement Wales (HEIW) tools and the practice's compliance system. The practice monitored information from complaints, patient feedback and incidents to support learning and improvement.

We saw evidence the practice had carried out a broad programme of audits within the previous 12 months, including audits for radiography, patient records, antimicrobial prescribing, healthcare waste, disability access, smoking cessation and Welsh Health

Technical Memorandum (WHTM) 01-05.

We were told peer review was in place through the organisation, and professional support was in place when required.

Whole-systems approach

Partnership working and development

The practice demonstrated partnership working with a range of organisations and healthcare professionals to support the delivery of patient care. We were told the registered manager engaged with professional dental networks across Wales to share information and keep up to date with developments affecting dental services.

Staff worked with a range of external partners when required, including local GP practices, pharmacies and other healthcare services to support patient care. The practice also maintained links with a sister practice, which provided additional support to help meet patient needs when required.

We were told peer review arrangements were in place with clinicians from the sister practice, providing opportunities for shared learning and professional development.

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
There were immediate concerns identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Brilliant Dental Care by Ruth Morris (Beddau)

Date of inspection: 06 July 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.

Improvement needed		Standard / Regulation	Service action	Responsible officer	Timescale
1.	There were no immediate non-compliance issues identified on this inspection.				
Findings:					

Appendix C – Improvement plan

Service: Brilliant Dental Care by Ruth Morris (Beddau)

Date of inspection: 06 July 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 three out of five records reviewed did not have blood results following Hepatitis B vaccination available.	The registered manager must ensure evidence of Hepatitis B immunity status is available for all clinical staff.	The Private Dentistry (Wales) Regulations 2017 18	All records were updated and risk assessments carried out at the time of the inspection.	Compliance Manager	Completed during the inspection

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

Service representative:

Name (print): Daniel Humphrey

Job role: Business Manager

Date: 31st Aug 2026