

**General Dental Practice  
Inspection (Announced)**  
Cwm Taf University Health  
Board, MyDentist Talbot  
Green

8 March 2016

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to MyDentist Talbot Green on Tuesday 8 March 2016.

HIW explored how MyDentist Talbot Green met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

MyDentist Talbot Green provides services to patients in the Rhondda Cynon Taf area. The practice forms part of Integrated Dental Holdings, known as 'MyDentist', which has a network of dental practices across the UK. MyDentist Talbot Green provides dental services within the area served by the Cwm Taf University Health Board. MyDentist Talbot Green is a mixed practice providing both private and NHS dental services.

The practice staff team includes seven dentists, two hygienists, the practice manager, a lead nurse, five dental nurses and three trainee dental nurses. On the day of the inspection the area manager was also present.

### 3. Summary

Overall, we found that MyDentist Talbot Green provides patients safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- The feedback gained from the patient questionnaires was positive
- The practice had a system in place for regularly seeking patient feedback
- Staff appeared happy in their roles and understood their responsibilities
- The practice had suitable arrangements for safeguarding patients

This is what we recommend the practice could improve:

- Aspects of the clinical facilities, including a more effective cleaning schedule
- Review of decontamination processes to ensure compliance with the relevant guidelines
- Improvements to patient records to ensure they contain all required information about treatment
- Update of the complaints procedure to ensure all required information is included.

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence that the practice is committed to providing a positive experience for their patients. The feedback gained from the patient questionnaires was positive. The practice had a system in place for regularly seeking patient feedback, via an online questionnaire and a patient survey, as a way of assessing the quality of the service. There was a pleasant waiting area and evidence of dental health promotional material.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Thirteen questionnaires were completed by patients and an example of comments included the following:

*“Always very welcoming and friendly.”*

*“My dentist is brilliant, so gentle and caring – probably the best I’ve had!”*

*“Everything is explained in great detail before any treatment is carried out.”*

*“I am very satisfied. They are friendly, efficient and do not cause too much pain!”*

### **Dignified care**

All patients stated they felt welcomed by the staff and the majority of patients told us they were extremely satisfied with the care and treatment they received at the practice. We also observed the friendly and professional approach adopted by staff towards patients. The practice had arrangements to protect patients’ privacy including a space for patients to have private conversations, with staff and discretion when dealing with patient telephone messages.

### **Timely care**

The practice tries to ensure that dental care is provided in a timely way. Only one patient who completed questionnaires stated that they had experienced delays in being seen by the dentist. Two thirds of patients also told us they knew how to access out of hours care. There was a sign on the window of the



surgery giving the emergency contact number and this was also provided on the practice's answer phone message and on the website.

### **Staying healthy**

The reception area and waiting room were bright and spacious creating a welcoming atmosphere for patients. The majority of patients who completed questionnaires said they were given appropriate information about their treatment.

### **Individual care**

Staff told us that patients were encouraged to give verbal feedback regarding their views of the service, when they attended the practice and these comments are recorded electronically and in the patients' notes. We were shown a copy of the online questionnaire that patients are invited to complete and the lead nurse showed us the collated data that is stored electronically. Patients' comments are reviewed and any trends are acted upon. This showed that there are systems in place to allow patients to provide feedback to the practice on an on-going basis.

When asked about making complaints about their care or treatment two thirds of patients who completed the questionnaires commented that they did not know how to make a complaint. Given the comments, the practice is advised to review how information about making complaints is provided to patients.

We found that the practice had a written procedure for dealing with concerns (complaints) about dental treatment. We found the procedure was generally compliant with the Private Dentistry Regulations and the NHS complaints procedure known as 'Putting Things Right'. However, we saw that the complaints procedure did not contain all the relevant organisations for patients to contact, including the details of HIW and the Public Services Ombudsman for Wales. The policy was also not clear about the relevant organisations for patients to contact depending on whether they were receiving private or NHS treatment.

### ***Improvement needed***

***The complaints should be updated to include the relevant organisations for patients to contact, including HIW and the Public Services Ombudsman. The policy should also be clear about the process and relevant organisations, depending on whether patients are receiving private or NHS treatment.***

There was an established process for recording any concerns/complaints received and the how they had been addressed. We saw that there had been a number of complaints. These complaints are monitored but there were no common themes that had emerged.

## ***Delivery of Safe and Effective Care***

**Overall, we found that patients are provided with safe and effective dental care. The practice was visibly clean and tidy. In general, we were satisfied that patients and staff were protected from preventable healthcare associated infections, but we identified some areas for improvement. We looked at a sample of patient records and recommended improvements regarding the recording of treatment information such as patient consent.**

### **Safe care**

#### *Clinical facilities*

The practice provided a clean environment. Both toilet facilities downstairs were visibly well maintained. There was an accessible unisex patient toilet but there was no patient grab rail or emergency call system in place. We advised the practice to ensure that any designated accessible patient toilet is safe and suitable for use.

The dental practice areas had been refurbished and were light and airy. We looked at the clinical facilities in each of the surgeries and found that they contained relevant equipment for the safety of patients and the dental team. We noted that the surgeries were generally visibly clean and tidy. However, we saw evidence of drawers and trays needing more thorough cleaning and dust on some equipment, under counters and behind doors. We also saw that the trim along the work top edges had come away in Surgery 4, preventing effective cleaning. There were also no keyboard covers in three of the surgeries to prevent to accumulation of dirt and bacteria.

#### ***Improvement needed***

***The following improvements should be made to the arrangements for infection control:***

- ***More effective cleaning schedule***
- ***Address the sealant of work surfaces in Surgery 4 to enable effective cleaning***
- ***Arrangements for protecting keyboards.***

The surgeries were all organised in a similar way to help nurses to work efficiently in any area. We saw that the practice dated sterilised and packaged instruments, so that they were not kept beyond the storage period stated within

the practice's procedures. However, we found there were some out of date instruments.

***Improvement needed***

***The practice must improve the system for ensuring that sterilised and packaged instruments are not kept beyond their storage period.***

Most, but not all, of the dental laboratory paperwork showed that the laboratories were registered with MHRA.

***Improvement needed***

***The practice should confirm that all the laboratories used are registered with the Medicines and Healthcare products Regulatory Agency (MRHA).***

A safety check certificate was in place for the machine for providing compressor air to the surgeries (compressor), and we also noted that the portable appliance testing (PAT) had been completed on all the electrical equipment to help ensure that small appliances were safe to use. We saw the fire service contract and fire equipment was in place that had recently been checked. There was clear signage to the emergency exits.

***Radiographic equipment***

We saw evidence that suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. We found evidence of safety checks, equipment maintenance and testing. Local rules for the use of x-ray equipment were also seen in the radiation protection file and on the wall in the surgery. All the machines had recent safety and maintenance checks and had been passed as safe for use. However, we noticed that one machine used in Surgery 4 was installed in the 1980's and was worn. We discussed this with the practice and advised that replacement should be considered. Given the requirement of the Ionising Radiation Regulations that all x-ray equipment is safe and suitable for use, the practice is advised to closely monitor this particular machine given its age to ensure it remains safe for use.

Staff confirmed that the quality of the x-rays taken were considered and recorded on a daily basis. We saw that the practice completed regular radiographic audits which were discussed at the bi-monthly informal peer review meetings. The practice is reminded that, in line with the requirements of

Ionising Radiation Medical Exposure Regulations and best practice guidance<sup>1</sup>, there should be a robust programme for quality assurance and audits for x-rays in place looking at a variety of areas such as justification, clinical evaluation of x-rays, patient dose and x-ray equipment, amongst others.

#### *Drug storage and emergency equipment*

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated that all members of the team had received training on how to perform cardiopulmonary resuscitation (CPR) and one of the team was a designated first aider. There was a resuscitation policy in place.

The resuscitation equipment and emergency drugs were stored in reception and were immediately available in the event of a medical emergency (collapse) at the practice. It was evident that a system was in place to check the equipment and emergency drugs weekly to help ensure they were safe for use.

#### *Decontamination*

The practice has a dedicated room for the cleaning and sterilisation of dental instruments. We saw that there was a decontamination protocol displayed on the wall referred to the guidelines in England, rather than the Welsh Health Technical Memorandum 01-05<sup>2</sup> (WHTM 01-05) guidelines. We advised the practice to ensure they were adhering to the guidelines applicable in Wales.

There was a system in place to make sure all nurses involved in decontamination had completed relevant training. We found that maintenance certificates for the steriliser equipment were up-to-date. The practice recorded daily and weekly checks on the sterilisers to ensure that equipment remained in good working order and that the decontamination process was effective. The

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<sup>1</sup> The Department of Health (2001) has developed 'Guidance notes for dental practitioners on the safe use of x-ray equipment' which describes the range of quality assurance and radiographic audits that should be performed by dental practices.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/337178/misc\\_public\\_DentalGuidanceNotes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337178/misc_public_DentalGuidanceNotes.pdf)

<sup>2</sup> <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

decontamination area was visibly clean and uncluttered. However, we noticed that the ventilation was poor.

***Improvement needed***

***The practice should review the ventilation in the decontamination area.***

We saw that the gloves used for manual cleaning of instruments were not suitably heavy duty and we advised the practice to address this. In addition to the decontamination area, we found that one of the surgeries was also being used to clean instruments. This surgery only had one sink and no bowl to use to separate the cleaning and rinsing of the instruments, as required by the WHTM 01-05 guidelines. We were told that this surgery was used by the dentist who does implants on a Saturday and staff told us that it was due to be transferred to another surgery. Despite this, there was evidence that this surgery had been used on the day of inspection.

***Improvement needed***

***The practice must ensure that the decontamination processes across the practice, including any cleaning of instruments performed within the dental surgery, are consistent with the WHTM 01-05 guidelines at all times.***

The practice showed us evidence of the recent infection control audit. However, we saw that no improvement plan had been created as a result of this audit to help improve compliance. We also saw that the audit completed stated the practice had a high level of compliance, but this was not consistent with the findings we identified during this inspection.

***Improvement needed***

***Given the findings from our inspection, the practice should re-conduct an infection control audit and develop an improvement plan to address the areas highlighted.***

*Waste disposal*

We could see that the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous and non-hazardous waste.

## *Safeguarding*

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. All staff had completed training in the protection of children and vulnerable adults.

We were told that there were arrangements in place for staff to raise concerns. Staff who we spoke to said that would be comfortable talking to the practice manager who they felt was approachable and could raise any issues.

## **Effective care**

It was evident that the practice is seeking to continuously improve the service provided. We were able to see that relevant audits had been completed by the practice. The practice had the opportunity to ask for advice and support from the area dental manager. We saw evidence that staff engaged in some peer review audits and one of the dentists had recently applied to do an audit as part of his continuing professional development (CPD). These audits are discussed at team meetings and used to identify trends. The Maturity Matrix Dentistry practice development tool was not being used, but the area dental manager said that they had their own in-house training matrix which they used to enable everyone in the practice to develop their skills and to think about the quality of care.

## **Patient records**

We looked at a sample of twenty seven patient records, which included records completed by each of six dentists working in the practice. Overall, we found that the records were of an appropriate standard and demonstrated that care had been planned and delivered with the intention of ensuring patient safety and wellbeing. We found that patient care entries contained sufficient information regarding discussions held about treatment options. However, we identified the following areas for improvement:

- Patient consent was not always recorded
- Some records showed no evidence of smoking cessation advice
- Three out of the six dentists had not recorded oral cancer screening being explained. The recording of this is advised.
- Three out of the six dentists were not recording recall within National Institute for Health and Care Excellence (NICE) guidelines

- Although most dentists recorded treatment planning, this was not clearly included in all notes
- There was no consistent system for checking medical histories.

***Improvement needed***

***The following improvements should be made to patient records to include the recording of:***

- ***Patient consent***
- ***Smoking cessation***
- ***Recall in accordance with NICE guidelines***
- ***Treatment planning***
- ***Consistent system for checking medical histories.***

We found the practice had suitable arrangements in place to back up patient records to ensure continuity of care. Paper records are kept in lockable filing cabinets in the office and in each surgery.



## *Quality of Management and Leadership*

**We found evidence of effective management and leadership at the practice. A range of relevant policies and procedures are in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.**

The practice has been in Talbot Green for many years. Since being taken over by Integrated Dental Holdings, clinic refurbishment work has commenced on the practice.

The day to day management of the practice is the responsibility of the practice manager and the lead nurse who were both efficient and competent in their roles. We saw clear evidence of completed induction folders and of training courses completed by staff. All staff are given access to the policies. Yearly appraisals take place for the team. We saw evidence of appraisals for the staff completed in June 2015.

We saw minutes of staff meetings for dental nurses which take place monthly. Regular practice meetings for all staff had also been introduced in January 2016. Staff had the opportunity to offer comments and make suggestions. There was also evidence that suggestions were implemented.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were displayed. We also saw records relating to hepatitis B immunisation status for all clinical staff working in the practice.

We looked at the policies and procedures in place and saw evidence that generally they reflected actual practice. Overall, policies were made specific to the practice and updated regularly. There was evidence that staff had access to these policies which govern their day to day work.

## 5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at MyDentist Talbot Green will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>3</sup> and the Private Dentistry (Wales) (Amendment) Regulations

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<sup>3</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

2011<sup>4</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

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<sup>4</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

**Appendix A**

**General Dental Practice: Improvement Plan**

**Practice: MyDentist Talbot Green**

**Date of Inspection: 08 March 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
7	The complaints should be updated to include the relevant organisations for patients to contact, including HIW and the Public Services Ombudsman. The policy should also be clear about the process and relevant organisations, depending on whether patients are receiving private or NHS treatment.	Private Dentistry (Amendment) Regulations 2011 section 15 (4a)  NHS 'Putting Things Right'	The company is currently working on amending the guidelines outlining the relevant organisations so the poster reflects the correct Information.  They have drafted the poster and are working with a member of NHS Wales so it reflects the correct information required as different information from various sources has been given.	Support Centre / Patient Support/ Regulatory Officer	June/ July 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Delivery of Safe and Effective Care</b>					
9	<p>The following improvements should be made to the arrangements for infection control:</p> <ul style="list-style-type: none"> <li>• More effective cleaning schedule</li> <li>• Address the sealant of work surfaces in Surgery 4 to enable effective cleaning</li> <li>• Arrangements for protecting keyboards.</li> </ul>	<p>Health and Care Standards 2.4</p> <p>General Dental Council Standards 1.5</p>	<p>The contracted cleaner has now been given a Schedule of works and a checklist to complete and is working with the new system.</p> <p>This has been reported to facilities and will be completed within the specified time scale.</p> <p>Keyboard covers have been ordered</p>	<p>Practice Manager</p> <p>Support Centre/Practice Manager</p> <p>Practice Manager</p>	<p>Actioned</p> <p>1 month</p> <p>1 month</p> <p>1 month</p>
10	The practice must improve the system for ensuring that sterilised and packaged instruments are not kept beyond their storage period.	<p>Health and Care Standards 2.4</p> <p>WHTM 01-05 section 1.24</p>	<p>All staff have been briefed in a meeting and the guidelines re enforced of how long sterilised instruments can be stored for. These are also checked on a weekly basis as part of their surgery duties.</p>	Practice Manager	Actioned
10	The practice should confirm that all	Medical	All laboratories used are registered	Practice	Actioned

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	the laboratories used are registered with the Medicines and Healthcare products Regulatory Agency (MRHA).	Devices Regulations	DAMAS. Evidence available to prove this. It is also company policy that no Labs are to be used unless MHRA/ DAMAS approved.	Manager	
12	The practice should review the ventilation in the decontamination area.	Health and Care Standards 2.4 WHTM 01-05 section 6.43	Head office aware ventilation in decontamination area .Regional surveyor booked to provide plan on work needed.	Head Office	3 MONTHS
12	The practice must ensure that the decontamination processes across the practice, including any cleaning of instruments performed within the dental surgery, are consistent with the WHTM 01-05 guidelines at all times.	WHTM 01-05 Section 5	A Staff meeting has taken place to reinforce the decontamination process and 3 members of staff have attended the Deanery course.  All staff has completed the company's Infection Control training on the LMS. Tayer Witchell our deacon lead is now overseeing this assuring it's being facilitated.  Autoclave has now been removed	Practice Manager	Actioned

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			from the surgery and placed in the deacon room.		
12	Given the findings from our inspection, the practice should re-conduct an infection control audit and develop an improvement plan to address the areas highlighted.	Health and Care Standards 2.4 WHTM 01-05 section 2.22-2.25	An Infection control Audit will be undertaken and reviewed with The Regulatory Officer to ensure WHTM 01-05 Standards are met.	Practice Manager	30th June 2016
12	The following improvements should be made to patient records to include the recording of: <ul style="list-style-type: none"> <li>• Patient consent</li> <li>• Smoking cessation</li> <li>• Recall in accordance with NICE guidelines</li> <li>• Treatment planning</li> <li>• Consistent system for checking medical histories.</li> </ul>	Health and Care Standards 3.3,3.5, 4.2 General Dental Council Standards 4.11,4.1.2	All clinicians are now using the same template which includes the recording of the relevant information needed to meet the GDC Standards. I will also conduct a record card audit in the next 3 months to ensure this is being completed.  Audit Due August 2016	Practice Manager	Actioned



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of Management and Leadership</b>					
	No improvements required				

**Practice Representative:**

**Name (print): SARA HAAWORTH**

**Title: PRACTICE MANAGER**

**Date: 25 May 2016**