

General Dental Practice Inspection Report (Announced)

MyDentist, Bridgend Orthodontics,
Cwm Taf Morgannwg University
Health Board

Inspection date: 24th October 2022

Publication date: 24th January 2023



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Digital ISBN 978-1-80535-301-0

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

Our purpose

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

Our values

We place people at the heart of what we do.
We are:

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of MyDentist, Bridgend Orthodontics, Cwm Taf Morgannwg University Health Board on 24 October 2022.

Our team for the inspection comprised of a HIW Healthcare Inspector and a dental peer reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found MyDentist, Bridgend Orthodontics to be committed to providing a positive experience for all patients. All patients who rated the service provided by the practice told us they thought it was ‘very good/good.’

This is what the service did well:

- Patient information was available bilingually. All information displayed in the waiting area was in both English and Welsh and the patient information leaflet stated that it could be made available in Welsh, braille or large print.
- We saw that the practice was committed to maintaining patient’s privacy.

Delivery of Safe and Effective Care

Overall summary:

We saw that the building was in a good state of repair, both internally and externally, and allowed for an appropriately sized reception and waiting area. All areas of the practice appeared well maintained, clean and tidy.

The practice had an up-to-date fire safety risk assessment in place, and we saw evidence that all staff had completed mandatory fire safety training. We also reviewed a sample of patient records. All were kept to a good standard and contained all relevant information.

This is what the service did well:

- We saw that the surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- The practice had an extensive bank of policies and procedures in place, all of which were up to date and regularly reviewed.

Quality of Management and Leadership

Overall summary:

We found MyDentist, Bridgend Orthodontics to have very good leadership and clear lines of accountability. The practice manager was very dedicated to their role.

Staff had access to appropriate training opportunities, and we saw evidence that they were all up to date with mandatory training.

This is what the service did well:

- We saw evidence of good governance and professional attitudes from staff.
- Regular staff meetings were being carried out and meeting minutes were recorded appropriately.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 40 completed questionnaires. Seven patients said they had been a patient at the setting for more than two years, 18 between one year to two years, and 15 for less than a year

Some of the comments provided by patients on the questionnaires included:

“Excellent team very friendly and professional.”

“No improvement needed very impressed with care.”

Staying Healthy

Health Protection and Improvement

We saw evidence of changes made to the environment as a result of the COVID- 19 pandemic. Patients are still encouraged to wear face coverings and there are of clean masks and a hand sanitizer station situated in the reception area for patient use. COVID-19 information is displayed on the main entrance and staff informed us that all patients are screened for COVID-19 symptoms prior to their appointment.

Thirty-nine patients said the dental team talked to them about how to keep their mouth and teeth healthy and one said they did not.

The name of the practice was clearly visible from the outside and the opening hours and an emergency telephone number were also displayed.

Dignified care

Communicating effectively

It was clear that the practice was committed to maintaining patient’s privacy. All surgery doors were kept closed during appointments and all surgeries were situated away from the waiting area.

The lead orthodontist at the practice was a Welsh speaker and we witnessed them wearing a 'laith Gwaith' badge to advertise this. All patient information in the waiting area is displayed bilingually. The patient information leaflet also stated that it would be made available in Welsh, Braille and large print if requested.

We were told that the setting has access to a translation service through the local health board.

The 9 Principles, as set out by the General Dental Council (GDC), was displayed in both waiting areas.

Patient information

General information about the practice was available on its website and displayed around the reception and waiting areas.

The practice has a patient information leaflet which contained all the information required by the Private Dentistry (Wales) Regulations 2017

We saw a comprehensive display of patient information available in the waiting area. This included information about the practice complaints procedure, along with contact details for HIW, the practice price list and a staff list. The practice opening hours, contact number and emergency contact number were displayed on the practice front door.

Timely care

Timely access

The practice manager informed us that staff make every effort to ensure that dental care is provided in a timely way. We were told that the practice very rarely experiences delays, however in the event there is a delay, staff would contact patients prior to their appointment, asking them to attend later if they're able.

We were told that there is no online booking system used at the practice. Appointments can be obtained via telephone, and staff informed us patients will often book their follow up appointments at reception before leaving the practice.

Thirty patients told us it was 'very easy' to get an appointment when they need one and 10 told us it was 'fairly easy'.

Individual care

Planning care to promote independence

37 patients said they are involved as much as they want to be in decisions about their treatment. Three did not answer this question.

The practice had an equality and diversity policy in place. Staff are prompted to familiarise themselves with the policy and we saw evidence that it is reviewed annually by the practice manager via the practice's online system

People's rights

We found the practice to be easily accessible for individuals with mobility issues. Staff told us that they have a ramp that can be positioned over the entrance threshold to allow for wheelchair access. The practice also has a spacious waiting area, and all surgeries are situated on the ground floor of the setting. Currently, even though there is a toilet on the ground floor, it would be difficult to access for wheelchair users, due to there being a wall dividing the sink area and the toilet. However, the practice manager told us that there are plans in place to knock down the wall separating the two rooms, in order to make the toilet fully accessible.

Listening and learning from feedback

The complaints process was displayed in the waiting area, both in Welsh and English. The complaints information included the process that needs to be followed, timescales for responding, the staff member responsible for dealing with complaints and details of HIW.

We were shown the log where complaints would be recorded, however, at the time of the inspection no complaints had been made. Staff informed us that feedback surveys are sent out to all patients once their treatment has finished. Feedback can also be left online. We saw evidence that feedback thus far has been very positive.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

It was evident that the practice was in a good state of repair, both internally and externally and we observed all areas of the practice to be clean and tidy. The size and layout of the practice was also suitable for the number of patients being treated. We witnessed multiple patients in the waiting area and they were adequately spaced out. There was also a spacious changing area and break room for staff members to use.

We had no concerns about the practice environment during our visit.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. We noted that all staff had received fire training.

The practice had a range of policies and procedures in place, as well as various risk assessments. This included fire safety and an environmental risk assessment. All were up to date and reviewed within appropriate timescales.

Infection prevention and control (IPC)

The practice had dedicated facilities for the decontamination of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. We also saw a number of policies in place regarding the infection prevention and control procedures for the practice, as well as a comprehensive health and safety risk assessment.

We saw evidence of various cleaning schedules in place that support effective cleaning routines. There were also effective hand hygiene facilities throughout the practice.

Medicines management

We saw evidence that the practice had an extensive policy in place, regarding how to respond to medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training.

All emergency drugs were in date and stored securely in accordance with local guidance. We also saw evidence of daily checks being carried out to ensure sufficient stock and security of emergency drugs and equipment.

The practice had adequate resuscitation equipment in place and we saw evidence that the practice has three designated first aiders.

Safeguarding children and safeguarding adults at risk

We were provided with up-to-date safeguarding training certificates for all staff. The appropriate safeguarding policies and procedures were in place, which included contact details for the local safeguarding team. These details were also displayed on a notice board in the staff changing room.

The practice manager informed us that all staff have access to up-to-date safeguarding guidance via the company intranet. Staff will also get alerted to any changes to policies or regulations.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

We also confirmed that all clinical staff were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

The clinical facilities contained all relevant equipment, and we also observed the surgeries to be well organised, clean, and tidy. We saw evidence in staff training files that all relevant individuals had undergone training to ensure safe use of equipment.

Effective care

Safe and clinically effective care

It was evident that the practice had arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. These details were documented in their statement of purpose and in policies and procedures.

Quality improvement, research and innovation

We saw evidence of various audits having been completed at the practice. This included a patient record card audit, radiation audit, referral audit and a WHTM01-05 audit.

Information governance and communications technology

The clinic had a data protection and staff confidentiality policy in place. We found that current patient records were being stored electronically and securely.

Record keeping

We reviewed a sample of 5 patient records and all were clear, legible and of a good quality. They contained all necessary information including patient identifiers, oral hygiene and diet information and patient medical history. All records reviewed also contained evidence that informed consent had been given and the practice had an appropriate consent policy in place.

Quality of Management and Leadership

Governance, Leadership and Accountability

We saw evidence of leadership and clear lines of accountability in place at the setting. The day-to-day management of the practice was the responsibility of the practice manager who we found to be very committed and dedicated to the role.

We reviewed the statement of purpose and the patient information leaflet. Both documents contained all the areas required by the Private Dentistry (Wales) Regulations 2017.

We reviewed the settings policies and procedures, all of which were up to date and had recently been reviewed. We also saw evidence that staff were up to date on the policies and procedures.

Workforce

We saw that team meetings were taking place on a regular basis and meeting minutes were being recorded. Staff informed us that meeting minutes are displayed on the notice board in the staff area, along with a sign off sheet to sign when read.

We saw evidence of staff appraisals being carried out. The practice manager informed us that staff are also regularly supervised clinically by the lead dentist.

We were also informed of the robust induction process for new staff utilised by the practice. This included various training courses through the company online portal and regular performance reviews throughout the induction process.

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

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

Appendix B - Immediate improvement plan

Service:

Date of inspection:

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
No improvements identified				

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):

Job role:

Date:

Appendix C - Improvement plan

Service:

Date of inspection:

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No improvements identified				

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):

Job role:

Date: