

General Dental Practice Inspection Report (Announced)

MyDentist, Mill Lane, Llanelli

Hywel Dda University Health Board

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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, Mill Lane, Llanelli, Hywel Dda University Health Board on 27 February 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors and a Dental 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 39 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.

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, Mill Lane, Llanelli was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

We observed staff greeting patients in a kind, polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism

This is what we recommend the service can improve:

- Use the feedback information from patients to summarise themes and implement a way of sharing those with patients
- Detail of any smoking cessation advice in patient records when given
- Note the patient language preference in patient records.

This is what the service did well:

- Patient experience was positive at this setting, based on feedback responses and comments
- Bright, clean and well maintained practice environment
- Active offer of Welsh available for patients
- Comprehensive treatment planning for all patients.

Delivery of Safe and Effective Care

Overall summary:

Overall, the practice was well maintained, organised and well equipped to provide the safe and effective services and treatments they were registered to deliver. All patient facing areas were clean and free from any visible hazards.

There were appropriate measures in place to ensure that risks to staff and patients at the surgery were minimised.

The building was well maintained and accessible. The surgeries, decontamination room and reception area were of a good standard.

This is what we recommend the service can improve:

- Ensure that all safeguarding information displayed for staff references relevant and up to date Wales specific information
- Implement a system to routinely re-check staff DBS status periodically.

This is what the service did well:

- The equipment at the practice was in a good condition and was being maintained in line with manufacturers' guidelines
- A range of appropriate and relevant clinical and environmental audits were in place and up to date
- The practice had safe and appropriate procedures and equipment in place to deal with medical emergencies.

Quality of Management and Leadership

Overall summary:

We observed a staff group that worked well together and were committed to providing a high standard of care for their patients.

Staff had access to appropriate training opportunities to fulfil their professional obligations. We saw training was up-to-date and certificates were being kept to evidence this.

We saw evidence of regular, minuted team meetings that were used to update practice, share information and report on outcomes of audits. Appraisals were undertaken once per year and staff were encouraged to undertake further relevant training to develop their careers.

This is what the service did well:

- Governance documentation was recently updated
- The team worked well together and supported each other to ensure that high standards of care were given to their patients
- Policies were up to date, regularly reviewed and available for all staff
- Training compliance was good and a wide range of additional training courses was available in addition to mandatory training.

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

We found MyDentist, Mill Lane, Llanelli was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

We observed staff greeting patients in a kind, polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

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 39 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than one year.

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

"Everyone is very helpful"
"Nice staff."

We asked what could be done to improve the service. Comments included the following:

"Quicker appointments for treatment"
"NHS spaces sooner."

Staying Healthy

Health Protection and Improvement

We saw posters for patients on how to improve their dental health. This information was displayed in English and Welsh.

We saw a 'No Smoking' sign within the practice which confirmed the practice adhered to the smoke free premises legislation.

Oral hygiene and diet advice was noted as given in all 5 of the dental records that were reviewed. This was confirmed by the patient questionnaire, 34 patients who had completed it said that the dental team had talked to them about how to keep their mouth and teeth healthy.

We saw that the smoking cessation advice given was not noted on the patient records that we reviewed.

We recommend noting details of the smoking cessation advice given in patient records.

Dignified care

Communicating effectively

We witnessed staff members treating their patients in a dignified and respectful manner both face to face and over the telephone. Staff were friendly and doors were closed when the surgery was in use and we were assured that patient dignity was preserved.

We saw that the waiting room was spacious and that waiting times were short.

All patients that answered the questionnaire indicated that the staff at the practice treated them with dignity and respect. Almost all the patients indicated the dental team helped them to understand all available options when they needed treatment. All the patients said that things were always explained to them during their appointment in a way they could understand.

We found that the nine principles, as set out by the General Dental Council (GDC), were displayed in the waiting room. The principles applied to all members of the dental team and set out what patients should expect from a dental professional. We saw appropriate information and signage that detailed opening hours, emergency contact numbers were displayed at the entrance to the practice.

We were told that there were Welsh speaking staff at the practice. During the inspection we saw that "happy to speak Welsh" posters were displayed in the waiting room.

Feedback from the patient questionnaire confirmed that five of the respondents stated that their preferred language was Welsh. Three patients said they were offered the opportunity to speak Welsh throughout the patient journey.

We saw that the patient language preference was not routinely noted on the patient records that we reviewed.

We recommend that patient language preferences are noted within the patient's record.

Patient information

We reviewed the patient information leaflet which included all of the information required by the Private Dentistry (Wales) Regulations (PDR) 2017, this information was available in alternative formats on request.

The information on the costs of both private and NHS dental treatment was displayed in the waiting room along with the Welsh and English versions of the HIW registration certificates.

Timely care

Timely access

We observed minimal waiting for appointments for patients attending the practice and we were advised that appointments usually ran to time. We were told that the receptionist would inform the patients about waiting times and any reasons for delays. Appointments could be booked over the telephone or in person and emergency appointments were available.

Just under two-thirds of patients who completed the survey said it was 'very easy' or 'fairly easy' to get an appointment when they needed one.

Almost all patients who answered the survey indicated they knew how to access the 'out of hours' dental service if they had an urgent dental problem. We saw that out of hours information was available for patients in a range of places, this included in the patient information leaflet and on the practice website.

Individual care

Planning care to promote independence

We reviewed 5 patient records and found there was comprehensive evidence of treatment planning and options noted for those patients.

All patients that completed a questionnaire confirmed that the dentist enquired about their medical history before undertaking any treatment. All of the patient records that we reviewed had updated medical histories documented in the notes.

People's rights

We reviewed the practice equality and diversity policy that had been recently reviewed. It referenced the protected characteristics under the Equality Act 2010. The policy acknowledged the need to deliver services and treatment to all patients regardless of protected characteristics. Staff provided examples of how they treated all of their patients with dignity and respect. The dental staff used a pop-up information box on the patient notes system to ensure that patients with any additional needs were supported.

All patients who answered the questionnaire indicated they had not faced discrimination when accessing or using this health service.

We saw evidence that all staff had completed online equality and diversity training and were told that this training was mandatory for all staff.

The practice was fully accessible with level access for wheelchair users. A disabled toilet was available. A hearing loop was available for patients and staff.

Listening and learning from feedback

We saw ways in which patients could feedback their experiences. This included verbally, via practice website, text and through a suggestion box. We reviewed an effective complaints and compliments log. A putting things right poster was displayed on the notice board which included contact details for relevant organisations and support.

The practice recorded complaints, comments and feedback on their electronic system "Wisdom." Communications with the patient were tracked through Wisdom. We saw evidence that patient feedback was shared through team meetings. We did not see any evidence that changes or improvements as a result of comments or complaints was fed back to patients.

We recommend that patient feedback and resulting improvements or changes are shared with patients. This will help the practice identify areas that are working well and areas where improvements could be made.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

There were appropriate measures in place to ensure that risks to staff and patients at the surgery were minimised.

The building was in a good state of repair, clean and clutter free. The surgeries, decontamination room and reception area were of a good standard. All surgeries had the necessary equipment required to undertake the treatments and services offered by the practice.

We reviewed documentation related to the safety and security of the practice environment. This included a comprehensive health and safety risk assessment that was completed in April 2022 complete with risks, actions and time scales noted. We saw that regular Fire risk assessments had been completed. All fire extinguishers throughout the practice had been recently serviced and a contract was in place for fire equipment servicing. Fire exit signs were clearly displayed and fire wardens checked alarms weekly and fire drills were undertaken monthly.

A health and safety poster was displayed as were up to date public/employer liability insurance documents. The staff room was used as a changing area and there was a toilet available for both staff and the public.

As required by the regulations, we saw the practice had a comprehensive up to date business continuity policy and plan in place.

Infection prevention and control (IPC)

There were appropriate arrangements in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures. Additionally, there was a cleaning schedule in place that supported effective cleaning routines. There was a daily maintenance programme in place for checking the sterilisation equipment.

The practice had a dedicated area for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. The facility was spacious, clean, well-organised, well equipped and uncluttered.

There was a system in place to manage waste appropriately and safely. We saw evidence that a contract was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into

the designated bags / containers in accordance with the correct method of disposal. We noted there were appropriate arrangements in place for the handling of substances subject to Control of Substances Hazardous to Health (COSHH).

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries.

Medicines management

The practice had policies and procedures in place showing how to respond to patient medical emergencies. All clinical staff had recently received cardiopulmonary resuscitation (CPR) training.

The practice had 2 dedicated first aiders and we saw multiple first aid packs were available at locations throughout the practice.

Emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was an effective system in place to check the emergency equipment and drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). Staff told us of the correct procedures they would take if there was an emergency.

We saw prescription pads being kept securely.

Safeguarding children and safeguarding adults at risk

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies were recently reviewed and were stored on a central IT system that all staff members could access. We saw a flowchart on the staff noticeboard that was updated on the day of inspection to include Wales specific safeguarding information and local contact details for referrals and advise. This detailed the actions required should a safeguarding issue arise. The lead dentist was the safeguarding lead and was able to discuss with us the policies and procedures. Staff were aware of the safeguarding policy and relevant procedures and they told us any concerns would be reported to the safeguarding lead. Training records confirmed all staff had received level two safeguarding training.

We saw evidence of pre-employment checks and references for recently appointed staff and all staff disclosure and barring service (DBS) checks were in place. There was no system in place for re-checking staff DBS status. We confirmed that all clinical staff were registered with the GDC and this information was displayed on the patient notice board.

We recommend that Wales specific Safeguarding information is shared with all staff members.

We recommend that a system is implemented to re-check staff members DBS status periodically.

Medical devices, equipment and diagnostic systems

The surgery contained appropriate equipment for the safety of patients and the dental team. We were told that staff were adequately trained to use the equipment. The clinical equipment was considered to be safe and appropriately maintained. There were sufficient dental instruments and they were in a good condition.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of the equipment and regular image quality assurance audits of X-rays were completed. There were safe arrangements in place relating to the environment, maintenance and testing of X-ray equipment and we saw evidence of up-to-date ionising radiation training for all clinical staff. We noted that the surgery / machine that took the patients X-ray, the X-ray dose and time of exposure of X-ray was not routinely recorded in patient notes (although a system was in place to track dosage).

We recommend that dose, machine / surgery and time of patient X-ray information is included in patient records along with confirmation that risks and benefits have been explained to patients.

We recommend that information is displayed to detail any risks of X-ray exposure to pregnant patients asking them to inform the dentist if they may be pregnant.

Effective care

Safe and clinically effective care

We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and patient information leaflet that was compliant with the Private Dentistry (Wales) Regulations (2017).

The practice incident reporting procedure dated April 2022 was seen and we were told of the process for reporting incidents.

Staff told us that the Clinical Director was accessible and offered professional advice and support when needed.

Quality improvement, research and innovation

The practice had effective processes in place to improve the quality of services. They had completed the WHTM 01-05 audit and there was evidence that they were working through the issues. We also saw evidence of other audits such as the audit of radiographs, audit of patient records, antibiotic prescribing and smoking cessation audit. We saw evidence of audit summaries being discussed at team meetings in order to make improvements and / or share best practice.

Information governance and communications technology

The practice had a data protection and privacy policy in place. We found patient records were being stored electronically and securely in line with General Data Protection Requirements (GDPR).

Record keeping

A sample of 5 patient records were reviewed. Overall, there was evidence that staff were keeping good clinical records, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

All the records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality.

The practice had a consent policy that was adhered to and we saw that consent was recorded in the patient records.

Quality of Management and Leadership

Governance, Leadership and Accountability

The registered manager had overall responsibility for the management and leadership of the practice. They were supported by a corporate team that provided clinical and governance support and advise and a practice team who were clear and knowledgeable about their roles and responsibilities. We saw that private dental care was being provided in accordance with the conditions of registration.

We saw the team working well together and this was evidenced by their rapport and interaction with each other and their patients on the day of the inspection. We reviewed the statement of purpose, patient information leaflet and annual report which contained all areas required by the Private Dentistry (Wales) Regulations 2017.

All staff were committed to providing a high standard of care for patients and this was supported by a range of policies and procedures. All policies and procedures contained an issue and review date ensuring that they were reviewed regularly and that practices were up to date. Policies were accessible to all staff on the corporate IT system.

The compliance manager at MyDentist held overall responsibility for ensuring that any notifications, including any to HIW, were appropriately escalated and submitted in the event of any serious injuries or incidents.

Evidence was kept of regular team meetings and we were provided with examples of minutes from these meetings. The minutes demonstrated that issues and actions raised were appropriate and proactive. Meeting minutes were accessible to all staff.

Workforce

We were told of the process used to recruit new staff and there were policies in place to support the employment and induction of staff. Agency staff were not routinely used at the practice.

Staff files were kept that contained evidence of their GDC registration, contract of employment, Hepatitis B immunity, DBS check and professional indemnity insurance.

We saw evidence that training certificates were being kept for each member of staff and that staff had attended training on a range of topics relevant to their

roles to meet their CPD requirements. We saw that training compliance for all mandatory training was good and there was an effective system in place to monitor compliance with training.

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 were identified on this inspection			

Appendix B - Immediate improvement plan

Service: MyDentist Mill Lane, Llanelli

Date of inspection: 27 February 2023

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 immediate assurance issues were identified during this 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):

Job role:

Date:

Appendix C - Improvement plan

Service: MyDentist Mill Lane, Llanelli

Date of inspection: 27 February 2023

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
Use patient feedback information to summarise themes and implement a way of sharing these themes with patients	PDR 2017 regulation 16 (1)(a) & (2) (b) (ii) (d)(ii) Standard 6.3 Listening & learning from feedback	Have raised this with marketing team.	Victoria Jones/ marketing team	June 2023
Note the patient language preference in patient records.	The Private Dentistry (Wales) Regulations (PDR) 2017, regulation 13 (1) and 13 (9) (a). Standard 4.2 Patient	Have started inputting preferred language in patient records	Victoria Jones	Actioned and continuing

	Information, Regulation			
Note details of the smoking cessation advice in patient records.	The Private Dentistry (Wales) Regulations (PDR) 2017, regulation 13 (1) and 13 (9) (a). Standard 4.2 Patient Information, Regulation	All dentist have been shown how to add this on R4+ and have started adding more information in their notes.	Victoria Jones	Actioned and continuing
Ensure that all safeguarding information displayed for staff references relevant and up to date Wales specific information	PDR 2017 regulation 14 (1) Safeguarding patients	Poster was changed on the day of inspection with correct information. Now in staff room on notice board.	Victoria Jones	Actioned
Implement a system to routinely re-check staff DBS status periodically	PDR 2017 regulation 14 (1) Safeguarding patients	Raised with our compliance team.	Victoria Jones	June 2023

Display information for patients that may be pregnant requesting them to confirm with the Dentist	PDR 2017 regulation 8 (1)	Poster is on notice board can send you a picture or copy if preferred.	Victoria Jones	Poster was on notice board on the day of inspection. Top right corner.
Record in patient notes the dosage, time and surgery / machine that was used for dental X-ray	PDR 2017 regulation 8 (1)	All dentists informed of this and have started putting the details in their notes	Victoria Jones	Actioned and continuing

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 Victoria Jones

Name (print): Victoria Jones

Job role: Practice Manager

Date: 17/04/2023