

General Dental Practice Inspection Report (Announced)

Mydentist Feidr Fair, Cardigan,
Hywel Da University Health Board

Inspection date: 10 May 2023

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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.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	11
• Quality of Management and Leadership	15
4. Next steps.....	18
Appendix A - Summary of concerns resolved during the inspection	19
Appendix B - Immediate improvement plan.....	20
Appendix C - Improvement plan	21

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 Feidr Fawr, Cardigan, Hywel Dda University Health Board on 10 May 2023.

Our team for the inspection comprised of one HIW Senior Healthcare Inspector and a Dental Peer Reviewer. A HIW Healthcare Inspector observed this inspection.

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 17 were completed. 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 that the practice was committed to providing patients with a positive experience. There were appropriate mechanisms for patients to provide their feedback and processes in place to act upon this. We observed staff working in a professional manner, with a caring approach towards patient care.

This is what we recommend the service can improve:

- We recommended the practice ensures that all surgery door glass panels are frosted to maintain patient privacy and dignity.

This is what the service did well:

- We observed professional and caring staff
- Patients responded to our questionnaire with overall positive feedback
- There were appropriate mechanisms in place to obtain, review and act upon patient feedback.

Delivery of Safe and Effective Care

Overall summary:

We found appropriate measures in place to provide patients with safe and effective treatment, according to clinical need. There were appropriate mechanisms in place to identify and mitigate risks as far as possible, with appropriate oversight from practice management and corporate teams.

We identified a small number of areas for improvement relating to record keeping and x-ray intervals for teenage patients.

This is what we recommend the service can improve:

- We recommend that aspects of record keeping are improved according to the relevant professional standards
- We recommend that radiographic intervals for teenage patients is strengthened.

This is what the service did well:

- We found the practice to be visibly clean and well-organised, with good infection, prevention and control arrangements in place.

Quality of Management and Leadership

Overall summary:

We found that the practice was well managed, with appropriate processes and governance mechanisms in place to ensure effective running of the practice. Staff had received required levels of training according to professional requirements, with additional opportunities provided to help further develop the workforce to meet patient needs.

This is what the service did well:

- The practice manager appeared to have good knowledge of the day-to-day operation of the practice and its workforce.
- There appeared to be good opportunities for staff training and development through an up-to-date appraisal process.

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

HIW issued a questionnaire to obtain patient views on the care they receive at this practice. In total we received 17 responses from patients at this setting.

Overall, all patient comments were positive. All patients rated the service they received as very good or good. Some of the comments provided by patients on the questionnaires included:

“Staff very friendly and always answer any questions and wanting to help”.

“The staff made me feel at ease during treatment”.

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

“Appointments get cancelled by practice on many occasions. This needs to be addressed.”

Person Centred

Health Promotion

The waiting area displayed a range of health promotion advice, ranging from oral cancer to good brushing guides. There was information available regarding the risk of smoking and within the surgeries, there was bilingual information displayed. All the information at the surgery was available in Welsh. All patients that completed questionnaires said the dental team discussed their oral hygiene with them.

Dignified and Respectful Care

During our inspection we observed professional and caring staff that treated patients with dignity and respect.

The reception area and waiting room were separate allowing for confidentiality between reception staff and patients. Surgery doors were kept closed during appointments and there were frosted glass panels on some surgeries, but not all.

The practice must ensure that all surgery door glass panels are frosted to maintain patient privacy and dignity.

It was positive to observe staff assisting a patient who had reduced mobility at the main reception area by providing them with additional seating.

Individualised care

In response to the HIW questionnaire, all but one patient told us that they were given enough information to understand which treatment options were available, and that their medical history was checked before treatment.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options and that costs were made clear to them before treatment.

Timely

Timely Care

The practice operated an appointment system with staff telling us that any delays would be communicated to patients in a timely manner.

First time appointments could be made online, however, we were informed that most were made over the telephone. We were advised that during working hours, patients are triaged over the telephone to ensure they receive the correct care and advice with emergency appointments available for those in acute need. Staff told us that patients would usually be seen on the same day.

We were told that patients were advised to contact 111 for out of hours emergency care. Details of this were displayed on signage outside of the practice and details were provided on the answerphone system.

11 respondents to our questionnaires told us they had found it 'very easy' to get an appointment when they needed one. The other six respondents told us they had found it 'fairly easy'. In addition, all respondents told us they would know how to access the out of hours dental service if they had an urgent dental problem.

Staff confirmed that the clinical risk assessment and recall system worked well to manage their clinical sessions efficiently and effectively.

Equitable

Communication and Language

We saw that the practice provided a suitable bi-lingual offer for their patients. We were told that numerous patients wished to converse in Welsh, and we were assured that the setting provided this opportunity to patients. Three members of staff at the practice were Welsh speakers, which we were told helped the practice meet patient's language needs.

The practice encouraged the use of Welsh by its patients and its staff, using bi-lingual materials, such as the 'iath gwaith' logo on its reception desk and through the use of the 'iath gwaith' badge worn by Welsh speakers at the practice. We observed a patient at reception being spoken to in Welsh and having their appointment explained to them in their chosen language. However, we found that language preference and other communication needs were not recorded on patient records to enable staff to proactively meet these needs.

To strengthen implementation of the Active Offer for Welsh language, including other language and communication needs, the practice should ensure that language / communication preferences are recorded in patient records.

For patients whose first language was not English, staff were aware of and told us that language line would be used. The practice also had a hearing loop available for hard of hearing patients and we were told that there were processes in place to support visually or hearing impaired patients with their care, including allowing the carers of patients to assist them.

Rights and Equality

The practice had an up-to-date and comprehensive equality and diversity policy through MyDentist. All staff at the practice had read and signed up to the policy in 2022. This policy was supported by on-going training available through their corporate provider.

We saw an example of a patient with reduced mobility who was supported by staff during the inspection. In support of this, there was a ground floor surgery which could accommodate patients with additional mobility needs.

Delivery of Safe and Effective Care

Safe

Risk Management

We observed the practice to be visibly well maintained in all areas and there were suitable procedures in place to report and escalate any maintenance or related issues.

Risk assessments had been completed and actions were reviewed on an annual basis via a digital tracker system. Actions were reviewed by the practice manager, with corporate oversight from MyDentist. There were policies and procedures in place that covered risk management, health and safety arrangements for staff and patients as well as emergency contingency plans.

Fire safety was regularly reviewed at the practice, through a risk assessment and review process. The majority of staff had been trained on fire safety within the last twelve months, which provided cover during opening hours of the practice. We saw evidence of other fire precautions, including logged fire alarm testing and evacuations. Fire exits were signposted, along with annually maintained fire extinguishers and no smoking signs displayed throughout the practice.

Whilst there was evidence of an annual review of existing actions within the environmental and fire risk assessment, the setting is advised to complete a full risk assessment review to take account of any changes at the practice, which may include changes to room layouts and movement of equipment.

Infection, Prevention, Control (IPC) and Decontamination

We found evidence that suitable infection and control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05. This included IPC audit activity completed on a regular basis.

There was an experienced dental nurse responsible for leading on decontamination at the practice. All staff had completed the required CPD hours of IPC training in their last CPD cycle and were on track to complete the hours required in their current cycle. This was monitored by the practice manager and by Mydentist corporate teams.

The dedicated decontamination room was organised and visibly clean, following a dirty to clean decontamination route. We saw evidence to confirm that staff

logged autoclave cycles appropriately and there was a valid maintenance inspection certificate in place. We also confirmed that periodic testing of this equipment, including the ultrasonic cleaner, was completed and logged.

We found that each surgery had a cleaning checklist and we saw that these had been regularly completed and logged.

We looked at a sample of staff records and found an acceptable Hepatitis B immunisation status for clinical staff working in the practice.

The practice had a needle stick injury procedure. This was on display and contained information signposting staff to the local emergency department and to occupational health services.

The toilets in the practice were clearly sign-posted and contained information relating to good hand hygiene. There was a staff changing area, included lockable lockers.

Medicines Management

We confirmed that the practice had emergency drugs and resuscitation equipment available which met Resuscitation Council (UK) standards. All equipment was stored appropriately, in date and was readily accessible. The practice undertook regular checks of this equipment, including drugs, and checks were appropriately logged.

There was a policy in place for managing medical emergencies and we noted that all clinical staff had received up to date cardiopulmonary resuscitation (CPR) training.

In the sample of ten patient records we reviewed, we found that antibiotic prescribing practice was overall good. However, we noted that in two of the records, the indication for antibiotic prescribing was not recorded.

The practice must ensure that the indication for antibiotic prescribing is recorded at all times.

We confirmed that prescription pads were stored securely when not in use and staff were aware of the need to report adverse reactions experienced by patients via the Yellow Card scheme.

Safeguarding of Children and Adults

The practice had a safeguarding policy which contained a flow chart for staff to follow in the event of any concerns. This was supported by a designated

safeguarding clinical lead within the practice and signposting information to the local authority.

Staff were trained to a level appropriate for their roles and we were advised of a recent concern in which we found the staff member demonstrated the knowledge and confidence to act upon these concerns.

Management of Medical Devices and Equipment

We inspected the clinical areas at the practice and found that the dental equipment in the dental surgeries appeared to be well maintained.

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and found that the practice was meeting the guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. We found:

- Dental staff had received up-to-date radiography training
- A radiation policy was in place and local rules were displayed
- X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and maintenance of the x-ray equipment
- Radiograph use and justification was noted in the sample of patient records that we reviewed and image quality was recorded.

We identified that the practice could strengthen the radiographic interval for teenage patients. The practice advised that this would be done once staffing had stabilised.

The practice must ensure that the radiographic interval for teenage patients is strengthened in a timely manner.

Effective

Effective Care

We found that patients received care and treatment according to clinical need and the relevant professional practises. There were suitable arrangements in place for the assessment, diagnosis and treatment of patients, and all patients provided positive feedback in relation to the care and treatment they had received from the practice.

Patient Records

We found record keeping was maintained to a good standard. However, we found that records were not always accurate, contemporaneous or appropriately tailored

for the patients. Staff told us that this was due to incorrect use of pre-prepared text by staff when inputting entries into patient records.

The practice must ensure that patient notes are accurate, contemporaneous and appropriately tailored to the patient at all times.

We found that the LocSSIP tool kit was used to prevent wrong site tooth extraction. However, its usage was not recorded in patient notes when followed.

The practice must ensure that LocSSIP usage is documented in patient notes at all times.

As mentioned elsewhere within this report, the practice must ensure that language and communication needs are recorded, and that there is a continued emphasis on digital record keeping.

Efficient

Efficient

We confirmed that the practice had access to an appropriate skill mix, including dentists, nurses and therapists. Some clinical staff from other mydentist practices within the area also supported the practice when required.

One of the records we reviewed required a referral to another healthcare professional. We confirmed that the referral was appropriate, timely and followed-up as required.

We confirmed that emergency treatments are triaged and that there is capacity for the patient to be seen within the appropriate timeframe by the usual dental team at the practice. Out of hours, details on how access to 111 and the local health board were made available to patients.

Quality of Management and Leadership

Leadership

Governance and Leadership

The setting was overseen by a practice manager who was jointly responsible for the management of another Mydentist practice within the local area. The practice manager was experienced and knowledgeable of the practice, its day-to-day operation, and its workforce.

There were appropriate arrangements for the sharing of information through practice wide team meetings. Minutes of meetings were maintained, with a breadth of relevant topics covered during these meetings.

The practice manager was supported on the day of the inspection by a regional manager from the Mydentist corporate team. There appeared to be a positive relationship between the practice and the corporate team, which was supported by comprehensive policies and processes related to patient quality and safety.

Workforce

Skilled and Enabled Workforce

There were suitable recruitment arrangements in place to ensure that recruitment into roles was robust and appropriate. This included an induction process and an on-going annual appraisal process. We found appraisals were up-to-date and comprehensive.

We confirmed that staff files contained the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required and all staff had either achieved or were working towards their required CPD topics. Some staff were working towards other CPD topics, in line with their professional development goals.

Culture

People Engagement, Feedback and Learning

There were comprehensive processes in place for obtaining, reviewing, and acting upon patient feedback and complaints.

Patients were able to provide feedback informally to the practice manager, who described the steps that would be taken to respond to the issue in a timely

manner. There was a formal feedback provision, which included appropriate signposting to external organisations for support and advice.

There were no recent complaints to note at the time of the inspection and patients provided positive feedback relating to their experiences at the practice.

Information

Information Governance and Digital Technology

There were appropriate systems in place to support the effective running of the practice. However, we found that the practice continued to maintain patient records in both digital and paper format.

The practice must consider placing emphasis on digital record keeping within a reasonable timeframe.

Learning, Improvement and Research

Quality Improvement Activities

We found that the practice completed a range of Mydentist corporate clinical audits. This included audits on prescribing, radiography, and record keeping. Audits were well scored and were completed on a regular basis. We noted that someone external to the practice supported clinical staff with the completion and discussion of audit outcomes.

We were told by the practice that they had attempted to gain access to and complete Wales wide national audit tools from HEIW, without success.

The practice is advised to continue to consider increasing the use of Wales wide national tools, e.g. from HEIW, to supplement their existing practises.

For dental staff, we noted that external individuals were brought into the practice, for example following clinical audit activities, to help provide a peer to peer approach towards quality improvement

Whole Systems Approach

Partnership Working and Development

The practice maintained a positive two-way relationship with the Mydentist corporate teams who provide oversight and support in relation to a breadth of patient quality and safety functions.

The practice described good working relationships with other Mydentist practices in the region to support and provide cover for practices where required in order to maintain timely patient care.

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
N/A			

Appendix B - Immediate improvement plan

Service: **Insert name**

Date of inspection: **Insert date**

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
N/A				

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.

Appendix C - Improvement plan

Service: Mydentist, Cardigan

Date of inspection: 10 May 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
<p>We found that there was an inconsistent application of frosted glass panelling on surgery doors within the practice, which affects patient privacy and dignity.</p> <p>The practice must ensure that all surgery door glass panels are frosted.</p>	<p>Private Dentistry Regulations 2017</p> <p>Regulation 15</p>	<p>This has been requested by the companies facilities team</p>	<p>Per below</p>	<p>07/07/2023</p>
<p>We found that language and communication needs / preferences were not recorded within patient records, which could inhibit effective and individualised care.</p>	<p>Regulation 13(1)(a)</p>	<p>This will be discussed in the next practice meeting w/c 10th July 2023 where a R4 patient marker will be implemented to state the patients preferred language</p>		<p>14/07/23</p>

<p>To strengthen implementation of the Active Offer for Welsh language, including other language and communication needs, the practice should ensure that language / communication preferences are recorded in patient records.</p>				
<p>We found that two out of the ten records we reviewed did not record the indication for antibiotic prescribing.</p> <p>The practice must ensure that record keeping in relation to antibiotic prescribing is recorded fully.</p>	<p>Regulation 13(3)(a) and Regulation 20(1)(a)(i)</p>	<p>This will be discussed in a documented clinical conversation with each clinician, anti-microbial audits will be carried out every 3 months instead of every 6 months until practice manager is satisfied that all antibiotic prescribing is recorded</p>		<p>Clinical conversation to take place by 14th July 2023</p> <p>Next audit to be completed by 14th October 2023</p>
<p>We found record keeping was overall good. However, the following areas required strengthening:</p> <ul style="list-style-type: none"> Ensuring that notes are accurate, contemporaneous and appropriately tailored to the patient at all times 	<p>Regulation 20(1)(a)(i)</p>	<p>A documented clinical conversation will be carried out with each clinician where they will be advised against using pre-populated templates and encouraged to use templates with sub headers which need to be completed according to their findings on the day</p>		<p>14th July 2023</p>

<p>The practice must ensure that patient notes are accurate, contemporaneous and appropriately tailored to the patient at all times.</p> <ul style="list-style-type: none"> Ensuring that use of LocSSIP's are recorded in patient notes when followed <p>The practice must ensure that LocSSIP usage is documented in patient notes at all times.</p>		<p>The LocSSIP document will be discussed in the next practice meeting, regular checks will be carried out by the practice manager</p>		<p>W/C 10th July 2023</p>
<p>We identified that the practice should strengthen the radiographic interval for its teenage patients. The practice advised that this would be done once staffing had stabilised.</p>	<p>Regulation 13(1)</p>	<p>The FGDP guidelines will be discussed in the next practice meeting to ensure all radiographs are taken in accordance with the current guidelines. The FGDP guidelines will also be installed on the clinician's desktop for ease of accessibility</p>		<p>W/C 10th July 2023</p>

The practice must ensure that the radiographic interval for teenage patients is strengthened in a timely manner				
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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): C Edwards / T Davey / SJ Davies

Job role: Practice Manager at inspection / current Practice Manager / Regulatory Officer

Date: 03/07/2023