

# General Dental Practice Inspection Report (Announced)

MyDentist, Nolton Street, Bridgend,  
Cwm Taf Morgannwg 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, Nolton Street, Bridgend, Cwm Taf Morgannwg University Health Board on 18 July 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 30 questionnaires were completed by patients or their carers and 3 were completed by staff. 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 supportive of patient needs and provided a patient focused service. There were improvements the practice could make to their Welsh language offer and recording. The overall feedback from patients about the service was positive.

This is what we recommend the service can improve:

- The practice should put arrangements in place to provide an effective 'Active Offer' to patients, while recording all language preferences in patient records.

This is what the service did well:

- All of the respondents to the HIW patient questionnaire rated the service they received as very good or good
- We observed staff treating patients with dignity and respect throughout the inspection.

### Delivery of Safe and Effective Care

Overall summary:

We saw a well maintained, clean and modern practice. We found there were adequate arrangements in place to promote the safe treatment of patients in a timely manner. We noted some improvements could be made to the provision of first aiders and patient record keeping. Safeguarding arrangements at the practice were effective and staff were knowledgeable on the processes.

This is what we recommend the service can improve:

- We noted that there was a need for additional trained first aiders to ensure adequate cover for the number of patients and surgeries
- The practice needs to improve its record keeping to ensure that all patient information is recorded and stored appropriately.

This is what the service did well:

- There was regular testing of clinical and building safety equipment to enable a safe working environment for patients and staff
- The practice had comprehensive arrangements for the safeguarding of children and adults.

## Quality of Management and Leadership

Overall summary:

We found suitable processes and governance procedures in place to support the effective running of the practice. We found some improvements were needed in the practice complaint documentation. However, we did see good practice in the maintaining of staff training, employment checks and vetting.

This is what we recommend the service can improve:

- Complaints literature should be updated to reflect current practice and up to date information.

This is what the service did well:

- Staff, management and corporate teams worked cooperatively to ensure a good service for patients
- All of the staff records we reviewed met requirements and staff were supported to develop by their practice and corporate management.

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

All of the 30 patients that completed a HIW questionnaire said they would rate the service either 'very good' or 'good'. One comment provided by a patient on the questionnaire said:

*"Best dentist ever. Very friendly, fair pricing"*

#### Person Centred

##### Health Promotion

Throughout our inspection we saw bilingual health promotion information on display.

Information included leaflets on tooth extraction care, dentures, oral cancer awareness as well as smoking cessation advice. We also saw the names and General Dental Council (GDC) numbers for the practitioners prominently displayed near the entrance of the premises alongside pricing options, opening times and emergency out of hours contact numbers.

All of the patients that responded to the HIW questionnaire said they were given appropriate aftercare advice, and the details of who to contact in an emergency.

##### Dignified and Respectful Care

During our inspection we saw and heard staff treating all patients with dignity and respect.

We found staff were able to conduct private conversations over the telephone behind a glass screen at a reception area away from the main waiting rooms. We saw surgery doors were closed during appointments and were away from the waiting area to prevent private conversations being overheard.

The majority of patients (29/30) that completed the HIW questionnaire said staff treated them with dignity and respect, that they listened to them during their appointment and answered their questions.



### **Individualised care**

All of the respondents to the HIW questionnaire said they felt involved as much as they wanted to be in the decisions about the treatments that were available, including having the risks and benefits explained to them by staff.

The majority of respondents (29/30) also felt that staff explained what they were doing throughout their appointment and that staff explained their oral health to them in a way they could understand.

## **Timely**

### **Timely Care**

We found an appropriate appointment process in place that managed the timeliness of care effectively for patients.

Staff told us that appointments were made over the telephone and that any delays or cancellations were communicated to patients via text or telephone call. Emergency appointments were managed via a telephone triage process in consultation with a dental practitioner. Staff told us that children were seen on the same day and all other patients were seen within 24 hours. Patients also had the option to send photographs in order for dentists to appropriately assess their condition.

We saw the practice working flexibly to meet patient availability, which was supported by what the majority (24/30) of what patients told us in the HIW questionnaire. However, some respondents (6/30) told us that they did find it difficult to find an appointment when they needed one.

## **Equitable**

### **Communication and Language**

We found some bilingual information was available on request, but staff told us that they had a low proportion of Welsh speaking patients. We did not see 'Iaith Gwaith' badge being worn by staff nor on display around the practice, though in response to the HIW staff feedback some staff indicated they were Welsh speakers. In response to the HIW patient feedback questionnaire some patients (6/30) stated their preferred language as Welsh. Of the six patients that responded, three indicated that healthcare information was available to them in their preferred language and that they felt comfortable using the Welsh language at the practice.

Staff told us they were aware of the 'Active Offer' and patients were given a choice over the language they chose to speak. However, we weren't assured that patients knew they could do so.

**The registered manager must put arrangements in place to provide an effective 'Active Offer' to patients.**

Patients whose first language was not English were supported by the use of a translation service. Staff informed us that they could make documents or other items available in different formats if requested.

### **Rights and Equality**

We saw comprehensive equality and diversity policies available to staff through MyDentist, including a patient acceptance policy. All of the staff we spoke to outlined they were aware of these policies and where to locate them.

The majority (29/30) of patients that responded to the HIW questionnaire recorded having been treated with dignity and respect throughout their patient journey. In addition, the majority (25/30) said they felt the building was accessible. During our inspection we saw a patient in wheelchair being supported by staff from reception to the surgery.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We found a visibly clean, well maintained and generally tidy practice. There was a spacious reception area on the ground floor with a waiting room and modern surgeries. On the first floor there were similarly modern surgeries and another waiting area.

In the areas open to the public, we found a safe environment. However, the practice had a staff-only attic space where we found a cluttered space without working lighting, uncovered cabling across the floors and the storage of multiple cardboard boxes of paper patient records. There was a risk posed to the health and safety of staff using this space, while also being a fire risk.

**The registered manager must review the attic space to ensure all areas of the practice are safe.**

We noted fully operational and equipped, clean and modern toilets for patients and staff. Staff had access to an appropriate changing facility. We saw open windows to allow for ventilation and the heating was at a comfortable level for patients and staff.

We observed the practice employer liability insurance clearly displayed on the wall in reception together with the Health and Safety Executive poster. We saw and heard telephone communications operating appropriately and we noted sufficient signage throughout the practice, including those for no smoking, fire evacuation, exits and muster points.

We found that fire safety was reviewed regularly at the practice, with daily checks undertaken by staff and a fire risk assessment that had been reviewed in May 2023. We saw that issues had been identified by an inspection of the emergency lighting in April 2023 and we saw evidence of this being resolved in practice records. We confirmed there was regular testing of fire equipment, fire alarms and an appropriate schedule of drills.

In all of the staff files we reviewed, we saw evidence of attendance at an appropriate fire safety training course.

### Infection, Prevention, Control (IPC) and Decontamination

We saw robust IPC and decontamination policies and procedures in place to support the safe care of patients.

We found an effective cleaning schedule in place, enabled by clinical spaces in a good state of repair. We observed effective IPC taking place to an appropriate standard. The majority (29/30) of patients that responded to the HIW questionnaire told us they thought the practice was 'very clean' or 'fairly clean', and all patients felt that infection prevention and control measures were being followed.

Personal Protective Equipment (PPE) was available to all staff, and we saw this being used appropriately alongside good hand hygiene practises. The wearing of surgical masks by staff was routine, which staff told us was introduced following the pandemic. We also saw an experienced designated IPC lead who was named in practice policies.

To prevent injuries, safer sharps devices were used. These were accompanied by a comprehensive exposure and needlestick injury policy that signposted staff to occupational health services.

We saw the practice decontamination room was suitably equipped and laid out to enable the safe cleaning of equipment by staff that we confirmed were trained to an appropriate level. We found that daily checks were undertaken on autoclave machines and ultrasonic cleaners, both of which went through suitable daily maintenance programmes and checks at sufficient intervals. Audits of infection control were routinely undertaken in line with the Welsh Health Technical Memorandum (WHTM) 01-05.

We saw that all practice waste was handled appropriately, and we were assured suitable waste disposal contracts were in place. The process for the Control of Substances Hazardous to Health (COSHH) was suitably managed, risk assessed, and we reviewed the comprehensive practice COSHH folder.

### **Medicines Management**

We were informed that the practice does not routinely dispense medicines to patients, other than those used in an emergency. We found a securely stored prescription pad and a safe process for the disposal of out of date medicines in place.

We saw the first aid kit, emergency medicines and medical equipment were all within their expiry date and records indicated these were checked on a regular basis. The policy and procedures for managing an emergency were up to date, regularly reviewed and in line with Resuscitation Council (UK) guidance.

All staff records we reviewed had an up to date cardiopulmonary resuscitation (CPR) qualification, though the practice only had one first aider to cover a large number of patients and staff at any one time. This posed a risk should the first aider be engaged while another patient or staff member were to fall unwell.

**The registered manager must ensure a suitable provision of trained first aiders.**

### **Safeguarding of Children and Adults**

We reviewed both the adult and children safeguarding procedures and found them to be comprehensive. They had recently been updated in April 2023 and outlined the roles and responsibilities for staff appropriately.

We saw the contact details of the named safeguarding lead within practice policies and prominently displayed in the staff areas. The safeguarding lead was trained to level 3 in both child and adult protection. Details for the local safeguarding team were noted on display in the office of the registered manager.

The staff we spoke to all confirmed they understood their safeguarding responsibilities, outlining the actions they would take and said they would feel supported by their managers.

Staff also confirmed to us they knew about the All Wales Safeguarding Procedures and used the mobile device application.

### **Management of Medical Devices and Equipment**

We found the clinical equipment to be in good working order, clean, well maintained and serviced to an appropriate standard. In the staff records we reviewed all members of staff were trained to a suitable level and staff told us they felt confident using the equipment.

We saw an acceptable policy and procedure in place to safely manage the use of X-ray equipment in the surgeries, with a named radiation protection advisor included. These policies and procedures were reviewed regularly by staff alongside their radiation risk assessment and a suitable set of local rules. These were all contained within an easily locatable radiation protection folder.

Staff told us they understood the process in the case of radiation incidents, which was supported by the comprehensive documents we reviewed. We found that patients, and where relevant their carers, were informed of the risks and benefits of X-rays. From the records we reviewed, staff used X-rays as an appropriate evidence-base for the treatment of patients, while risk assessing and recording appropriate justifications for their use.

We saw evidence of acceptable X-ray grading and quality assurance taking place using an in-house MyDentist process that meets the Health Education and Improvement Wales (HEIW) process.

## Effective

### Effective Care

During our discussions with staff, they explained they were clear on their responsibilities for the acceptance, assessment, diagnosis and treatment of patients. We saw in staff records that their training supported this and practice policies and procedures we also clear on the expectations from staff.

The practice utilised the Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong site tooth extractions and we saw that staff had support through their corporate body to ensure patients receive the right evidenced-based care.

### Patient Records

We reviewed a total of 10 patient records, that were held digitally in an appropriately secure patient records management system, in line with the General Data Protection Regulation (GDPR). However, we did see in the unsecured attic space of the practice that legacy paper records were kept in cardboard boxes, not in a locked cabinet. This posed a risk that accidental or unauthorised access could be gained to patient records.

**The registered manager must ensure all paper patients records are kept secure at all times and are retained in line with GDPR retention limits.**

Of the patient records we reviewed, they included dental histories, reasons for attendance, use of alcohol or tobacco and the dental advice being given for smoking cessation and general oral hygiene. However, there were occasions where signed and countersigned medical histories were not available and treatment options were also not always recorded. We noted that patient language options and preferences were not recorded in any of the patient records we reviewed.

**The registered manager must ensure accurate and comprehensive patient records are kept at all times.**

**The registered manager must ensure language and communication needs of patients are recorded.**

All of the patients that completed a HIW questionnaire said they were given enough information to make an informed choice on the care they received and confirmed their medical history was checked before treatment.

## **Efficient**

### **Efficient**

We found facilities and premises that were appropriate for the service needs of their patients, and we saw an acceptable skill mix in the staff records we reviewed.

We saw an effective process in place for those patients requiring the most urgent care, including telephone triage and out of hours details clearly explained to patients. This was supported by the feedback we received through the HIW patient questionnaire.

Staff explained how their appointment process took account of delays and helped manage emergency appointments. We also saw a robust and efficient NHS referral system in place with follow-up checks undertaken by staff.

# Quality of Management and Leadership

## Staff Feedback

All of the respondents to the HIW staff questionnaire agreed that they felt supported in work, that the dental care for patients was their top priority and their practice takes positive action on health and wellbeing. One staff member said:

*“The practice runs smoothly, is managed very well. Patients come first and are always treated with dignity. It’s the best job I have had and I couldn’t imagine myself leaving”*

## Leadership

### Governance and Leadership

The practice was part of the wider MyDentist group with supportive governance arrangements and a practice manager that also supports other nearby practices. We saw the local and wider governance arrangements working well, with evidence showing the practice making use of corporate development tools.

All staff agreed that the practice manager was knowledgeable and supportive. We observed good working relationships between staff and with the manager from the MyDentist corporate team present on the day of the inspection.

We saw that formal practice meetings took place on a regular basis, though the minutes were limited in detail. This could make it difficult for someone to understand what happened and what was discussed if they were not present.

In all of the policies we reviewed we found them to be comprehensive and updated regularly to ensure a safe and quality service for patients. Staff explained to us that they were easily locatable.

## Workforce

### Skilled and Enabled Workforce

We saw evidence showing good compliance across the workforce with mandatory training, and some nurses completing appropriate training courses above the minimum requirements.



We noted that staff training and compliance is overseen by the practice manager, with staff explaining to us they felt supported by their managers to complete training and raise any concerns they had. We saw in staff records that training and personal development were regularly reviewed, with an increased frequency for students.

We reviewed the files of eight staff, all of which met requirements and showed evidence of compliance with regards to the appropriate employment checks being undertaken corporately by MyDentist. These included Enhanced Disclosure and Barring Service (DBS) checks, professional indemnity, where required, alongside reference checks and checks on employment history.

The policies and procedures in place ensured that checks were undertaken appropriately and in a timely manner, while being reviewed to an appropriate timeline.

## **Culture**

### **People Engagement, Feedback and Learning**

We found a suitable process in place to support the submission of, and response to, feedback by patients. We saw the use of both a patient feedback form and verbal feedback log at reception, and we were told that the practice encouraged the use of online reviews.

We reviewed a sample of recent feedback, including a complaint, and we were assured that practice policies and the expectations laid out in 'Putting Things Right' were being followed.

Staff told us that all feedback received is overseen by the practice manager, this process was confirmed by what we saw in the practice policy for handling feedback. Staff also informed us they were developing a new process to inform patients of any changes following receipt of feedback.

We reviewed the complaints policy and found it to be appropriately structured with suitable signposting, however, we did note there were areas which were out of date, including reference to Community Health Councils (CHC) that became Llais in April 2023. There was also reference to the Private Dentistry (Wales) Regulations 2008, when this should reference the 2017 regulations.

On display in the reception area, we observed the NHS and private patient complaints process, though there were some details which were out of date, including incorrect references for the Public Service Ombudsman for Wales and the details for Cwm Taf Morgannwg University Health Board. We saw the details of HIW

and the GDC in patient information leaflets, but Llais was not referenced as a means for advocacy.

**The registered manager must update the complaints policy and any accompanying literature available at the practice.**

Patients that responded to the HIW questionnaire all stated that they were given the right information of how the practice would resolve any concerns or complaints following their treatment.

In our discussions with staff, we found they were able to accurately describe the Duty of Candour and felt confident to raise concerns when something had gone wrong with patient care. We found appropriate policies and guidance in place for staff covering the Duty of Candour and we saw that some staff had attended a Duty of Candour training course. We were informed that all staff were due to attend a training session in due course.

## **Information**

### **Information Governance and Digital Technology**

There was an appropriate digital patient record system in operation and a digital system in place to record and escalate patient safety incidents. Incidents were reviewed by a corporate team within four hours and whilst there were no patient safety incidents for us to review, we were assured by the processes that were in place.

## **Learning, Improvement and Research**

### **Quality Improvement Activities**

We found a sufficient policy in place to support the completion of quality improvement audits. Staff told us that they received support through MyDentist to improve the service provided to patients through feedback and incident investigations. We saw suitable audits taking place for X-rays and decontamination, smoking cessation and antibiotic prescribing in the records we reviewed.

## **Whole Systems Approach**

### **Partnership Working and Development**

We observed good working relationships between corporate MyDentist staff and the practice, which was confirmed by what staff told us. Staff also outlined an

effective digital process for patient referrals to other services that enabled the timely care of patients, including those with the most urgent needs. We saw a suitable process in place to follow up on any referrals made.

Staff explained they maintained good working relationships with other primary care services, including GP services.

## 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 summarizes 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, Nolton Street, Bridgend

**Date of inspection:** 18/07/2023

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate concerns were identified on this inspection					

## Appendix C - Improvement plan

**Service:** MyDentist, Nolton Street, Bridgend

**Date of inspection:** 18/07/2023

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
Staff told us they were aware of the 'Active Offer' and patients were given a choice over the language they chose to speak. However, we weren't assured that patients knew they could do so.	The registered manager must put arrangements in place to provide an effective 'Active Offer' to patients.	Regulation - Private Dentistry (Wales) Regulations 2017, Section 13 (1) (a)	A poster has been placed on the patient notice board informing patients they can request their preferred language of choice when attending the practice	Practice Manager	Completed
The practice had a staff-only attic space where we found a cluttered space without working lighting, uncovered cabling across the floors	The registered manager must review the attic space to ensure all areas of the practice are safe.	Section 22 (2) (a)	The attic has been cleared of any unused items. A facility work request has been raised with the MyDentist support centre to	Practice Manager	31 <sup>st</sup> March 2024

and the storage of multiple cardboard boxes of paper patient records.			install suitable lighting. Filing cabinets have been ordered to store the patient records, once transferred to the filing cabinets the practice will work towards archiving the patient records		
The practice only had one first aider to cover a large number of patients and staff at any one time.	The registered manager must ensure a suitable provision of trained first aiders.	Section 17 (1) (a)	An additional person has been booked onto a first aid course with St John's Ambulance	Practice Manager	31 <sup>st</sup> October 2023
We saw in the insecure attic space of the practice that legacy paper records were kept in cardboard boxes, not in a locked cabinet.	The registered manager must ensure all paper patients records are kept secure at all times and are retained in line with GDPR retention limits.	Section 20 (2)	As stated above the practice have ordered lockable filing cabinets and will transfer the patient records on delivery	Practice Manager	31 <sup>st</sup> October 2023
Patient language options and preferences were not recorded in any of the	The registered manager must ensure language and communication needs of patients are recorded.	Section 13 (1) (a)	The practice has started to record the patients preferred	Practice Manager	Ongoing



patient records we reviewed.			language in the patients R4 record		
There were occasions where signed and countersigned medical histories were not available and treatment options were also not always recorded.	The registered manager must ensure accurate and comprehensive patient records are kept at all times.	Section 20 (1)	The Clinical Development Advisor has been contacted to visit the practice and discuss with each clinician. This will also be discussed in the next practice meeting	Practice Manager / Clinical Development Advisor	31 <sup>st</sup> October 2023
We noted areas where the complaints policy and corresponding posters on display for patients were out of date or incorrect.	The registered manager must update the complaints policy and any accompanying literature available at the practice.	Section 21 (1)	The complaints policy and poster have been updated	Practice Manager	Completed

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): Sara Haworth / Sarah-Jane Davies**

**Job role: Practice Manager / Regulatory Officer**

**Date: 14/09/2023**