

General Dental Practice Inspection Report (Announced)

MyDentist Dental Practice,
Lampeter, Hywel Dda University
Health Board

Inspection date: 19 September 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.



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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 Dental Practice, Lampeter, Hywel Dda University Health Board on 19 September 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. A total of 32 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 that MyDentist Dental Practice, Lampeter was committed to providing a positive experience for their patients.

In response to a HIW questionnaire, overall comments were positive and all but one of the patients who provided an opinion rated the service as 'very good' or 'good'.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone. Good provision was made to accommodate patient needs, with regard to language preference and access for disabled users.

This is what we recommend the service can improve:

- Obscure the window glass in Surgery 4 to improve patient privacy.

This is what the service did well:

- Clean, pleasant, well-maintained environment
- Good provision of patient information, in both English and Welsh
- Adjustments made to assist wheelchair users and patients with mobility difficulties.

Delivery of Safe and Effective Care

Overall summary:

We found that the practice was well maintained and organised. Dental surgeries were generally clean, well equipped and fit for purpose.

We found that staff followed clear procedures to ensure that dental instruments were decontaminated, and that medical equipment was checked and tested regularly.

All areas were seen to be well maintained, tidy and free from any visible hazards.

This is what we recommend the service can improve:

- Replace the handheld curing light unit in Surgery 3
- Review cleaning regimes for clinical areas
- Carry out audits specifically on smoking cessation.

This is what the service did well:

- Patient records were comprehensive, well organised and stored securely
- Clinical equipment was well maintained, with good records kept
- Premises were well maintained, with appropriate fire safety precautions
- A comprehensive range of policies and procedures were in place to ensure the safe and effective care of patients.

Quality of Management and Leadership

Overall summary:

We found that MyDentist, Lampeter had good leadership and clear lines of accountability. There was a practice manager, who was also the registered manager for the practice. We also saw that effective support was provided by the wider MyDentist corporate team.

We found that the practice manager was committed to providing a high standard of service, for both patients and staff. There was a well-established team that worked well together.

We saw evidence of regular team meetings being held to share information, and that performance management of staff was done regularly.

This is what the service did well:

- Policies and procedures were up to date, regularly reviewed and available to all staff
- Staff records and training compliance were complete and well managed
- The service made effective use of support from the practice's corporate group.

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

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

" [Dentist] and his whole team are amazing! All the staff are fantastic, thank you for all you do."

" Excellent, friendly."

"Absolutely amazing with children."

Person Centred

Health Promotion

There was a wide range of information available to patients in the waiting area and in the surgeries. This included information about oral health and about the practice, and there was good provision of materials in both English and Welsh.

Information about charges for treatment was clearly displayed in both the reception area and in surgeries.

The practice opening hours were clearly displayed in the reception area and outside the front door, along with instructions to contact NHS 111 in an emergency or outside of opening hours.

A poster in the patient waiting area detailed the names and General Dental Council (GDC) registration numbers for all the clinical staff.

Dignified and Respectful Care

We observed staff talking to patients in a friendly, polite and professional manner both in person and on the telephone.

Due to limited space, the reception desk was very near to the patient waiting area, making it more difficult to ensure patient privacy. However, staff told us they made efforts to ensure patient privacy was maintained and patients wanting a

confidential discussion could be taken to the Practice Manager's office or a vacant surgery.

Doors to surgeries were kept closed during treatment to promote patient privacy. Surgeries with external windows had obscured glass or blinds that could be closed, except for one window in Surgery 4.

We recommend that measures are taken to obscure the window in Surgery 4.

A MyDentist branded version of the GDC code of ethical practice was displayed in the patient waiting area. HIW Certificates of Registration were also displayed, in both English and Welsh.

We saw 'no smoking' signs were displayed, which confirmed the practice adhered to the smoke-free premises legislation.

All patients who responded to the HIW questionnaire said that staff treated them with dignity and respect.

Individualised care

We reviewed a sample of 10 patient records and found that these included relevant patient identifiers, medical history, and evidence of treatment planning and options.

All questionnaire respondents who felt this applicable said that there was enough information given to understand the treatment options available, and said they were given enough information to understand the risks and benefits associated with those treatment options.

Timely

Timely Care

Staff told us that an instant messaging system was in place for those working in surgeries to update reception staff about any delays, and that patients were then given verbal updates.

The practice did not use an online booking system. Patients were able to book an appointment in person or on the phone.

Staff told us that emergency appointments were made available daily and patients needing urgent treatment could be offered a 'sit and wait' option.

Most respondents to the HIW questionnaire said it was ‘very easy’ or ‘fairly easy’ to get an appointment when they needed one.

Equitable

Communication and Language

Staff told us that they had access to translation services, when required for responding to non-English speaking patients.

A poster in the patient waiting area asked patients to let the practice know of their preferred language.

We saw evidence of the ‘Active Offer’ of Welsh being used, including a Welsh-speaking staff member wearing a ‘iaith gwaith’ badge and speaking to a patient in Welsh, and posters offering and promoting the Welsh language.

Patients who responded to the HIW questionnaire said they felt comfortable using the Welsh language within the setting, and that healthcare information was available to them in Welsh.

Rights and Equality

The practice had an Equality and Diversity Policy in place, which had been signed by all staff as being read and understood.

We saw that adjustments had been made to allow disabled users to access the practice and services. There was a clearly indicated hearing loop in the reception area. There was a ramp to the entrance and a lowered section of the reception desk, for wheelchair users and one of the surgeries was on the ground floor. There was an accessible toilet on the ground floor.

Staff told us that they respected the rights of transgender patients and kept a note on their electronic system if a patient informed them of their preferred pronouns.

Delivery of Safe and Effective Care

Safe

Risk Management

We found that, overall, the premises were clean, well maintained, and free from obvious hazards.

The mixed gender patient toilet was easily accessible, visibly clean and tidy with handwashing and drying facilities and a sanitary disposal unit.

There was an appropriate number of chairs in the patient waiting area, all with wipe-clean material and some with arm rests to aid those with mobility difficulties.

We saw that there was a sign in the reception area indicating a first aid box, but staff told us the box had since been moved upstairs. This was raised during the inspection and a section was added to the sign clarifying the location of the first aid box.

We reviewed documents relating to fire safety and found the practice to have an up-to-date fire risk assessment, an inventory of firefighting equipment and records of checks and maintenance. We saw clearly signposted fire exits and records of fire drills that included who had taken part.

Fire extinguishers of various types were located at key locations, with evidence of regular servicing. During the inspection we found that two fire extinguishers by the rear fire exit were not hung on their brackets. This was rectified during the inspection and the practice manager clarified that they had been moved temporarily due to painting works.

We found that the practice had policies, procedures and risk assessments in place to ensure the premises were fit for purpose, and that risks were considered and minimised. There was a Business Continuity Plan in place in the event of an emergency.

We saw that an Employer's Liability Insurance Certificate and a Health and Safety at Work poster were on display.

Infection, Prevention, Control (IPC) and Decontamination

There were appropriate arrangements in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures and having a designated infection control lead.

We found some areas in surgeries that would benefit from more attention when cleaning, such as high-level dusting and cleaning the insides of cupboards. However, the standard of cleanliness was generally good.

We recommend that cleaning regimes be reviewed to identify how they can be improved.

A hand-held curing light unit in Surgery 3 was seen to be in poor condition, which would make cleaning and infection control more difficult.

We recommend that the hand-held curing light unit in Surgery 3 be replaced.

All respondents to the HIW questionnaire felt the setting was 'very clean' or 'fairly clean' and most felt infection and prevention control measures were evident.

The procedures for processing, decontamination and sterilising of dental instruments were appropriate and well understood. The practice had a dedicated room for the decontamination of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05.

There were appropriate arrangements in place for the handling of substances subject to COSHH (Control of Substances Hazardous to Health) and for the handling and disposal of wastes.

Medicines Management

We found that the practice had appropriate and safe arrangements in place for medicines management.

There were appropriate arrangements and equipment in place to manage medical emergencies, with all equipment up to date. We reviewed a sample of five staff training records and saw that all had up-to-date training in cardiopulmonary resuscitation (CPR). There were two appointed first aiders.

Safeguarding of Children and Adults

We saw that safeguarding policies and procedures were in place and available to all staff, including a specific 'was not brought' policy in relation to children not attending appointments.

The policy and procedures made reference to the latest All Wales Safeguarding Procedures issued in 2019, and the practice manager told us that staff had access to the website and the downloadable application. There was also support and guidance available from the corporate group.

There was a clear safeguarding lead and evidence of good levels of training by staff. We were told that staff could also use an internal reporting line to highlight issues and that there was counselling support available for staff if required.

The paper file copy of the safeguarding policy did not include relevant contact details. However, this information was seen to be available in each surgery.

Management of Medical Devices and Equipment

Clinical equipment was seen to be safe, in good condition and fit for purpose.

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. We reviewed a sample of five staff records and saw evidence of up-to-date training on IR(ME)R (Ionising Radiation (Medical Exposure) Regulations). We saw that an appropriate radiation risk assessment was in place.

Effective

Effective Care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were outlined in the statement of purpose and patient information leaflet.

There was evidence that professional, regulatory and statutory guidance was followed. The practice used the Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong site tooth extractions.

Patient Records

A sample of 10 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 contained medical histories, risk assessments, treatment options and consent.

The records reviewed did not include patient language preference. However, staff told us that this option had been added to the electronic system and that work was in progress to include this information.

Efficient

Efficient

The facilities and premises were appropriate for the services being delivered.

Staff told us that a standby list of patients, prioritised by urgency, was kept so that cancelled appointments could be offered to them.

Quality of Management and Leadership

Leadership

Governance and Leadership

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 saw that good support was also provided by the practice's parent group.

Effective systems were in place to ensure compliance with regulatory requirements, and that staff undertook appropriate training.

We saw evidence of staff meetings, with structured agendas and minutes that were shared electronically with staff. The practice manager also told us that they worked with equivalent managers within the corporate group to share support and information.

Workforce

Skilled and Enabled Workforce

The practice manager told us that they work with corporate human resources team to ensure they have an appropriate practice staffing ratio (PSR).

There were appropriate arrangements in place for employing staff, including pre-employment checks and an induction checklist. We saw systems in place to ensure that GDC registration was checked and maintained, and that checks were carried out using the Disclosure and Barring Service (DBS). Some staff did not have references from previous employers as part of their record. We were told that although references were requested, these were not always provided and where this was the case risk assessments were used.

We were told that staff performance was managed through regular one-to-one meetings, performance reviews and appraisals.

We reviewed a sample of five staff records and found 100% compliance with mandatory training requirements.

Culture

People Engagement, Feedback and Learning

We saw a suggestion box, with writing materials provided, in the reception area for patients to leave feedback. Staff told us that following an appointment, patients would also receive a SMS text message with a link, inviting them to leave feedback electronically.

The practice manager told us that any feedback received was reviewed regularly and was discussed at team meetings.

We saw that the practice had a 'you said, we did' poster in the reception area, to show where feedback had been acted upon.

We saw that there was a policy in place for dealing with complaints, which included timescales, sources of support for patients and how to escalate the complaint to external bodies if no resolution could be agreed. The complaints procedure, for both NHS and private patients, was clearly displayed in the patient waiting area.

We noted that the version of the complaints procedure being displayed referenced Community Health Councils (CHCs) as a source of advocacy. These were superseded in April 2023 by 'Llais'.

We advised that the complaints procedures be updated to replace references to CHCs with 'Llais'.

We saw that the practice had a guide to the Duty of Candour, signed as read by staff, and evidence of a simulation training exercise. Although there was no specific Duty of Candour policy, the requirements of the Duty were covered by the practice's incident reporting policy. Notification of patient safety incidents would normally be escalated to the corporate group, who would notify external bodies as required.

Information

Information Governance and Digital Technology

The practice used electronic systems to manage patient records, policies and procedures and staff records. In addition, the practice was able to access information resources through their corporate group.

Learning, Improvement and Research

Quality Improvement Activities

We found that the practice carried out appropriate quality improvement activities, including the annual QAS (Quality and Safety Assurance) exercise. An internal governance system was used to identify audits required and track progress. We noted that smoking cessation had been included as part of a record-keeping audit.

We recommend that a stand-alone audit on smoking cessation should be undertaken as part of the audit programme.

The practice did not use quality improvement tools provided by Health Improvement and Education Wales (HEIW) but had access to equivalent tools provided by their corporate group.

We were told that staff views were sought during practice team meetings but also through anonymous surveys.

Whole Systems Approach

Partnership Working and Development

Staff told us that they used various methods to work with healthcare partners, including email, telephone calls and an online system for referrals.

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 summarises 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
A sign in the reception area indicated a first aid box was located there, but staff told us the box had been moved upstairs.	This could cause confusion in the event of a medical emergency and delay treatment.	This was raised with the practice manager during the inspection.	A section was added to the sign clarifying the location of the first aid box. This was completed during the inspection.
During the inspection we found that two fire extinguishers by the rear fire exit were not hung on their brackets.	Fire extinguishers should be kept in specific locations to ensure easy access in an emergency.	This was discussed with the practice manager during the inspection.	The fire extinguishers were replaced onto their brackets during the inspection.

Appendix B - Immediate improvement plan

Service: MyDentist Dental Practice, Lampeter

Date of inspection: 19 September 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 non-compliance concerns were 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): Not required

Job role: Not required

Date: Not required

Appendix C - Improvement plan

Service: MyDentist Dental Practice, Lampeter

Date of inspection: 19 September 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
An external window in Surgery 4 did not provide sufficient privacy for patients.	To obscure the window or fit coverings, to ensure that patient privacy is maintained.	The Private Dentistry (Wales) Regulations 2017, Regulation 15(1)	Frosted covering fitted to windows in surgery 4	Practice Manager	Completed 15/11/23
We found some areas in surgeries that would benefit from more attention when cleaning, such as high-level dusting and cleaning the insides of cupboards.	To review cleaning regimes and identify how they can be improved.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	Reviewed with Nurses and cleaners to ensure inside of cupboards and all high-level areas are cleaned daily, will keep monitoring going forward to ensure compliance	Practice Manager	Implemented 20/9/23

<p>A hand-held curing light unit in Surgery 3 was seen to be in poor condition, which would make cleaning and infection control more difficult.</p>	<p>To replace the hand-held curing light unit in Surgery 3.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)</p>	<p>Removed from use and replaced with a spare on the same day</p>	<p>Practice Manager</p>	<p>Completed 20/9/23</p>
<p>The complaints procedure on display referenced Community Health Councils (CHCs). These were superseded in April 2023 by the body 'Llais'.</p>	<p>To update the complaints procedures to replace references to CHCs with 'Llais'.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 21(1)</p>	<p>Replaced with a printed, laminated up to date copy by end of day</p>	<p>Practice Manager</p>	<p>Completed 19/9/23</p>
<p>The programme of clinical audits had smoking cessation included as part of a record-keeping audit.</p>	<p>To carry out smoking cessation audits as a standalone item.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)</p>	<p>Smoking Cessation audits are included in our record card audits which are completed every 6 months, or sooner if required. All findings and feedback is discussed/ documented and given by the Practice</p>	<p>Practice Manager</p>	<p>Completed 15/11/23</p>

			<p>Manager to each clinician. Please confirm if it is mandatory requirement to have a stand-alone smoking cessation audit and sign post us to the guidance.</p>	
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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): CINDY EDWARDS
Job role: PRACTICE MANAGER
Date: 15/11/2023