

# General Dental Practice Inspection Report (Announced)

MyDentist, Talbot Road, Talbot  
Green practice, 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, Talbot Road, Talbot Green practice, Cwm Taf Morgannwg University Health Board on 21 October 2024.

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 seven questionnaires were completed by patients or their carers and five were completed by staff. Due to the number of responses, only a limited amount of feedback has been included in this 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.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found patients were suitably treated by professional staff, working to respect their dignity and uphold their rights. The documentation available to patients was clear and informative, while the communication arrangements between clinicians and patients were all appropriate. Patient areas and clinical rooms were correctly laid out and set up to enable the privacy of patients.

We saw appointments were managed effectively and enabled patients to be seen in a timely manner, especially for all urgent dental care needs.

This is what the service did well:

- We saw evidence that the rights and equal treatment of individuals were actively supported
- We found strong evidence the practice promoted the use of the Welsh language
- All patient feedback was positive.

### Delivery of Safe and Effective Care

Overall summary:

The practice was delivering safe and effective care in a well-organised, clean and tidy environment. We saw dental equipment and medical devices were in good condition, safe and fit for purpose. Overall, the practice environment was suitable. However, we did find the temperature in the decontamination room could be hot for staff working in this area for an extended period of time.

Safeguarding arrangements were appropriate to protect children and adults, with staff informing us they would feel confident raising any safeguarding concerns. Patient records generally presented a complete picture of the care provided, however, we did identify areas where some improvements must be made. The provision of first aid also required improvement to ensure a first aider could always be available.

This is what we recommend the service can improve:

- The registered manager should ensure the environment is at a suitable temperature for staff to work in
- The registered manager must ensure a suitable provision of trained first aiders.

This is what the service did well:

- Radiographic treatments were managed appropriately, and records kept to a satisfactory standard
- Staff had a clear understanding of their responsibilities while being aware of where to seek relevant professional advice, when needed.

## Quality of Management and Leadership

Overall summary:

We found a clear management structure in place to support the effective running of the practice. Practice management explained how they felt supported by a comprehensive network through their corporate body. Staff told us they had confidence in their managers and would know who to speak to if they needed help or support. Overall, we found good staff working relationships and noted a positive working environment at the practice which enabled a good level of care to be delivered for patients.

Staff meetings were held monthly and attended by all staff. We found a comprehensive approach to quality improvement in order to drive continuous improvement. We also saw the practice maintained good working relationships with their local health board and pharmacy.

This is what we recommend the service can improve:

- The registered manager must ensure all pre-employment checks take place routinely.

This is what the service did well:

- A suitable system was in place for the collection and review of patient feedback
- We noted a positive working environment at the practice, underpinned by supportive workplace relationships.

## 3. What we found

# Quality of Patient Experience

### Patient feedback

HIW issued a questionnaire to obtain patient views on the care provided by MyDentist, Talbot Green. In total, we received seven responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had seven responses. One patient said:

*"Although trying to book an appointment can be difficult due to the wait, if I have any issues the receptionists are amazing and go above and beyond to get me in as soon as possible."*

### Person-centred

#### Health promotion and patient information

Satisfactory information was available to patients regarding the practice within the patient information leaflet available at reception. Information was also available to patients on endodontics, gum disease and pre and post extraction procedures.

We observed the fees for NHS and private services were clearly displayed alongside the names and General Dental Council (GDC) numbers of practitioners. We saw the opening hours and emergency contact details displayed at the front door.

#### Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their patient journey. We noted the reception and patient waiting areas were separate. The practice had solid surgery doors, which were kept closed during appointments. Patients were also given the option to speak with staff confidentially away from the reception area, if needed. These measures meant interactions between staff and patients could not be overheard and patient privacy maintained.

We were informed no private patient information was repeated over the telephone to protect patient privacy. A practice confidentiality agreement was in place which was signed by all staff and outlined the practice expectation to ensure the privacy of patient information. We noted the Nine Principles prepared by the GDC were on display at reception.



## Timely

### Timely care

We found a suitable appointment process in place to manage and utilise the time of practitioners appropriately. Patients made appointments over the telephone or in person, after their appointments. Staff informed us they rarely ran behind with appointments. Where appointments did extend beyond the scheduled time, clinicians called reception to inform patients of any delays. Patients would also be informed of delays upon their arrival and offered alternative appointments, where requested.

Staff told us they triaged patients over the telephone to ensure those most in need of urgent care were prioritised. We saw slots in the diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen in the event of an emergency. Staff confirmed the practice took part in the NHS 111 service to treat emergency NHS appointments in the health board area.

Staff told us each clinician had different wait times between appointments but generally no patient waited longer than four weeks to be seen. Appointments were arranged in accordance with patient availability wherever possible. A system was in place for paediatric patients to receive appointments at a time which best suited their educational needs.

## Equitable

### Communication and language

We saw arrangements in place to enable the effective communication between clinicians and patients. Language line was used, where needed, to communicate with patients whose first language was not English. Documents were available in different formats, such as large print, with more specialised documents provided upon request by patients. We saw language skills would be recorded as advantageous during recruitment and workforce planning.

We found strong evidence the practice promoted the use of the Welsh language. Documentation was available in both English and Welsh, where possible. Staff informed us the health board assists them with the implementation of the Welsh 'Active Offer'. We saw 'Iaith Gwaith' badges were worn by staff who were able to speak Welsh, and treatments could be offered through the medium of Welsh, if required.

### Rights and equality

We saw evidence that the rights and equal treatment of individuals were actively supported. Appropriate policies outlined the practice approach to supporting the

rights of patients and staff. A patient acceptance policy also outlined the approach the practice took to accept all patients into their practice, no matter their background. We saw staff undertake specific training to protect the rights of patients, as well as the prevention of harassment or discrimination.

We noted risk assessments took place on staff who required reasonable adjustments. Staff also provided examples where changes had been made to the environment as a reasonable adjustment for patients. These included the purchase of a specialist chair to support patients with mobility difficulties and handrails at the exterior of the practice to assist patients on entry.

The rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records, with a note placed on file to ensure all staff were aware of these preferences.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found a visibly tidy practice which was in a good state of repair internally and externally. The practice was set over the ground floor, with four surgeries and an appropriately sized waiting room to support the number of patients. The lighting, ventilation and signage were all satisfactory. However, the temperature in the decontamination room was hot due to the nature of the work undertaken in this area. We were told a window was opened when staff were working in this room for an extended period of time, though we did not see this open during our inspection.

**The registered manager should ensure the environment is at a suitable temperature for staff to work in.**

We saw a satisfactory staff changing area with lockers available and the toilets for both patients and staff were properly equipped and clean. We also heard telephone lines working effectively.

We saw dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw that single use items were used where appropriate.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Business continuity plans were robust and recent risk assessments for fire safety and health and safety had also been conducted. We found comprehensive arrangements were in place in relation to fire safety. These included regular maintenance of fire safety equipment and clearly displayed fire safety and no smoking signs.

The practice employer liability insurance certificate and Health and Safety Executive poster were both on display.

### Infection, prevention and control (IPC) and decontamination

We found appropriate infection prevention and control (IPC) policies and procedures in place to maintain a good level of cleanliness and a safe working environment. Cleaning schedules were in place to support the effective cleaning of the practice. We saw appropriate hand hygiene arrangements and signage were in place. We also observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination.

We saw a clean and organised decontamination room with robust arrangements in place to ensure the correct decontamination and sterilisation of reusable equipment within this area. We reviewed records of appropriate daily autoclave machine cycle checks and a routine schedule of maintenance. We observed all autoclaves being used safely and effectively.

The training records reviewed confirmed all staff had appropriate training in place for the correct process of decontamination. The practice undertook routine in-house IPC audits through their corporate body, and we made the practice aware of the support available to them through Health Education and Improvement Wales (HEIW) regarding audits.

Occupational health services were available for all staff and appropriate arrangements were in place to limit the risk of harm from sharps injuries.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory. All practice waste was disposed of correctly through a suitable waste disposal contract. However, on the day of inspection the clinical waste bins at the rear of the practice were unlocked upon first inspection. This meant any person could gain access to potentially harmful clinical waste. Later in the day, these waste bins were locked when checked. This matter was escalated and resolved on the day of our inspection, the outcome of which can be seen at [Appendix A](#).

### **Medicines management**

We saw the arrangements in place for the management of medicines were suitable. We saw a secure system in place for the storage of the practice prescription pad. The fridge designated for the storage of medicines was correctly managed, with temperature checks logged. Oxygen cylinders were managed appropriately by suitably trained staff.

We found an easily accessible practice emergency kit, which was suitably equipped, and all items were within their expiry dates. All staff records had an up-to-date cardiopulmonary resuscitation (CPR) qualification.

The practice had 15 members of staff but only 1 was first aid trained. This staff member was therefore expected to cover a high turnover of patients within the 4 surgeries. This would also mean if this employee should be off work for any period, the practice would have no first aid provision.

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

### **Safeguarding of children and adults**

Suitable and up to date safeguarding procedures were in place to protect children and adults. The procedures included contact details for local support services, identified an appointed safeguarding lead and referenced the All-Wales Safeguarding Procedures. Updates to procedures were communicated to the practice through their corporate body and any changes were communicated to staff via an online compliance tool and through team meetings.

Within the records we reviewed, we saw staff were suitably trained in the safeguarding of children and adults. The staff we spoke with demonstrated an understanding of the safeguarding procedures and said they would know how to raise a concern and would feel supported to do so do.

### **Management of medical devices and equipment**

We saw the medical devices and equipment were safe, in good condition and fit for purpose. All the reusable dental equipment used by the practice promoted safe and effective care.

We saw the practice radiation protection folder was up to date and comprehensive. We found the clinical notes for radiographic treatments to be fully complete, with clinicians indicating patients were suitably informed of the risks and benefits of radiation. We also saw that radiation exposures were correctly captured in patient records. We noted the local rules were easily locatable in each surgery. The staff training records indicated all staff were trained to an appropriate level in radiography.

## **Effective**

### **Effective care**

We found staff made a safe assessment and diagnosis of patient needs. The patient records we viewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance.

The clinical staff we spoke to demonstrated clear understanding of their responsibilities whilst being aware of where to seek relevant professional advice, if necessary.

We found suitable processes in place to record patient understanding and consent to surgical procedures. We saw appropriate use of clinical checklists to prevent wrong tooth site extractions.

### **Patient records**

We reviewed a total of nine patient records during our inspection. The records were being held in a secure digital system, in line with the General Data

Protection Regulations. Overall, these records formed a contemporaneous and complete record of the care provided to patients. However, we noted the following areas which required improvement:

- The reasons for antibiotic prescribing were not always recorded within the applicable records we reviewed
- Two records did not have Basic Periodontal Examination (BPE) updates, soft tissue examination, intra and extra oral checks nor cancer screening recorded as taking place
- The initial medical histories for eight out of the nine records we reviewed were not recorded due to these previously being recorded on paper. Updated medical histories were available for eight out of the nine records.

**The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.**

Patient language preferences were not recorded in some of the older records we reviewed. However, we saw more recent records were all recording patient language preferences appropriately.

## **Efficient**

### **Efficient**

We found clinicians were delivering a suitable service for the needs of their patients in a suitable premises. Patients progressed through internal and external treatment pathways efficiently. We saw how these appointments were utilised effectively by an appropriate skill mix and a robust appointment and triage process.

# Quality of Management and Leadership

## Leadership

### Governance and leadership

We found a clear management structure in place to support the effective running of the practice. The practice manager explained how they felt supported to undertake their leadership role effectively by a comprehensive network through their corporate body. Staff meetings were held monthly and attended by all staff. On review of staff meeting minutes, we noted suitable discussions around policy updates, patient feedback as well as health and safety.

Staff told us they had confidence in managers and would know who to speak to, if they needed help or support. The staff we spoke to were engaging, knowledgeable and supportive of one another.

A suitable online compliance tool was used to identify, record and manage the risks, issues and mitigating actions. The system was also used to monitor and update policies and procedures on a routine basis and communicate these changes to staff.

## Workforce

### Skilled and enabled workforce

We observed good staff working relationships and noted a positive working environment at the practice. We also found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time. The use of temporary or agency staff at the practice was managed correctly, including all required employment checks and training.

We found comprehensive and supportive arrangements in place to ensure all staff remained trained to an appropriate level for their roles. We reviewed a total of 5 out of 15 permanently employed staff records and found full compliance with all mandatory training requirements. A robust digital system was used to monitor compliance with staff training and to maintain staff records appropriately. From the records we reviewed and the staff we spoke with, we were assured staff were provided with time and support to complete training.

The evidence we saw showed that induction procedures were managed correctly and in a supportive manner for new staff members. The staff we spoke with during the inspection explained they would know what to do and who to speak to in the event of a concern over service delivery, treatment or management. A

whistleblowing policy was in place to provide guidance on how staff can raise concerns.

Overall, the practice compliance with ensuring staff professional obligations are kept up to date and accurate was suitable. Disclosure and Barring Service checks, health screening documentation and professional indemnity insurance were all recorded. Appropriate risk assessments were in place where pre-employment reference checks were missing from older staff records. However, we saw a recently appointed nurse did not have reference checks recorded as taking place, despite them being provided by the staff member to be checked.

**The registered manager must ensure all pre-employment checks take place routinely.**

## **Culture**

### **People engagement, feedback and learning**

A robust system for the collection and review of patient feedback was in place. We saw feedback forms at reception and patients were also sent customer service reviews to complete online post-treatment. Feedback was reviewed daily by the practice manager and routinely overseen by their corporate body. Responses to feedback were publicised within the reception area and online.

The complaints policy aligned fully to the NHS Putting Things Right procedure and was advertised to patients at reception. The complaints policy included a named staff member for patients to contact. Verbal complaints were logged at reception and communicated to the complaints point of contact in a timely manner for resolution. The means of escalating a complaint were outlined within the complaints policy, including contact details for HIW and the patient advocacy service, Llais. The complaints we reviewed had no common theme and were all dealt with effectively in line with the practice policy.

The staff we spoke with demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. Whilst there were no records of any Duty of Candour incidents, we were assured the process in place was satisfactory.

## **Learning, improvement and research**

### **Quality improvement activities**

We found a comprehensive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, radiographs, prescribing and healthcare waste. The



practice also undertook team development training tools through their corporate body, MyDentist.

## **Whole-systems approach**

### **Partnership working and development**

Staff explained how they maintained good working relationships with their local health board and other primary care services, including the local pharmacy. We saw an appropriate process in place to follow up on any referrals made to other service providers.

## 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
The clinical waste bins at the rear of the practice were unlocked upon first inspection.	Any person could gain access to potentially harmful clinical waste.	This was raised with the practice manager.	The clinical waste bins were locked.  The practice issued a reminder to all staff regarding the importance of keeping clinical waste bins locked.

## Appendix B - Immediate improvement plan

**Service:** MyDentist, Talbot Road, Talbot Green

**Date of inspection:** 21 October 2024

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
1. There were no further immediate concerns 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, Talbot Road, Talbot Green

**Date of inspection:** 21 October 2024

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
1. The temperature in the decontamination room was hot due to the nature of the work undertaken in this area. We were told a window was opened when staff were working in this room for an extended period of time, though we did not see this open during our inspection.	The registered manager should ensure the environment is at a suitable temperature for staff to work in.	Private Dentistry (Wales) Regulations 2017 Section 22 (2) (a)	The company facilities department have been informed of this issue and a full inspection of the decontamination room is in progress for additional fans to be put in place.	Sara Haworth	Jan 2025
2. The practice had 15 members of staff but only 1 was first aid	The registered manager must ensure a suitable	Section 17 (1) (a)	2 new first aiders enrolled on course with St Johns	Sara Haworth	Jan 2025

	<p>trained. This staff member was therefore expected to cover a high turnover of patients within the 4 surgeries. This would also mean if this employee should be off work for any period, the practice would have no first aid provision.</p>	<p>provision of trained first aiders.</p>		<p>Ambulance for 29/01/2025</p>		
3.	<p>We noted the following areas which required improvement within the patient notes: The reasons for antibiotic prescribing were not always recorded within the applicable records we reviewed</p> <p>Two records did not have Basic Periodontal Examination (BPE) updates, soft tissue</p>	<p>The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.</p>	<p>Section 20 (1) (a)</p>	<p>Discussions have taken place with each clinician to improve specific aspects of their record keeping and to follow the current guidance. New audits to be undertaken by January 2025, the results of each audit will not only be shared with each clinician but also the clinical development</p>	<p>Sara Haworth</p>	<p>Ongoing</p>

	<p>examination, intra and extra oral checks nor cancer screening recorded as taking place</p> <p>The initial medical histories for eight out of the nine records we reviewed were not recorded due to these previously being recorded on paper. Updated medical histories were available for eight out of the nine records.</p>			<p>advisor who will continue to monitor the clinical notes of each clinician</p> <p>Medical histories are now automatically sent via SMS 48hrs before appointment and saved onto the patients R4 record. Any medical histories not completed via the SMS system will be completed and checked on the patient's arrival. All new patients are given paper copies to fill in on attending the practice these are scanned onto R4 system.</p>		
4.	<p>We saw a recently appointed nurse did not have reference checks recorded as taking place, despite</p>	<p>The registered manager must ensure all pre-employment checks take place routinely.</p>	<p>Section 18</p>	<p>New onboarding system now in place that all reference checks are to be completed by My</p>	<p>Sara Haworth</p>	<p>Completed</p>

them being provided  
by the staff member to  
be checked.

Dentist HR  
department.

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

**Job role:** Practice Manager

**Date:** 9/12/2024