

# General Dental Practice Inspection Report (Announced)

{my}dentist, High Street, Bargoed

Aneurin Bevan University Health  
Board

Inspection date: 02 August 2022

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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.  
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



# Contents

1. What we did
2. Summary of inspection
3. What we found
  - Quality of Patient Experience
  - Delivery of Safe and Effective Care
  - Quality of Management and Leadership
4. Next steps

Appendix A - Summary of concerns resolved during inspection

Appendix B - Immediate improvement plan

Appendix C - Improvement plan

# 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 {my}dentist, High Street, Bargoed (dental practice), Aneurin Bevan University Health Board on 02 August 2022.

Our team for the inspection comprised of a HIW Senior Healthcare Inspector and a dental peer reviewer.

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 staff made efforts to provide patients with a good experience when visiting the practice. Comments received from patients who completed a HIW questionnaire also confirmed this.

Relevant information about the services provided by the practice was displayed or available to patients.

We found suitable arrangements were in place to promote the dignity and privacy of patients and saw staff treating patients with respect and courtesy.

While efforts were made to provide patients with timely care, comments received from patients indicated that it was not always easy for them to get an appointment when they needed it. Not all patients were aware of how to access the 'out of hours' dental service.

The practice had a suitable complaints procedure, however, the practice needs to ensure that information displayed is correct and consistent with the written procedure.

This is what we recommend the service can improve:

- Patients told us it was not always easy to get an appointment and the practice needs to explore how to improve patients' access to appointments
- The practice needs to make arrangements to improve patients' awareness of how to access the 'out of hours' dental service
- The information available to patients on the practice's complaints procedure needs to be correct and consistent with the complaints procedure.

This is what the service did well:

- Patients told us that the dental team explain things to them during their appointment in a way they can understand
- Reasonable adjustments had been made to make services accessible to patients.

## Safe and Effective Care

Overall summary:

We saw that the practice environment was visibly clean and there were no obvious hazards that presented a risk to the safety of patients or staff.

We saw suitable arrangements were in place for the cleaning and decontamination of reusable dental instruments, which were in accordance with Welsh Health Technical Memorandum (WHTM) 01-05.

Equipment for use in the event of a patient emergency was readily available at the practice and had been regularly checked.

Dental surgeries were well equipped and facilitated effective cleaning. We saw suitable arrangements were in place for the safe use of X-ray equipment at the practice.

Staff working at the practice had access to a range of relevant written policies and procedures to guide them in their work.

The sample of patient records we examined were of a satisfactory standard, however we identified improvements were needed to ensure relevant information is consistently recorded.

This is what we recommend the service can improve:

- Arrangements need to be made in relation to aspects of record keeping within patient dental records to ensure they are complete.

This is what the service did well:

- Staff had access to a range of written policies and procedures, and these had been regularly reviewed and updated
- The practice had well equipped surgeries that facilitated effective cleaning and a designated decontamination room
- An effective process was demonstrated for the cleaning and decontamination of reusable dental instruments used at the practice.

## Quality of Management and Leadership

Overall summary:

We found suitable arrangements were in place for the day-to-day management of the practice and the manager described good systems for communicating work related information with the practice team.

While the practice had an up-to-date statement of purpose and patient information leaflet we identified these required some minor amendments so the information they contain is consistent.

Staff could access training on a range of topics relevant to their roles within the practice. We saw good compliance with staff mandatory training.

This is what we recommend the service can improve:

- Arrangements need to be made to review and revise the statement of purpose and the patient information leaflet to reference the correct regulations and so that the information in both documents is consistent.

This is what the service did well:

- Good systems for communicating work related information with the practice team were in place
- There was good compliance with staff mandatory training.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).



## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 16 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Responses within the questionnaires indicated that patients had a positive experience when visiting the practice. However, when asked how the practice could improve the service it provides, patient comments included:

“More appointments”

“Stop cancelling appointments”

#### Staying Healthy

##### Health Protection and Improvement

We saw changes had been made to the environment to help reduce the spread of Covid-19. We saw clear screens had been placed at the reception desk to protect staff and patients visiting the practice and space had been left between chairs in the waiting area.

We also saw posters were prominently displayed reminding patients to maintain social distancing, to sanitise their hands when entering the premises and to wear a face mask to help reduce the spread of the virus. Staff confirmed that prior to their appointment, patients were required to answer a series of Covid-19 screening questions.

Of the 14 patients who answered the question about Covid-19 procedures in the HIW questionnaire, 13 patients told us Covid-compliant procedures were very evident during their time at the practice and one told us they were fairly evident.

Leaflets and posters were displayed on the health benefits of quitting smoking and a sign was clearly displayed advising patients that smoking was not permitted at the practice.

When asked whether the dental team had talked to them about how to keep their mouth and teeth healthy, 13 of the 16 patients who completed a HIW questionnaire told us the team had.

## **Dignified care**

### **Dignified Care**

We saw doors to dental surgeries were closed to promote the privacy and dignity of patients when receiving treatment. We confirmed private conversations would be conducted in the dental surgeries. In addition, a room was available so patients could speak to staff privately and for telephone calls to be made or taken in private.

We saw staff were friendly, yet professional, and treating patients with respect and courtesy.

All but one of the patients who completed a HIW questionnaire felt staff treated them with dignity and respect at the practice.

### **Communicating effectively**

We saw that written information for patients was mainly displayed in English. We were told that copies were also available in Welsh and a sign was prominently displayed advising patients of this.

When asked about their preferred language, three patients who completed a HIW questionnaire selected Welsh. Of these, two patients told us they were not actively offered the opportunity to speak Welsh throughout their patient journey, however, they confirmed healthcare information was available to them in Welsh.

We were told that an interpretation service was available to the practice so that staff can communicate with patients whose first language is not English and for patients who are deaf.

When asked whether things are always explained to patients during their appointment in a way they can understand, 15 of the 16 patients who completed a HIW questionnaire told us they were. The remaining patient did not answer the question.

### **Patient information**

We saw the name of the practice together with the opening hours were prominently displayed and could be seen from outside the premises. The contact telephone number for patients to use should they require urgent dental care and treatment 'out of hours' was also clearly visible.

Of the 16 patients who completed a HIW questionnaire, 9 told us they would know how to access the 'out of hours' dental service if they have an urgent dental problem and 6 told us they would not.

We also saw the names of the dentists and other dental care professionals working at the practice were clearly displayed together with their General Dental Council (GDC) registration numbers.

Indicative costs for both private and NHS dental care and treatment were clearly displayed.

## **Timely care**

### **Timely access**

We were told patients could make appointments either over the telephone or in person. We were told that the online booking system had been temporarily suspended in response to Covid-19. This was to control the number of patients attending the practice in the interests of patient and staff safety.

The practice provided emergency appointments and a triage system was described to ensure these appointments were appropriately allocated.

We were told patients would be advised of any delays so they could decide to wait or reschedule their appointment. For patients known to staff and to be living near the practice, we were told wherever possible patients would be advised of delays before they attended the practice.

When asked how easy it was to get an appointment when they need it, 5 of the 16 patients who completed a questionnaire told us it was very easy to get an appointment, 7 told us it was fairly easy and 4 said it was not very easy.

## **Individual care**

### **Planning care to promote independence**

We examined the care records of 10 patients and these had evidence of treatment planning, patient consent to treatment and details of the treatment provided.

When asked whether the dental team help them to understand all available options when they need treatment, 15 of the 16 patients who completed a questionnaire told us the team had. The remaining patient felt this was not applicable to them.

## **People's rights**

We confirmed written policies were in place relating to equal opportunities, equality and diversity. We were told that staff were expected to read the practice's policies and complete training associated with people's rights every year.

We saw there was level access to the premises and a dental surgery was located on the ground floor that could be used to see patients with mobility problems. A disabled toilet was located on the ground floor for patients to use.

We were also provided with examples of adjustments being made to help patients access dental care and treatment at the practice. These included making written information available in large print and asking Covid-19 screening questions verbally rather than via text for patients without a mobile phone.

All 15 patients who answered the question within a HIW questionnaire told us they had not faced discrimination when accessing or using the service provided by the practice.

## **Listening and learning from feedback**

We confirmed an up-to-date written procedure was in place for responding to complaints received about both NHS and private dental care and treatment provided at the practice. This set out the process together with timescales for acknowledging and responding to complaints.

We also saw that written information for patients on how to make a complaint was prominently displayed in the waiting room. This was displayed in both Welsh and English. However, the timescales described in the Welsh version were inconsistent with those described in the English version.

Other information displayed also incorrectly referred to date of The Private Dentistry (Wales) Regulations as '2007' rather than '2017' and referred to 'The Public Services Ombudsman for Wales Regulations' and it was not clear what was meant by this. The contact details for the health board were also incorrect.

The registered manager described a system for recording and for monitoring complaints received for themes and trends. Staff who spoke to us confirmed that patient feedback was shared with them

# Delivery of Safe and Effective Care

## Safe care

### Managing risk and promoting health and safety

We saw that the environment was visibly clean and tidy with no obvious hazards that presented a risk to the safety of patients and staff. Access to staff only areas was restricted using keypad locks and/or signage.

The decontamination room had a sign displayed but did not have any other means to deter unauthorised access to the room. We were told this was to reduce the risk of injury to staff carrying contaminated instruments to the room. We recommend that a formal risk assessment is completed and action taken as needed in this regard.

We saw that a fire risk assessment had been completed and the actions identified from the assessment had been regularly reviewed by the registered manager. Fire exits were clearly signposted and instructions on the action to take in the event of a fire were displayed.

We saw that fire safety equipment was readily available and had been subject to maintenance checks within the last year. Regular checks of the fire safety equipment and fire escape routes had been recorded in the fire logbook for the premises. We also found that half-yearly fire drills had been recorded.

We saw a Health and Safety poster displayed reminding staff of their responsibilities in relation to health and safety matters together with details of the practice health and safety contact person. We confirmed that employer and public liability insurance was in place.

### Infection prevention and control (IPC)

We confirmed an appropriate written policy was in place in relation to infection prevention and control and decontamination.

We saw that the waiting areas and the surgeries were visibly clean and facilitated effective cleaning.

When asked about the cleanliness of the practice environment, 15 patients told us they thought the practice was very clean and one felt it was fairly clean

Handwashing and drying facilities were available in both the surgeries and the toilets. Checklists were in place for staff to record when they had completed daily

tasks in relation to the dental surgeries. We saw that personal protective equipment was readily available for staff to use.

The practice had a designated decontamination room, and an effective process was demonstrated for the decontamination of reusable instruments used at the practice. A suitable system was in place to transport contaminated instruments from the dental surgeries to the decontamination room. We saw logbooks had been completed to show checks had been done of the decontamination equipment used.

We saw a system was in place to conduct audits of the infection prevention and control and decontamination arrangements at the practice. The audit tool was in keeping with the guidance set out in Welsh Health Technical Memorandum 01-05.

We were told staff had access to occupational health advice and support.

We confirmed that a contract was in place to safely transfer waste produced by the practice. We saw that waste was stored securely at the practice until collected for disposal.

### **Medicines management**

We confirmed a suitable policy was in place in relation to managing medical emergencies at the practice.

We saw that equipment and drugs for use in an emergency were available, appropriately stored and accessible to staff. A suitable system was in place to regularly check the emergency equipment and identify when drugs needed to be replaced.

### **Safeguarding children and safeguarding adults at risk**

We confirmed a suitable policy was in place in relation to safeguarding children and adults at risk. The contact details of local safeguarding teams were readily available to staff.

Staff we spoke to were aware of their responsibilities in relation to safeguarding and were able to describe the action they would take should they have a safeguarding concern. Staff we spoke to told us they had completed safeguarding training and the training records we examined confirmed this.

The practice had a designated safeguarding lead who had completed safeguarding training to an appropriate level.

### **Medical devices, equipment and diagnostic systems**

We saw the dental surgeries had suitable equipment to provide dental care and treatment. The equipment was visibly clean and was in good condition.

X-rays were performed at the practice. We found the required documentation was in place in relation to the use, maintenance and testing of the X-ray equipment used at the practice.

The training records we examined confirmed that staff involved in the taking of X-rays had completed relevant training on this subject within the last 5 years.

Information for patients on the benefits and risks of having an X-ray was not available to patients.

## **Effective care**

### **Safe and clinically effective care**

We confirmed the practice had suitable arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These were set out within the statement of purpose for the practice and within written policies made available to us.

### **Quality improvement, research and innovation**

The registered manager described and demonstrated the provider organisation's electronic compliance system. This required results of audit activity to be entered by the registered manager as part of the quality monitoring and assurance process.

The registered manager provided examples of audits that needed to be completed regularly such as those in relation to patient dental records, X-rays performed, prescriptions and infection prevention and control.

### **Information governance and communications technology**

We saw that suitable communication systems were in place to support the operation of the practice.

We found appropriate arrangements were in place for the safe management of patient records in accordance with current legislation.

### **Record keeping**

We confirmed a suitable policy was in place for the management of records used at the practice and found that records were appropriately and securely stored.

Patient records were computerised and were accessed via an individual login and password system for security.

We examined the records of 10 patients and found these were of a satisfactory standard. All the records we examined included information to correctly identify each patient, included details of the care and treatment provided and that patient consent had been obtained.

However, we identified that improvements are needed in relation to recording the following, which was missing for around a third of the notes we examined:

- the patient's social history including alcohol and tobacco use
- the patient's oral hygiene and diet including any advice given
- the patient's initial medical history (countersigned by the dentist or dental care professional) and updates
- the patient's language choice
- BPE updates
- treatment options
- referral information and follow up
- the indication for prescribing a patient antibiotic treatment, the dose and duration of treatment
- grading of X-rays



# Quality of Management and Leadership

## Governance, Leadership and Accountability

A registered manager was in post who was supported locally by the practice team and also by designated teams within the provider organisation.

A range of written policies and procedures was in place to support staff in their roles and the sample made available to us showed they had been reviewed regularly. The registered manager described that staff meetings were held regularly to share information and discuss relevant topics that affected staff. The staff we spoke to also confirmed meetings were held and that other methods of communication were used to keep staff up to date with work related matters.

The practice had an up-to-date statement of purpose and patient information leaflet as required by The Private Dentistry (Wales) Regulations 2017. These provided information for patients about the services provided at the practice.

We identified that the above documents required some minor amendments to correct inaccuracies. These were:

- The Private Dentistry (Wales) Regulations 2008 have been superseded by The Private Dentistry (Wales) Regulations 2017. References to the 2008 regulations need to be replaced with the statement of purpose
- The opening times listed in the statement of purpose differ to those listed in the patient information leaflet. Both documents need to be consistent and reflect the correct times.
- The hyperlink reference for the Community Health Council website was incorrect and a hyperlink reference for the specific 'Putting Things Right' website could be used rather than the reference for the general website for NHS Wales.

The provider and the manager of the dental practice were registered with HIW as required by the Care Standards Act 2000 and HIW certificates of registration were displayed near the reception desk.

## Workforce

The practice team consisted of a registered (practice) manager, dentists, a hygienist, dental nurses, trainee nurses, a receptionist and a cleaner.

We were told agency staff were very rarely used. Instead, cover could usually be provided by the practice staff or staff working in a neighbouring practice operated by the same provider organisation if needed.

We confirmed that a written policy and procedures were in place for recruiting staff to work at the practice. This was being reviewed at the time of our inspection.

We examined the files of five of the staff working at the practice at the time of our inspection. We identified that four of the five staff did not have two written references available and two did not have a full employment history available as required by The Private Dentistry (Wales) Regulations 2017. However, we were told that all staff had worked at the practice or at a practice operated by the same provider organisation prior to this requirement within the current regulations being introduced.

The registered persons are reminded the information and documentation required by the current regulations will need to be available for all staff employed or who will first work at the practice after 01 April 2017, when the current regulations came into force.

We saw evidence of Disclosure and Barring Service (DBS) checks being conducted for all the staff whose files we examined. We also saw evidence of their Hepatitis B vaccination status and them having indemnity insurance in place. Contracts of employment were also available.

The manager described and demonstrated a suitable system to check the GDC registration of the dentists and other dental care professionals working at the practice.

We saw records to show that staff had attended 1:1 meetings with their manager as part of the supervision and appraisal process.

We saw copies of training certificates showing staff had completed training on a range of topics relevant to their role. Compliance with mandatory training was good. We also saw evidence of staff completing training as part of their continuing professional development

## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

# Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified at this inspection.			

## Appendix B - Immediate improvement plan

**Service:** {my}dentist, High Street, Bargoed

**Date of inspection:** 02 August 2022

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan required.				

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:** {my}dentist, High Street, Bargoed

**Date of inspection:** 02 August 2022

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice is required to provide HIW with details of the action taken to actively offer patients to communicate in Welsh according to their wishes and preferences.	Standard 3.2	A poster is available on the patient notice board informing patients that all information is also available in Welsh. As there are no Welsh speakers in the practice translation services are available should a patient wish to communicate in the Welsh language. A R4 marker will be placed on the patients record to indicate their preferred communication language	Practice Manager	Completed and ongoing with recording patient's preferred communication language
The practice is required to provide HIW with details of the action taken	Standard 5.1	The practice has set up the use of smart diaries which allocates a number of appointment slots per	Practice Manager	Completed

to improve patients' access to appointments.		treatment per dentist each day. Emergency appointment slots have also been incorporated into the diaries to ensure emergency appointments are available every day. A therapist is joining the practice on the 7 <sup>th</sup> November working 4 days per week which will also ease patient access		
The practice is required to provide HIW with details of the action taken to improve patients' awareness of how to access the 'out of hours' dental service.	Standard 5.1	The out of hours telephone number is available on the practice answering machine when the practice is closed, placed on the patient notice board and also in the front window	Practice Manager	Completed
The practice is required to provide HIW with details of the action taken to correct the information available to patients on how to make a complaint.	Standard 6.3 Regulation 21	The patient information notice board has been reviewed and updated to reflect the correct information on how to make a complaint	Practice Manager	Completed
The practice is required to provide HIW with the details of the action taken to conduct a formal risk assessment and the action taken as	Standard 2.1 Regulation 16	A private sign is available on the door and a risk assessment has been completed	Practice Manager	Completed

a result in relation to preventing unauthorised access to the decontamination room.				
The practice is required to provide HIW with details of the action taken to provide sufficient information to patients regarding the benefits and risks associated with exposure to ionising radiation (X-rays).  IR(ME)R 2017	Standard 2.9 Regulation 16	Page 50 of the FGDP Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment version 2 has been placed in all surgeries	Practice Manager	Completed
The practice is required to provide HIW with details of the action taken to address the improvements identified under section 'Record keeping' within this report in relation to completing patient records.	Standard 3.5 Regulation 20	Reflective writing has been completed as a result of the record card audit findings. New audits have since been completed which showed improvements. Should the next audits not show continual improvements then the clinical support manager will be contacted to review the audits and issue an action plan	Practice Manager	Completed
The practice is required to provide HIW with details of the action taken to correct the information within	Regulation 5 Regulation 6	The latest version of the Statement of Purpose v1.6 which was submitted via Objective		



<p>the statement of purpose and patient information leaflet as identified under section 'Governance, Leadership and Accountability' within this report.</p> <p>Revised copies of both documents must be sent to HIW within 28 days of being reviewed.</p>	<p>Regulation 7</p>	<p>Connect on the 21<sup>st</sup> July 2022 where the hyperlinks worked and the latest version of Private Dentistry Regulations were referred to as 2017 however the practice opening hours have been updated to reflect the patient information leaflet and a new version 1.7 has been submitted via Objective connect 14/09/2022</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): Natalie Watson / Sarah-Jane Davies**

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

**Date: 21/09/2022**