

# General Dental Practice Inspection Report (Announced)

My Dentist, Knighton dental  
practice, Powys Teaching 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 My Dentist, Knighton Dental Practice, Powys Teaching Health Board on 13 December 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 41 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, Knighton dental practice was committed to providing a positive experience for their patients.

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

All respondents to the HIW questionnaire stated the service provided by the practice was either 'good' or 'very good'.

This is what we recommend the service can improve:

- Consider options to improve patient privacy in the reception area
- Review and add detail to the complaints procedure.

This is what the service did well:

- Bright, clean and well-maintained practice environment
- Measures in place to make the practice accessible to patients with mobility difficulties
- Patients treated in a caring and friendly manner.

### Delivery of Safe and Effective Care

Overall summary:

We found the practice was well maintained and organised, Dental surgeries were clean, well-equipped and fit for purpose. We saw evidence of ongoing investment and improvements.

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

All public facing areas were seen to be clean, tidy and free from visible hazards.

This is what we recommend the service can improve:

- Relocate the dental X-ray processor
- Ensure all staff are aware of the All Wales national safeguarding procedures.

This is what the service did well:

- A comprehensive range of policies and procedures were in place to ensure the safe and effective care of patients
- Audits were carried out to monitor and improve the service provided
- Clinical equipment was seen to be safe, well maintained and suitable for purpose.

## Quality of Management and Leadership

Overall summary:

We found that the practice had good leadership and clear lines of management. The practice manager had responsibility for two practices and was seen to be committed to providing a high standard of care.

We observed a well-established team that worked well together. We saw evidence of regular team meetings being held to share information and that staff had regular appraisals.

This is what the service did well:

- Policies and procedures were up to date and reviewed regularly
- Staff records and training compliance were complete and well managed
- The practice made effective use of support from their 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:

*“Compassionate, friendly and knowledgeable staff.”*

*“Really good service.”*

#### Person Centred

##### Health Promotion

Various leaflets and posters were on display to provide information and promote oral health, including support on smoking cessation.

There was no information on display about the benefits and risks of dental X-ray exposures. This was raised with staff during the inspection and resolved immediately, with a poster put on display.

No smoking signs were clearly displayed, which confirmed the practice adhered to the smoke-free premises legislation.

All respondents to the HIW questionnaire agreed that they had been given aftercare instructions on how to maintain good oral health.

##### Dignified and Respectful Care

We saw surgery doors being kept closed when in use and external windows were obscured, to promote patient privacy. We noted that Surgery 2 had a small window in the door and patients using the toilet would be able to see into the surgery. This was raised with the practice manager during the inspection and resolved by covering the window, to ensure patient privacy.

All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

Due to the size and layout of the reception and waiting area, maintaining patient privacy was challenging. We observed staff being mindful about discussing personal details and noted that effective privacy screens were used on monitors at the reception desk. Staff told us that patients wanting a confidential conversation would be taken to a vacant surgery if possible.

**We recommend that the registered manager reviews whether further measures can be taken to improve patient privacy.**

We saw that the practice had a copy of the General Dental Council (GDC) code of ethics on display. The HIW certificate of registration was displayed in English only. We advised that this should be displayed bilingually, and this was resolved during the inspection, with a Welsh version put on display.

We saw that treatment prices for both NHS and private patients were clearly displayed.

Signage outside the front door clearly showed the names and GDC registration numbers of clinical staff.

### **Individualised care**

We reviewed a sample of 10 patient records and confirmed that information to correctly identify the patients was present.

All respondents to the questionnaire agreed that they were involved as much as they wanted to be in decisions about their treatment. Most of the respondents said that there was enough information given to understand the treatment options available and the associated risks and benefits.

## **Timely**

### **Timely Care**

Surgery opening hours were clearly displayed outside the practice along with information about how to access treatment in an emergency.

The practice did not use an online booking system. Patients were able to book an appointment in person or over the telephone, and SMS text messages were used to remind patients about appointments.

Staff told us that any delays were relayed by phone or directly from the surgeries to reception, and that patients were then updated verbally. For longer delays, staff would offer to re-book the appointment.

Staff told us that emergency appointments were made available daily and that ‘sit and wait’ option was made available as appropriate. We noted that the staff member at reception was a qualified dental nurse and applied clinical knowledge to book appointments in line with the urgency of treatment required.

## Equitable

### Communication and Language

Staff told us they had access to translation services through their Health Board when required to treat non-English speaking patients. We were told that the practice manager was fluent in British Sign Language (BSL).

Information on display in the practice was in English only. Staff showed us that Welsh language versions were available on request. We advised that information should be displayed to make patients aware of this, and a poster was put up during the inspection.

The practice did not have any Welsh-speaking staff and staff told us that historically there was little demand for Welsh language provision locally. We advised that the practice manager contact the local Health Board for advice about how to appropriately implement the ‘Active Offer’ of Welsh.

**The registered manager must seek advice and support from the local Health Board and implement the ‘Active Offer’ of Welsh as appropriate.**

### Rights and Equality

The practice had an Equality and Diversity policy in place, along with a whistleblowing policy and helpline for staff to raise any concerns.

We saw that good provision had been made to accommodate patients with mobility difficulties and wheelchair users. There was a ramp with handrail to the front door and signage indicating a doorbell to request assistance. The reception area had a clearly indicated hearing loop in place. The practice was all at ground level and there was an accessible toilet, with grab handles and an alarm to request assistance.

We noted that chairs in the waiting room were stable and in good condition, and some had arms to aid patients in their use.

Staff told us that if patients identified as a different gender, their preferred name and pronouns would be indicated on their patient record and used.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We found that the premises were clean, well maintained, and free from obvious hazards. The clinical facilities and public areas were all on the ground floor and suitable for the number of patients and services provided.

The mixed gender toilet was easily accessible, visibly clean and tidy with handwashing and drying facilities and a sanitary disposal unit. In addition, automatic lighting and a touch-free waste disposal bin were in use to promote infection prevention and control (IPC).

We reviewed documents relating to fire prevention and safety and were assured that appropriate measures were being taken. A comprehensive fire risk assessment was in place, reviewed every five years and progress on any actions monitored using a tracking system. We saw that an appropriate number of fire extinguishers were available, wall-mounted, and regularly checked and serviced. Fire exits were clearly indicated, and we saw evidence of regular fire drills taking place with records of those taking part and any issues noted.

We saw that an Employer's Liability Insurance certificate and a Health and Safety at Work poster were displayed.

Staff had access to a small changing area with storage lockers, and to a separate staff toilet.

We saw that various policies and procedures were in place to ensure the premises were fit for purpose, and that an effective electronic system was being used to ensure they were reviewed regularly. The documents included a Business Continuity Plan, Health and Safety Policy and a range of risk assessments.

We saw that clinical waste was stored securely, in a locked outdoor area, and a waste management contract was in place.

The practice used two types of clinical waste bins in the surgeries. One type was of solid plastic, to accommodate items that were not designated as sharps but had the potential to damage plastic bags. We noted that in Surgery 2 the location and access to these bins could potentially pose a risk, especially if children were present. This was discussed with the practice manager during the inspection and

the bins were moved to a more secure location. Staff told us that in addition they would review the layout of the surgery with regard to the bins and storage.

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

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

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

The procedures for processing, decontamination and sterilising of dental instruments were appropriate and well understood by staff. The practice had a dedicated decontamination room, as recommended in Welsh Health Technical Memorandum WHTM 01-05, which was notable given the space restrictions at the premises.

There was some damage to the flooring in both surgeries, due to a recent upgrade in the heating system. Staff told us that action was already underway to replace the flooring in both surgeries.

**The registered manager must ensure that the flooring in both surgeries is replaced in a timely fashion, to ensure IPC and effective cleaning can be maintained.**

We noted that the digital processor for dental X-rays was located in the small room used for staff changing and storage of personal belongings. As staff had to regularly access this from clinical areas, there was an increased risk of cross-contamination.

**The registered manager must ensure the dental X-ray processor is moved to minimise the risk of cross-contamination when being used by staff.**

### **Medicines Management**

We found the practice had appropriate and safe arrangements in place for medicines management. This included secure storage of medicines and prescription pads, and the recording of medicines administered in patient records.

We found good arrangements in place to manage medical emergencies, with appropriate and up-to-date equipment and medicines available. We also reviewed a sample of four staff training records, (out of 13 staff members) and saw good evidence of staff training in managing medical emergencies and 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. The practice manager told us they were aware of the All Wales national safeguarding procedures, however these were not referenced in the documents.

**We recommend that safeguarding procedures are updated to ensure all staff are aware of, and have access to, the All Wales national safeguarding procedures.**

We reviewed a sample of staff training records and saw that appropriate and up-to-date training in safeguarding had been completed. Staff told us they understood the procedures and there was a designated safeguarding lead.

### **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 quality assurance audits of X-ray images were carried out. We reviewed a sample of staff training records and saw evidence of up-to-date training on IR(ME)R (Ionising Radiation (Medical Exposure) Regulations).

## **Effective**

### **Effective Care**

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis and treatment of patients.

We saw evidence staff would obtain and follow professional guidance and advice when necessary. There was support available to staff from their corporate group, including a central clinical advisor.

### **Patient Records**

We reviewed a sample of 10 patient records and found them to be of a good standard. There was evidence that care was being planned and delivered to ensure the safety and well-being of patients. We noted that templates were used to improve the quality of and completeness of records. We noted that improvements could be made in recording smoking cessation advice and patient language preference.

**We recommend that patient records include notes about any advice given on smoking cessation, and patient language preference.**

## Efficient

### Efficient

We found the practice to have an appropriate mix of staff roles and experience. Staff told us that a standby list was used to call in patients and make use of any appointments that became available at short notice.

Staff told us that a SMART diary was used to measure performance against NHS Wales metrics and that the practice manager monitors performance to ensure efficiency.

# 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 committed to providing a high standard of service. We saw that good support was provided by the practice's corporate group.

We saw that effective systems were in place to ensure compliance with regulatory requirements. All the policies and procedures seen were dated and reviewed regularly.

We saw evidence of regular team meetings taking place, with a structured agenda, attendance log and minutes. We also saw evidence of regular staff appraisals taking place.

All clinical staff were registered with the GDC and had appropriate indemnity insurance in place.

Staff explained that any patient safety incidents were recorded and passed to a regulatory team at the corporate group to review and make any necessary notifications.

## Workforce

### Skilled and Enabled Workforce

We saw that a Recruitment Policy was in place to support the recruitment and induction of new staff. This included pre-employment checks to carry out and an induction checklist.

We reviewed a sample of staff records and saw evidence that checks were carried out using the Disclosure and Barring Service (DBS). We also saw evidence of GDC registration and immunisation against Hepatitis B.

The practice used a matrix to monitor compliance against mandatory training requirements.

Staff told us that a range of training courses were available via their corporate group, as well as advice and training from a central clinical advisor.

## Culture

### People Engagement, Feedback and Learning

Staff told us that patient feedback was sought using electronic means, including sending links by SMS text message, and that reviews were monitored regularly. Paper based surveys were used occasionally on an ad-hoc basis. We advised that patients may be more likely to submit feedback if shown that it was acted upon.

**We recommend that the practice displays a “you said, we did” poster to show any actions taken as a result of patient feedback.**

We saw that a complaints procedure was clearly displayed in the patient waiting area. This included appropriate timescales, in line with the NHS Putting Things Right guidance. Some information was generic and did not include specific contact details for this practice. In addition, contact details for escalating a complaint were incomplete. Staff told us that a more comprehensive version of the procedure was sent out with any acknowledgement of a complaint.

**The registered manager must ensure the complaints procedure is readily available to patients and updated. The document should include specific contact details for making a complaint, refer to LLAIS rather than Community Health Councils (CHCs) and include HIW contact details.**

Staff told us that verbal complaints were captured using an online system and that all complaints were reviewed regularly and shared with staff during team meetings.

Staff described their process for dealing with incidents and making notifications if required. A policy was in place, which referred to the Duty of Candour and met the requirements of the Duty. Any patient safety incidents would be escalated to the parent group, to lead on reviewing the incident and making any required notifications.

## Information

### Information Governance and Digital Technology

An electronic system was used to record and store patient records. Staff used an electronic system to carry out online training modules.

## **Learning, Improvement and Research**

### **Quality Improvement Activities**

Staff told us that as part of the corporate group requirements a variety of audits and activities were carried out to ensure ongoing improvement. We saw evidence of clinical audits taking place, including prescribing, radiation safety, referrals and IPC.

Staff provided an example where an audit of patient records identified improvements could be made and additional templates were provided to assist clinicians.

Staff told us that audit findings were shared with their corporate group and referred to the central clinical advisor if required.

## **Whole Systems Approach**

### **Partnership Working and Development**

Staff at the practice used EDEN and COMPASS systems to support improvements in service.

Staff told us they used a variety of communication methods to work with external partners, including phone calls, electronic systems and email.

## 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 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
There was no information on display about the benefits and risks of dental X-ray exposures.	Patients did not have enough information about the benefits and risks involved in their treatment.	This was raised with staff during the inspection.	An appropriate poster was put on display.
We noted that Surgery 2 had a small window in the door and patients using the toilet would be able to see into the surgery.	This could impact on patient privacy and dignity.	This was raised with the practice manager during the inspection.	The window was covered over.
The HIW certificate of registration was displayed in English only.	It is mandatory that the HIW certificate of registration be displayed	This was raised with the practice manager during the inspection.	A Welsh version was put on display.

	in both English and Welsh.		
Information on display in the practice was in English only. Staff showed us that Welsh language versions were available on request.	Welsh speaking patients would be unaware that materials were available in Welsh.	This was raised with the practice manager during the inspection.	An appropriate poster was put up during the inspection, advising patients that Welsh language materials were available.
The practice used two types of clinical waste bins in the surgeries. One type was of solid plastic, to accommodate items that were not designated as sharps but had the potential to damage plastic bags. We noted that in Surgery 2 the location and access to these bins could potentially pose a risk, especially if children were present.	Patient safety could be compromised by being able to easily access the clinical waste bins in the surgery.	This was raised with the practice manager during the inspection.	The bins were moved to a more secure location. Staff told us that they would further review the layout of the surgery with regard to the bins and storage.

## Appendix B - Immediate improvement plan

**Service:** My Dentist, Knighton

**Date of inspection:** 13 December 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 assurance issues 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):**

**Job role:**

**Date:**

## Appendix C - Improvement plan

**Service:** My Dentist, Knighton

**Date of inspection:** 13 December 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
Due to the size and layout of the reception and waiting area, maintaining patient privacy was challenging.	We recommend that the registered manager reviews whether further measures can be taken to improve patient privacy, such as playing music in the reception area.	Quality Standard: Person-centred	We have implemented use of a radio at the reception area to greater increase patient privacy.	Corryne Mc Neill	completed
The 'Active Offer' of Welsh was not being implemented.	The registered manager must seek advice and support from the local Health Board and implement the 'Active Offer' of Welsh as appropriate.	The Welsh Language (Wales) Measure 2011	We have now implemented active offer in the practice and the full team are aware.	Corryne Mc Neill	completed

<p>There was some damage to the flooring in both surgeries, due to a recent upgrade in the heating system. This made effective cleaning more difficult.</p>	<p>The registered manager must ensure that the flooring in both surgeries is replaced in a timely fashion, to ensure IPC and effective cleaning can be maintained.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)</p>	<p>This has been raised with internal contractors and will be completed.</p>	<p>Corryne Mc Neill</p>	<p>15.03.2024</p>
<p>The digital processor for dental X-rays was located in a very small room used for staff changing and storage of personal belongings. As staff had to regularly access this from clinical areas, there was an increased risk of cross-contamination.</p>	<p>The registered manager must ensure the dental X-ray processor is moved to minimise the risk of cross-contamination when being used by staff.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)</p>	<p>On review of the premises there is nowhere else to relocate the unit however additional physical segregation will be made to ensure concerns will be addressed.</p>	<p>Corryne Mc Neill</p>	<p>completed</p>
<p>The All Wales national safeguarding procedures were not referenced in the practice safeguarding documents.</p>	<p>We recommend that safeguarding procedures are updated to ensure all staff are aware of, and have access to, the All Wales national safeguarding procedures.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(a)</p>	<p>This is currently being updated by our patient support team. Once completed this will be shared with the team.</p>	<p>Corryne Mc Neill</p>	<p>In progress</p>

<p>Patient records were generally good, but improvements could be made in recording smoking cessation advice and patient language preference.</p>	<p>We recommend that patient records include notes about any advice given on smoking cessation, and patient language preference.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)</p>	<p>This has now been implemented with the full team and all are aware.</p>	<p>Corryne Mc Neill</p>	<p>completed</p>
<p>Patients may be more likely to submit feedback if shown that it was acted upon.</p>	<p>We recommend that the practice displays a “you said, we did” poster to show any actions taken as a result of patient feedback.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(c)</p>	<p>This has been implemented in practice and is discussed at our practice meetings moving forward.</p>	<p>Corryne Mc Neill</p>	<p>completed</p>
<p>The practice complaints procedure was lacking some detail and some information was out of date.</p>	<p>The registered manager must ensure the complaints procedure is readily available to patients and updated. The document should include specific contact details for making a complaint, refer to LLAIS rather than Community Health Councils (CHCs) and include HIW contact details.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 21(1) and (4)</p>	<p>The complaints procedure has been updated and is now displayed</p>	<p>Corryne Mc Neill</p>	<p>completed</p>

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):** Corryne McNeill  
**Job role:** Practice Manager  
**Date:** 28 February 2024