

General Dental Practice Inspection Report (Announced)

MyDentist Crickhowell, 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 Crickhowell, Powys Teaching Health Board on 21 January 2025.

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 six questionnaires were completed by patients or their carers and three were completed by staff. Due to the low number of responses, a limited amount of feedback appears 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the experience provided to patients at MyDentist, Crickhowell was to a good standard. Patients were treated with dignity and respect by professional and friendly staff working to uphold their rights. Staff undertook training to protect the rights of their patients, as well as the prevention of harassment. The layout and equipment at the practice were set up to uphold patient confidentiality and dignity.

Appointments were managed in a timely manner and to meet the needs of patients. Triage arrangements were robust, ensuring patients received the right care at the right time.

This is what the service did well:

- Supportive arrangements were in place to enable effective communication between patients and clinicians.

Delivery of Safe and Effective Care

Overall summary:

We found the practice was kept to a good standard to deliver safe and effective care to patients. Dental equipment was in good condition and decontamination procedures were comprehensive. The surgeries and reception areas were appropriately designed and sized to meet the needs of patients and clinicians.

We saw suitable policies and procedures in place to ensure the health, safety and wellbeing of staff and patients were upheld. Personal protective equipment was used frequently and appropriately when treating patients and the infection control procedures were suitable.

We saw safeguarding arrangements were suitable to protect children and adults. Staff told us they would feel confident raising any safeguarding concerns.

This is what the service did well:

- Radiographic treatments were managed safely and in line with current guidance
- Medical devices were all clean, safe and staff were trained to decontaminate them correctly

- The environment, signage and safety procedures were all well-maintained and reviewed regularly.

Quality of Management and Leadership

Overall summary:

The staff we spoke with were engaging, knowledgeable and supportive of one another. We noted a positive working environment at the practice and observed good staff working relationships. Staff told us they had confidence in managers and would know who to speak to if they needed help or support.

All staff records we reviewed met the mandatory standards for training, professional registration and employment checks.

We noted a proactive approach to quality improvement with all mandatory improvement activities routinely taking place.

This is what the service did well:

- The system for the collection and review of patient feedback were suitable
- Individual staff members completed relevant additional training above the mandatory expectations.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care provided by MyDentist, Crickhowell. In total, we received six responses from patients at this setting with the overall responses being positive. Patient comments included:

"I am very satisfied with my experience and would like to praise the dentist who gave me the care today. She was very reassuring and knowledgeable"

"I've always been nervous about dentists and everyone at the practice put me at ease and really helped me with my anxiety"

"Great on the whole. Difficult in being fitted in for appointment"

Person-centred

Health promotion and patient information

Satisfactory information was made available to patients regarding their dental and general wellbeing in the waiting area. The documents on display included information regarding gum disease, endodontics and dementia awareness. The practice statement of purpose and patient information leaflet were both available for patients to review upon request. We observed the fees for NHS and private services clearly displayed in the patient waiting area. The names and General Dental Council (GDC) numbers of practitioners were displayed alongside the opening hours and emergency contact details at the front door.

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their patient journey. We were told patients wishing to speak confidentially to reception staff could do so in a private room where they could not be overheard. Reception staff confirmed that no private patient information was repeated over the telephone to protect patient privacy. Staff signed a copy of the practice data protection policy to confirm they read and understood their responsibilities in the protection of patient information.

The practice had surgery doors with obscured glass, which were kept closed during appointments. We saw all surgeries had blinds to protect patient privacy. 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 the time of practitioners appropriately. Patients made appointments over the telephone or in person post-treatment and received appointment reminders. Staff informed us they rarely ran behind with appointments. However, where appointments did extend beyond the scheduled time, clinicians called reception to ensure patients were informed of delays. Where relevant, patients would also be informed of delays on arrival and offered alternative appointments.

Staff told us they triaged patients over the telephone to ensure those with the most urgent needs were prioritised. Reception staff would consult with a clinician as part of the telephone triage process as required. Staff confirmed the practice took part in the NHS 111 service to treat emergency NHS appointments in the health board area. We also 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 told us each clinician had different wait times between appointments but generally no patient waited longer than three weeks to be seen. Appointments were arranged in accordance with patient availability wherever possible, including arrangements to treat school-age children outside of school time.

Equitable

Communication and language

We saw supportive arrangements in place to enable effective communication between clinicians and patients. Language line was used where needed to communicate with patients. Documents were available in different formats, with more specialised documents provided upon request by patients.

We found evidence the practice promoted the use of the Welsh language with patients. Documentation was available in both English and Welsh for patients at reception. Staff informed us the local health board offered training courses to staff, where requested.

Rights and equality

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

of patients and staff. We saw staff undertook specific training on the prevention of harassment or discrimination. The corporate body for the practice also ran online webinars for staff to join and develop their understanding.

We noted risk assessments took place for staff operating display screens, and changes were made to the environment as a reasonable adjustment, where required.

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 the practice was in a good state of repair internally and was kept to a good standard to deliver safe and effective care to patients. Externally, paintwork around the front door and walls of the building appeared in need of refurbishment in the future. However, no areas were causing any hazard or safety risk to patients. The practice was set over two floors, with appropriately sized surgeries and waiting area for the number of patients. The practice had ramped access around the ground floor and a downstairs surgery to assist those with mobility difficulties. We heard telephone lines in working order and saw suitable changing areas with lockers available for staff. We saw the toilets for staff and patients were clean and properly equipped.

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. Recent risk assessments for fire safety and health and safety had been conducted. We saw policies in place for ensuring the premises remained fit for purpose and for the management of risks. We saw evidence that checks had taken place on both gas and electrical safety by contractors. Portable Appliance Testing had also recently taken place.

On review of the fire safety information and equipment, we found robust and comprehensive arrangements were in place. These included regular maintenance of fire safety equipment and clearly displayed fire safety and no smoking signs.

The practice employer liability insurance certificate was on display in the patient waiting area the practice Health and Safety Executive poster was on display in practice manager's office.

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 promote regular and effective cleaning of the practice. We observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination.

Occupational health services were available for all staff and appropriate arrangements were in place to limit the risk of harm from sharps injuries. Personal protective equipment (PPE) was routinely available for all staff, with hand hygiene procedures and signage all suitable. These arrangements enabled safe care to be delivered to patients while ensuring staff safety.

We saw satisfactory measures in place to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room. We reviewed comprehensive records of daily autoclave machine cycle checks and a routine schedule of maintenance. The staff we spoke with were clear about their individual responsibilities in relation to infection control measures and confirmed they had received appropriate training in their roles. The training records we reviewed confirmed all staff had appropriate training in place for the correct decontamination of equipment.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory. All practice waste was stored and disposed of correctly through a suitable waste disposal contract.

Medicines management

We saw the arrangements in place for the management of medicines were appropriate. A suitable policy was in place for the safe handling, storage, use and disposal of medicines. We also saw the practice prescription pad was stored securely. The fridge designated for the storage of medicines was correctly managed, with temperature checks suitably logged.

We found comprehensive measures in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced suitable qualifications in cardiopulmonary resuscitation for all staff and there were two trained first aiders. On inspection of the emergency equipment, we found all items were present, easily accessible and within their expiry dates. We noted routine checks took place on all emergency equipment.

Safeguarding of children and adults

Comprehensive and up to date safeguarding procedures were in place to protect children and adults. The procedures incorporated the All-Wales Safeguarding Procedures, included contact details for local support services and identified an appointed safeguarding lead for the practice.

The staff training records we reviewed indicated staff were suitably trained in the safeguarding of children and adults. The staff we spoke with during the inspection

demonstrated a satisfactory understanding of safeguarding procedures and said they would feel supported if they were to raise a concern.

Management of medical devices and equipment

We saw the medical devices and clinical equipment were safe, in good condition and fit for purpose. Reusable dental equipment was used in manner which promoted safe and effective care. The staff we spoke with were confident in using the equipment and the training records we inspected confirmed they had received suitable training for their roles. Appropriate arrangements were in place for servicing and the prompt response to system failure for all equipment.

The practice radiation protection folder was up to date and comprehensive. On review of patient records, we found the clinical notes for radiographic treatments to be fully complete. Clinicians indicated patients were suitably informed of the risks and benefits of radiation and we saw that radiation exposures were correctly captured within 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 reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance.

The clinical staff we spoke with demonstrated a clear understanding of their responsibilities whilst being aware of when to seek relevant professional advice, where 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 sample of six patient records and found all records were being held in line with General Data Protection Regulations and overseen by a suitable records management policy. The records we reviewed provided a full picture of the care patients were being provided, including suitable recording of cancer screening, intra and extra oral checks, and base charting. 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 following the implementation of a new procedure.

Efficient

Efficient

We found clinicians were delivering a satisfactory 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 they felt supported to undertake their leadership role effectively, which included comprehensive support by their corporate body. Staff meetings were held monthly and attended by all staff. On review of staff meeting minutes, we noted suitable discussions around quality assurance, policy updates and patient feedback.

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

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 noted a positive working environment at the practice and observed good staff working relationships. We also found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time.

We found comprehensive and supportive arrangements in place enabling all staff to remain trained to an appropriate level for their roles. These arrangements included time off given to staff to undertake training and frequent one-to-one meetings with the practice manager.

We reviewed a total of five out of ten staff records and found full compliance with all mandatory training requirements. We also saw examples of good practice, with individual staff members completing relevant additional training above the mandatory expectations. A suitable digital system and robust support arrangements were in place to monitor compliance with staff training and enable staff to remain trained to an appropriate level for their roles.

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.

Suitable arrangements were in place to monitor and maintain the professional obligations of those staff working at the practice from the commencement of their employment. All of the staff records we reviewed were fully complete, including up to date GDC registrations, Disclosure and Barring Service Enhanced checks and comprehensive pre-employment reference checks. Staff inductions were overseen by managers through an appropriate recruitment policy and a detailed induction checklist in a supportive manner for new staff members. We saw evidence that all appraisals took place annually and were up to date for all staff.

Culture

People engagement, feedback and learning

A comprehensive system for the collection and review of patient feedback was in place. We saw a suggestion box in the waiting area and patients were also sent customer service reviews to complete online post-treatment. Feedback was reviewed weekly by the practice manager and routinely overseen by their corporate body. Responses to feedback were publicised within the reception area on a 'you said, we did' board, as well as online.

The complaints policy was fully aligned with NHS Putting Things Right and was advertised to patients in the waiting area and available online. The complaints procedure for patients provided a point of contact when submitting a complaint. 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 patient complaint leaflet, including contact details for HIW and the patient advocacy service, Llais.

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 recent complaints nor Duty of Candour incidents, we were assured the processes in place were satisfactory.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, antimicrobial prescribing, healthcare waste as well as infection prevention and control audits. The practice also undertook team

development training tools through their corporate body, MyDentist and audited other non-mandatory areas to enable shared learning and improve service delivery.

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 and GP. We saw an appropriate process in place to follow up on any referrals made to other service providers.

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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: MyDentist Crickhowell

Date of inspection: 21 January 2025

The table below includes any immediate 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.	No immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: MyDentist Crickhowell

Date of inspection: 21 January 2025

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.	No improvements were identified on this inspection.					