

General Dental Practice Inspection Report (Announced)

MyDentist, Tonyrefail, Cwm Taf
Morgannwg University Health Board

Inspection date: 15 May 2025

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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, Tonyrefail, Cwm Taf Morgannwg University Health Board on 15 May 2025.

Our team for the inspection comprised of a HIW healthcare inspector and a dental peer reviewer.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. A total of 14 questionnaires were completed. We also spoke to staff working at the service during our inspection.

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:

Staff at MyDentist, Tonyrefail were committed to providing a positive experience for patients. We found that staff were friendly and polite and treated patients with dignity and respect.

A good range of information was provided to patients about the service and treatments provided. Patients could book appointments online, by phone or in person at reception.

All the patients who completed a HIW questionnaire rated the service provided by the dental practice as either 'very good' or 'good'. All but one respondent who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one.

It was positive to see some staff members wearing a 'laith Gwaith' badge, indicating they could communicate in Welsh. However, we did not see any evidence to indicate that the language preference of patients was being routinely recorded in the patient records we reviewed. The practice must do more to identify language preference to support effective communication and help meet individual needs.

This is what we recommend the service can improve:

- Ensure that copies of the statement of purpose and patient information leaflet is available for patients to view on the practice website
- Ensure that medical history checks are consistently recorded in all patient records to maintain accurate and complete clinical documentation.

This is what the service did well:

- An access statement was available which informed patients of the limitations of the environment and the building to people with mobility difficulties.

Delivery of Safe and Effective Care

Overall summary:

Suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice. The practice was well maintained and organised.

Dental surgeries were well equipped and fit for purpose. All areas were clean and free from any visible hazards.

Staff followed clear infection prevention and control procedures to ensure dental instruments were decontaminated and sterilised. There were robust procedures in place for the safe use of medicines and clinical equipment. There were good arrangements in place to ensure that X-ray equipment was used appropriately and safely.

Appropriate safeguarding policies and procedures were in place with a safeguarding lead appointed. All staff had completed up-to-date safeguarding training.

The patient records we reviewed were clear, legible and generally of good quality.

This is what we recommend the service can improve:

- Secure storage facilities must be provided for staff to store personal items
- Oral cancer screening to be recorded consistently in patient records
- Ensure X-rays are graded using the new two-point system in line with best practice guidelines.

This is what the service did well:

- Local Safety Standards for Invasive Procedures (LocSSIPs) checklists were being used to minimise the risk of wrong site tooth extraction
- Staff worked with parents and families following missed appointments from children to assess whether any further action was required.

Quality of Management and Leadership

Overall summary:

We saw a clear commitment to providing a high standard of service to patients. The day-to-day management of the practice was the responsibility of the practice manager, who we found to be very committed and dedicated to the role and the practice.

There was a good approach to quality improvement, with routine and comprehensive audits on patient records, radiographs, prescribing and healthcare waste being regularly undertaken.

Staff records were well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and annual appraisals.

There was a wide range of policies and procedures in place which staff had signed to say they had read and understood.

Robust systems and records for the recruitment and employment of staff were in place and compliance with mandatory staff training and professional obligations was good.

This is what the service did well:

- The practice made good use of corporate electronic systems to support the management and quality improvement of the service.

3. What we found

Quality of Patient Experience

Patient feedback

Respondents who completed a HIW questionnaire provided positive feedback about their experiences at the practice. All respondents rated the service provided by the practice as either 'very good' or 'good'.

Person-centred

Health promotion and patient information

We saw a good range of leaflets and posters on display in the waiting areas. These informed patients about the services and treatments provided, how to maintain good oral health and dental hygiene and treatment fees.

All patients who responded to the HIW questionnaire agreed that their oral health was explained to them in a way they could understand. All but one respondent agreed they were given aftercare instructions on how to maintain good oral health and guidance on what to do and who to contact in the event of an infection or emergency.

The names and General Dental Council (GDC) registration numbers of clinical staff were clearly displayed which provided transparency for patients. The practice opening hours and emergency contact details for the out of hours service were clearly displayed by the front door. All respondents to the HIW questionnaire said they would know how to access the out of hours service if they had an urgent problem.

The practice had an up-to-date statement of purpose and patient information leaflet available on-site for patients. However, we noted that these documents were not accessible via the practice website, which is a requirement under the Private Dentistry (Wales) Regulations 2017.

The registered manager must ensure that the statement of purpose and patient information leaflet is available for patients to view on the practice website.

Dignified and respectful care

During the inspection we saw staff treating patients with kindness and respect and it was clear that staff had formed good relationships with their patients. All but

one respondent to the HIW questionnaire agreed that staff at the practice treated them with dignity and respect.

The practice had measures in place to protect patient privacy, including private areas for conversations and closed surgery doors during treatment. One surgery door had a missing glass pane, but we were told it had been accidentally broken, and the surgery was not currently in use. The practice confirmed following the inspection that the glass had been replaced.

We saw that the nine core principles established by the GDC were on display in both the downstairs and upstairs waiting rooms.

Individualised care

All respondents who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available and the risks and benefits associated with those treatment options. All respondents agreed that the costs were made clear to them prior to commencing treatment.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment and confirmed that their medical history was checked before receiving treatment. However, during the inspection we reviewed a sample of eight patient records and found one instance where a medical history check by the dentist had not been recorded.

The registered manager must ensure that medical history checks are consistently recorded in all patient records to maintain accurate and complete clinical documentation.

We saw evidence that treatment plans and options were recorded in all eight patient records we reviewed which helped patients make informed decisions about their care.

Timely

Timely care

All but one respondent who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one. We were told that patients are informed of any delays in appointment times on arrival. We were advised that the average waiting time between each treatment appointment was approximately two to three weeks.

Patients could book appointments online, by phone or in person at reception. Patients received a text reminder 48 hours before their scheduled appointment.

Equitable

Communication and language

Two patients who completed the HIW questionnaire said Welsh was their preferred language. We noted during the inspection that some staff members wore a 'laith Gwaith' badge, indicating they could communicate in Welsh. A poster was also displayed in both waiting rooms informing patients they could receive services in Welsh should they wish. However, the practice should be mindful that one of the two Welsh speaking respondents still felt that they were not actively offered the opportunity to speak Welsh throughout their patient journey. In addition, we did not see any evidence to indicate that the language preference of patients was being recorded within the sample of eight patient records we reviewed.

The registered manager must ensure that patients' language preferences are recorded to support effective communication and meet their individual needs.

Staff informed us that they could access translation services to help them communicate with patients whose first language was not English or Welsh. It was positive to see large print versions of medical history forms available to support patients with visual impairments or reading difficulties.

Rights and equality

We found that equality and diversity was promoted through practice policies and staff training. We were told that notes would be added to patient records to indicate their preferred names or pronouns to help uphold their rights. All patients who responded to the HIW questionnaire said that they could access the right healthcare at the right time regardless of any protected characteristics and told us that they had not faced any form of discrimination when accessing the service.

We found that the practice was not entirely accessible or suitable for people with mobility difficulties. A portable ramp was available to enter the building. However, the building had no lift to the first floor facilities which included the main patient toilet and a dental surgery. We also noted that the patient toilet was not wheelchair friendly. It was positive that an access statement had been prepared by the practice which informed patients of the limitations of the environment and the building. We were also told that emergency evacuation plans were in place for all patients that would require assistance to leave the building in an emergency.

Delivery of Safe and Effective Care

Safe

Risk management

Suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice. The building appeared to be well maintained internally and externally. We saw that all areas were clean, tidy and free from obvious hazards.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment in place. Escape routes were clearly signposted, and we saw evidence of fire drills having taken place. Fire extinguishers were mounted and indicated appropriately with evidence of regular servicing and maintenance. 'No smoking' signs were clearly displayed.

We saw evidence of up-to-date Portable Appliance Testing (PAT), five-yearly electrical installation inspection and annual gas safety checks. An approved health and safety poster was clearly displayed for staff to see, and we confirmed that employer's and public liability insurance was in place. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

There was a business continuity policy in place with procedures to be followed should it not be possible to provide the full range of services due to an emergency event or system failure. This included contact details for the designated emergency response team and a list of emergency contact numbers for contractors.

During our tour of the practice, we noted that staff did not have any storage facilities to store their personal items.

The registered manager must provide secure storage facilities for staff as required by the regulations.

Infection, prevention and control (IPC) and decontamination

Arrangements were in place to ensure a good standard of infection control. These included appropriate infection control policies and having a designated infection control lead. Each surgery had a cleaning checklist, and we saw that these had been regularly completed. All respondents who completed the HIW questionnaire said that the practice was 'very clean' or 'fairly clean', and that infection prevention and control measures were evident.

Suitable handwashing and drying facilities were available in each surgery and in the patient toilet. Personal protective equipment (PPE) was readily available for staff to use.

There was a designated decontamination room located away from the clinical facilities. A suitable system was in place to transport used instruments from surgeries to the decontamination room. Arrangements were described and demonstrated for the effective cleaning and decontamination of reusable dental instruments. We saw logbooks had been completed to show appropriate checks of the decontamination equipment had been performed.

We saw clinical waste produced by the practice was stored securely while waiting to be collected for disposal. We also saw a current contract was in place to safely transfer waste from the practice.

We confirmed staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

Medicines management

There was a medicines management policy in place which outlined the procedures for the safe use, storage and disposal of medication. At the time of the inspection the practice confirmed that they were not storing any medication on site.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory with equipment and emergency drugs being in-date and regular checks carried out. We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and first aid.

We were told adverse incidents involving medicines would be reported by staff at the practice using the Yellow Card scheme.

Safeguarding of children and adults

The practice had an appointed dedicated safeguarding lead. We saw a suitable policy was in place in relation to safeguarding which contained the contact details for the local safeguarding team. We noted that the safeguarding contact details were also displayed in the staff room for easy access in the event of a concern.

The practice had a 'Was not brought' policy which helped safeguard children who did not attend for their appointment. We were told that the practice followed up with the parents and families of children following a missed appointment to assess whether further action, including a safeguarding referral, was required.

We saw all staff had completed appropriate training in child and adult protection and were aware of who to contact in the event of a concern.

Management of medical devices and equipment

We found the dental surgeries were suitably equipped to provide safe and effective dental treatment. Equipment appeared in good condition and fit for purpose.

The practice had a radiation protection file as required by the regulations. 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 training records we inspected confirmed all staff had received suitable training for their roles.

We reviewed documentation about the use of X-ray equipment and found appropriate procedures and maintenance records to be in place.

Effective

Effective care

We found the practice had safe arrangements for the treatment of patients and we were assured that regulatory and statutory guidance was being followed when treatment was provided. Staff were clear regarding their work roles and responsibilities.

The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to minimise the risk of wrong site tooth extraction.

Patient records

We saw a suitable system was in place to help ensure patient records were safely managed and stored securely in line with the practice records management policy.

We reviewed a sample of eight patient records. The records were clear, legible and generally of good quality. The records demonstrated that care was being planned and delivered to ensure patient safety and wellbeing.

All records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. We saw evidence of full base charting, soft tissue examination and that treatment planning and options, and baseline Basic Periodontal Examination (BPE) were recorded where appropriate. All records indicated that recall was in accordance with National Institute for Health and Care Excellence (NICE) guidelines.

However, we noted the following areas which required improvement:

- There was no evidence that oral cancer screening was being undertaken or recorded on six out of the eight records
- One of the dentists was using the old three-point grading system for X-rays, when current practice is to use the two-point system to grade X-rays as acceptable or unacceptable.

The registered manager must ensure that patient records are complete and include all relevant information in line with professional standards and guidance.

Efficient

Efficient

The number of dental surgeries and clinical sessions provided by the dentists appeared to meet the needs of its patients. A hygienist was available at the practice to provide routine preventative care and enhance patient care.

Staff told us that emergency appointments were included in the daily schedule and patients requiring urgent care were prioritised and accommodated where possible the same day.

Quality of Management and Leadership

Leadership

Governance and leadership

We saw a clear commitment to providing a high standard of service to patients. We saw staff working well together as a team.

There was a clear management structure in place to support the effective running of the practice. The practice manager was supported by a comprehensive network through their corporate body. Staff meetings were held monthly and attended by staff at the Tonyrefail and Talbot Green branch practices.

We found a comprehensive range of policies and procedures in place which were reviewed regularly. Staff signed and dated policies to show that they had read and understood them.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw policies and procedures detailing the recruitment process which included suitable fitness to work checks made on prospective employees. These checks included proof of identity, the right to work, qualifications and vaccinations and use of the Disclosure and Barring Service (DBS).

Staff files contained job descriptions, employment contracts and written references for the employees. We were told that the practice does not use agency staff. Any shortfalls in the rota are covered by staff from nearby branch practices.

All clinical staff had attended training on a range of topics relevant to their roles to meet their Continuing Professional Development (CPD) requirements. We were told that all staff receive an annual appraisal to discuss their performance and set objectives.

Culture

People engagement, feedback and learning

Patient feedback was actively sought. Patients get sent a survey via text following every appointment. A suggestion box was available in the upstairs waiting area for patients to provide immediate feedback.

We were told that the survey results are collated corporately, and the practice is notified of the results and any identifying actions or themes. There was a 'you said, we did' poster in the upstairs waiting area showing actions that had been taken because of feedback.

There was a comprehensive complaints procedure in place which was readily available to patients. The procedure included appropriate timescales for response and how to escalate the issue if required.

Both verbal and written complaints were logged electronically and included full details and any actions taken. Complaints were regularly reviewed to identify trends or lessons learnt. We were told that staff are required to complete mandatory training to understand their professional responsibilities under the Duty of Candour.

Information

Information governance and digital technology

The practice used electronic systems to manage patient records, policies and procedures, and staff training records. We saw appropriate policies in place that set out the arrangements for safely handling patient information.

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.

A corporate business management tool was being used to monitor and demonstrate compliance with risk assessments, audits and other best practice standards.

Patient safety related information including alerts are monitored by the corporate team at MyDentist and circulated to all staff throughout their branches.

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, Tonyrefail

Date of inspection: 14 May 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 non-compliance issues were identified during this inspection.					

Appendix C - Improvement plan

Service: MyDentist, Tonyrefail

Date of inspection: 14 June 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.	The statement of purpose and patient information leaflet were not available to patients on the practice website as required by the regulations.	The registered manager must ensure that the statement of purpose and patient information leaflet is available for patients to view on the practice website.	Regulation 5 and Regulation 6	This has been requested with the MyDentist marketing team and is in the process of being completed.	Practice manager / Regulatory Officer	31/08/2025
2.	During our review of patient records we found one instance where a medical history check by the dentist had not been recorded.	The registered manager must ensure that medical history checks are consistently recorded in all patient records to maintain accurate and complete clinical documentation.	Regulation 20	Practice manager has discussed the importance of ensuring each medical history is checked and documented prior to each appointment with all clinicians. Further	Practice manager	Completed

				monitoring will be completed in the record cards audits.		
3.	The language preference of patients was not being recorded within the sample of eight patient records we reviewed.	The registered manager must ensure that patients' language preferences are recorded to support effective communication and meet their individual needs.	Regulation 20	Active Offer has now been implemented and patients preferred language is recorded in the R4 clinical notes.	Practice manager	Completed
4.	Staff did not have any storage facilities to store their personal items.	The registered manager must provide secure storage facilities for staff as required by the regulations.	Regulation 22	Personal lockers have been purchased for all team members.	Practice manager	Completed
5.	We identified some omissions in the clinical entries within patient records.	The registered manager must ensure that patient records are complete and include all relevant information in line with professional standards and guidance.	Regulation 20	Each clinician's clinical notes template has been updated to include all relevant information in line with professional standards and guidance.	Practice manager	Completed

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: 17 July 2025