

**General Dental Practice
Inspection (Announced)**
Abertawe Bro-Morgannwg
University Health Board.
Brackla Dental Surgery

7 March 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection of Brackla Dental Surgery at 10, Whitethorn Drive, Brackla, Bridgend, CF31 2PQ on 7 March 2016.].

HIW explored how Brackla Dental Surgery met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Brackla Dental Surgery provides services to patients in the Bridgend area of West Glamorgan. The practice forms part of dental services provided within the area served by Abertawe Bro-Morgannwg University Health Board.

Brackla Dental Surgery is a mixed practice providing both private and NHS dental services.

The practice staff team includes four dentists, one dental therapist, five dental nurses, (one of whom is the practice manager) and two receptionists.

A range of NHS and private dental services are provided.

3. Summary

Brackla Dental Surgery is a modern, well equipped and innovative dental establishment, committed to providing safe and effective care in a spacious and educative environment, which is very much appreciated by new and established patients.

This is what we found the practice did well:

- Patients we spoke to were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- Clinical facilities were well-equipped, visibly clean and tidy
- There were arrangements in place for the safe use of x-rays
- Dental instruments were cleaned, sterilised and stored appropriately
- Provided a variety of educational leaflets for their patients
- Maintained a practice website to inform and advise patients.

This is what we recommend the practice could improve:

- Designated roles for staff in the event of an emergency occurring
- Recording on patients notes
- Conduct peer review audits of clinical notes to establish consistency.

Findings

Quality of the Patient Experience

Patients we spoke to and those who responded to the questionnaires indicated they were very satisfied with the service provided by the practice team. We noticed the friendly yet professional manner that staff spoke to patients face to face and on the telephone. All staff has strived to promote best practice and investments were made in the education and training of their staff to further enhance the quality of the patient experience.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

"The staff are extremely helpful in all aspects of my treatment."

"Always excellent service with treatments explained and options discussed."

"The information received regarding my treatment plan was informative and really appreciated."

"Staff are always very friendly and helpful and always put us at ease."

Dignified care

Brackla Dental Surgery has provided dental care for patients within the Bridgend area for more than thirty years. From the information we received (twenty HIW questionnaires, seven of the practice's own questionnaires and patients we talked to), it was evident that patients thought that this practice offered an excellent standard of care. The premises throughout were clean, spacious, modern and well lit. Patients told us that they were confident and happy with the services they received from all staff. A separate area was available should they need to discuss any issues in private.

Timely care

Information from all questionnaires and from talking to patients confirmed that rarely was there delays in appointments and if so, an explanation and apology was always given. Patients told us that they knew how to access 'out of hours' dental services and the majority of patients knew how to make a complaint. A

flexible appointment system was also in place to accommodate individual patient needs.

Staying healthy

All patients who completed the questionnaires and those we talked to told us they received ample information about their treatment and care plans. The practice was very committed to health promotion as evidenced by the many posters displayed throughout. There was a wide variety of health care leaflets available for patients and two other leaflets, one advising about cost and benefits of a dental care plan and the other about the ethos of the practice - its values, extent of service provision and risk factors for smoking and alcohol consumption.

Individual care

We saw evidence that the practice had a way of seeking patient feedback through distribution of their own questionnaires, feedback from which was discussed at the regular staff meetings. We saw price lists and complaints procedures displayed for both NHS and private patients and contact details for HIW. The practice had a policy for acknowledging any complaints in writing within 24 hours if they could not be immediately resolved and a written response within one working week. We saw evidence of a complaints log book, which had 'nil' entries and staff were proud of this. The practice also submitted at three monthly intervals copies of the complaints log to the Local Health Board (LHB).

Parking for patients was available in front of the clean and well maintained exterior of the practice. Facilities for patients with disabilities were excellent by way of wheelchair access, downstairs toilet and, a hearing loop facility was also installed.

Delivery of Safe and Effective Care

Overall, we found evidence that patients are provided with safe and effective dental care. We were satisfied with the arrangements in place to protect staff and patients from preventable healthcare associated infections. We were satisfied with the health and safety measures maintained in both the surroundings and policies in place at the practice. We looked at patient records and found that improvements were needed. We recommend that the dentists conduct a clinical records audit together in order to maintain consistency and to share learning and best practice.

Safe care

We found the practice had taken steps to ensure the health, safety and welfare of patients and staff. We noted that fire extinguishers were strategically placed throughout the premises and that a fire safety contract was in place. We saw that testing of portable appliances (PAT) had been carried out, as had audits for Control of Substances Hazardous to Health (COSHH), health and safety, and storage and disposal of hazardous and non-hazardous waste. The premises were very well maintained, light, airy and welcoming. We saw that all surgeries were modern, well equipped, clean, tidy and very well organised.

Efforts to obtain and maintain these standards are to be commended.

Infection Control.

We were satisfied with the measurements taken to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence that there was infection prevention and control measures in place based on the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) guidelines. Examples included the following:

- All staff had undergone decontamination training.
- A separate decontamination room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- A dedicated hand wash sink
- A list of roles and responsibilities for each member of staff in relation to infection control management

- Logbooks for checking sterilisation equipment had been maintained including daily testing
- Instruments stored, bagged and dated in accordance with Welsh Health Technical Memorandum 01-05, Sec 4.

We saw evidence of regular infection control audits and a named person as the 'decontamination lead' responsible for infection control procedures and updating of policies and staff. We saw this as safe and effective practice. Support for any sharps injuries was initially with the individual's own General Practitioner (GP) with the services of the Occupational Health Department at a local hospital as a back-up system.

Emergency drugs and resuscitation equipment.

The practice had a named first aider and we noted that all staff had received certified training in cardio-pulmonary resuscitation (CPR) within the last year. We saw a resuscitation policy but no specific roles for practice staff should an emergency (collapse) occur. This is a recommendation of the General Dental Council (GDC) guidelines 6.2.6 and 6.6.6. All members of staff, including those not registered with the General Dental Council (GDC) should know their role if there is a medical emergency.

Improvement needed

Practice staff need to organise their roles and responsibilities in the event of a medical emergency occurring.

We saw that all emergency drugs and equipment needing to be used in the event of a medical emergency were in date and stored securely.

Safeguarding

We saw that all four dentists and two of the dental nurses had Criminal Records Bureau (CRB)/Disclosure Barring Service (DBS) checks. The practice had taken steps to ensure the safety and well-being of children and adults by having safeguarding policies in place. All staff had undertaken child protection training and we saw evidence that some of the staff were booked on courses for adult protection training in April & May 2016. It was not possible for all staff to be released at the same time to attend adult protection training sessions but were assured that arrangements would be made for all staff to undertake adult protection training.

Radiographic equipment

Since the practice performed x-ray procedures we saw documentation that all four dentists, dental hygienist and the two nurses who assisted with radiographic procedures had up to date training in ionising radiation and that there was a named radiation protection supervisor at the practice. We saw a radiation protection policy that had been signed 'as read' by the staff and a radiation equipment check certificate for each machine. A contract was in place for the services of a Radiation Protection Adviser (RPA). There was a Radiation Protection File, however it contained incomplete information and discrepancies with regard to the Radiation Protection Supervisor. The 'local rules', with complete information, were not displayed in each surgery. We were satisfied with regard to safety issues but advised conformity of information with regard to the Radiation Protection File and the 'local rules'.

Whilst looking at quality assurance audits of image quality, we noted some inconsistencies and recommended that the practice have a more robust audit.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engages in some relevant audits, including infection control and had robust policies in relation to manual handling, data protection for both patients and staff, protection of patients' privacy and dignity, and health and safety. A risk assessment of the premises had also been carried out to ensure safety of staff and patients. We noted excellent communication between staff themselves and the patients who told us they enjoyed visiting the practice because of the pleasantness and helpfulness of the staff and the bright, modern and comfortable surroundings

Patient records

A total of sixteen patient records were reviewed allowing four for each of the dentists. Whilst these were easily accessible through the computerised system we noted inconsistencies in record keeping between the dentists in relation to the following areas:

- Social history not always recorded in relation to diet, smoking and alcohol consumption. This is important to identify a patient's risk of decay and mouth cancer
- Oral cancer screening not always recorded in the notes
- With regard to oral examination, need to specify 'Intra' and 'Extra' oral in the notes

- Patient consent not always recorded
- Written treatment plans to be provided to every patient when treatment is required (informed consent)
- Recording of radiographic justification/clinical findings in the patient notes
- Radiographs are recommended to be taken prior to some treatments such as extractions, crown preparations. If radiographs are not required, the reasons should be recorded in the notes
- Some of the initial medical histories were incomplete.

Improvement needed

The practice needs to undertake a records audit to ensure consistency between each dentist and that the records meet with professional standards.

Quality of Management and Leadership

We found evidence of effective management and leadership at this practice. Staff we spoke to were happy in their roles had worked at the practice for many years. They understood their roles and responsibilities and were well supported by the practice manager. Dentists too were keen to promote learning and innovative practice. We saw the ways in which the relevant policies and procedures governed the practice to help promote learning and staff development.

The dental practice at Brackla was set up more than thirty years ago and many of the original patients continue to attend the practice. All clinical staff were registered with the General Dental Council (GDC) and all dentists had current Clinical Records Bureau (CRB)/ Disclosure Barring Services (DBS) checks. We saw HIW registration certificates displayed for all dentists and all staff had a contract of employment and were covered by indemnity insurance.

Most of the nursing staff had been employed at the practice for more than fifteen years. Of the four dentists working at the time of our inspection, one dentist had owned the practice for four years and held full responsibility for its management. The practice benefitted from the appointment of a practice manager who was also a qualified dental nurse. As practice manager she was supported enthusiastically by another dentist who encouraged practice development, technology and continual professional development of staff as well as fulfilling obligations as a dental practitioner. This practice was keen to provide high standards of care in modern, well equipped surroundings. There was opportunities for professional development, with time given for study and where possible financed by the practice. The practice frequently used and valued the educational packages provided by the Welsh Deanery.

We saw that there were annual appraisals for all staff who said that they appreciated these and saw them as a means of maintaining their continual professional development. An induction programme managed by the practice manager was also seen for the newest member of staff.

We saw a whistle-blowing policy for the practice and also a 'raising concerns' policy overseen by the practice manager. Opportunities for discussing concerns, ideas and future plans were made possible through the documented monthly practice meetings.

There was a robust clinical governance/quality assurance arrangement in place with information about these measures sent to the Local Health Board in February of each year together with a risk assessment of Control of Substances Hazardous to Health (COSHH) submitted in January each year. The practice also conducted a 'self-audit' for infection control standards with designated staff

taking responsibility for any actions or changes in practice that may result. One of the dentists also maintained the practice's web site.

All the staff worked well together, respected each other's roles and expertise and said they were happy in their roles and enjoyed coming into work - evidenced in their long term employment at the practice. We saw a practice that was dynamic, innovative and up to date with technology, had shared values and was keen to progress. Collectively, the commitment, experiences and professionalism of the staff employed at this surgery is to be commended.

4. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Brackla Dental Surgery will be addressed, including timescales.

The actions taken by the practice in response to the issues identified within the improvement plan need to be specific, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections of the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008¹ and the Private Dentistry (Wales) (Amendment) Regulations 2011². Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

¹ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

² <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

Appendix A

General Dental Practice: Improvement Plan

Practice: Brackla Dental Surgery

Date of Inspection: 7 March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	No improvements required				
Delivery of Safe and Effective Care					
8	Practice staff need to organise their roles and responsibilities in the event of a medical emergency occurring.	General Dental Council standards 6.2.6; 6.6.6.	Staff meeting - discuss with team, roles agreed, add to resuscitation policy + staff notice board. Check effectiveness at annual CPR Training and amend if necessary.	R Jones	Staff Meeting 15.06.16 24.06.16
10	The following improvements should be made to patient records: <ul style="list-style-type: none"> Social history 	Health & Care Standards 3.5; General Dental	SH added to new standardised patient notes Exam proforma on SE system for every dentist to complete at every exam.	R Jones	Immediately after inspection.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> • Oral cancer screening • Differentiation between 'intra' and 'extra' oral examination • Recording of patient consent • Provision of treatment plans to all patients • Justification for radiographic procedures • Detailed and complete medical histories. 	Council Standards 4.	<p>OCS added to standardised patient notes exam proforma.</p> <p>IOE [intra oral examination] + EOE [extra oral examination] + VCG [verbal consent given] added to standardised patient notes exam proforma and VCG to be added to all treatment notes entered.</p> <p>Staff Meeting - discuss with reception and all staff to ensure every patient is given FP17 copy.</p> <p>Staff Meeting - highlight with all dentists. Radiographic Audits to be carried out annually.</p> <p>Staff Meeting – MH to be checked at every visit and recorded MH checked in notes. Checked annually in Records Audit.</p>	<p>R Jones</p> <p>R Jones</p> <p>J Richards</p> <p>B Jones</p> <p>B Jones</p>	<p>Immediately after inspection.</p> <p>Staff meeting 15.06.16</p> <p>Audits in July 2016</p>
10	The practice needs to undertake a records audit to ensure consistency between each dentist and that the records meet with professional standards.	Health & Care Standards 3.5; General Dental Council	<p>Peer Review of record taking with a sample of 5 records per dentist and discuss design of audit.</p> <p>Records Audit annually to ensure consistency is maintained to meet this standard.</p>	B Jones	<p>Peer RV by end of June 2016.</p> <p>Audit in July</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Standards 4.	Implement any changes required.		2016.
Quality of Management and Leadership					
	No improvements required				

Practice Representative:

Name (print):Rebecca Jones.....

Title:Dental Surgeon

Date:12.06.16.....