

General Dental Practice Inspection (Announced)

Bryntirion Dental Surgery,
Aneurin Bevan University
Health Board

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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 to Bryntirion Dental Surgery at Sir Ivors Road, Pontllanfraith, Blackwood, NP12 2JH on 11 October 2016.

HIW explored how Bryntirion 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

Bryntirion Dental Surgery provides services to patients in the Pontllanfraith area of Blackwood. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

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

The practice staff team includes two dentists, one part time hygienist, three dental nurses and one receptionist.

A range of NHS and private dental services are provided.

3. Summary

Overall, we found evidence that Bryntirion Dental Surgery provided safe and effective care to patients.

This is what we found the practice did well:

- Patients told us they were very happy with the service provided
- Clinical facilities were well-equipped, visibly clean and tidy
- Dental instruments were cleaned and sterilised appropriately
- Documentation and information was available showing that X-ray equipment was used safely
- Staff told us they felt supported by senior practice staff.

This is what we recommend the practice could improve:

- Checks on all emergency equipment needs to be done more regularly to ensure it is available and safe to use in the event of a patient emergency (collapse)
- Dentists need to improve aspects of their record keeping
- Appraisals for all staff need to be implemented.

4. Findings

Quality of the Patient Experience

We saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were very satisfied with the service they had received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total, we received 19 completed questionnaires, and patient comments included:

“Staff are always very welcoming and helpful”

“I have received first class treatment at this practice and have never had a reason to be dissatisfied with any dental work that has been completed in the 23 years that I have been a patient here”

“An excellent surgery. Treatment good and have been able to see me when there has been a problem like a crown or infection. When dentist on holiday was able to see another dentist”

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner. The staff presented as a small friendly team and we saw polite and courteous interactions with patients.

Completed patient questionnaires showed that patients were very satisfied with the level of care and treatment provided to them. All patients who returned completed questionnaires told us that the practice staff had made them feel welcome. Some patients had also added their own positive comments around the attitude and approach of the practice team.

The practice provided a range of private and NHS dental treatments. Information on prices for private dental treatments was available to view in the waiting area, as were costs for NHS dental treatments. This meant patients had access to information on how much their treatment may cost.

A practice information leaflet was available in reception for patients to read and copies were available to take away, providing general information about the practice.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. All the patients who provided comments in HIW questionnaires told us they had not experienced a significant delay in being seen by their dentist on the day of their appointment. Staff described a process for keeping patients informed about any delays to their appointment times.

An out of hours telephone number was available for patients should they require urgent dental treatment. The telephone number was available through a variety of means, including being displayed near the front door of the practice, on the answer phone message and in the practice information leaflet.

Staying healthy

We saw that health promotion information was available to patients to help promote the need for them to take care of their own oral health and hygiene.

All patients told us that they felt they had been given enough information about their dental treatment. Some patients added their own positive comments regarding the information provided to them by the dentists.

Individual care

Access to the dental surgery was via a step. Internally the practice had two surgeries on the ground floor. We were told that the practice did not have access to a facility to help wheelchair users access the practice more easily. We discussed with the practice that they may wish to consider the use of a portable ramp, to help wheelchair users, or patients with mobility difficulties, access the practice. The practice owner agreed to consider access arrangements to the surgery.

The practice had a *patient suggestion box* in the waiting area, allowing patients to provide both ad-hoc and anonymous feedback about the care and treatment provided to them. We saw that a patient survey had been recently completed and the practice was considering the feedback received.

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed in the patient waiting area. The practice had two separate complaint procedures, one for private and one for NHS patients. We saw that records had been kept of written complaints, but not verbal complaints received. We recommended to the practice that they should retain information relating to all verbal complaints received, allowing them to analyse themes and trends, which they agreed to do.

Delivery of Safe and Effective Care

Overall, we found the practice provided patients with safe and effective care. A thorough process for cleaning and sterilising dental instruments was demonstrated. Documentation and information was available to demonstrate that X-ray equipment was being used safely.

The surgeries were clean and tidy and furnished to facilitate effective cleaning. We did, however, see that the floor needed sealing in the surgeries to allow for easy cleaning.

We identified that improvement was needed around the regular checking of equipment for use in a patient emergency (collapse).

We also identified some improvement was needed around aspects of the dentists' record keeping and require that they take action to fully comply with clinical standards for record keeping.

Safe care

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting the practice.

The practice building appeared visibly well maintained both internally and externally. During a tour of the practice we saw all areas were clean and tidy and free from obvious hazards. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

We saw that written risk assessments had been completed that identified potential hazards and actions to reduce risk.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored securely whilst waiting to be collected by the contractor company. Non hazardous (household waste) was collected through arrangements with the local county council. Amalgam separator equipment was installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. The practice did not have suitable facilities for the disposal of feminine hygiene waste, and we recommended that suitable provision for storage and collection of sanitary waste should be arranged.

Improvement needed

The practice needs to ensure that there are waste disposal facilities available for feminine hygiene waste

The practice did not have a separate decontamination room as recommended within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ guidance document. The practice discussed their future plans to potentially incorporate a decontamination room. The practice was encouraged to progress with the development of the building to allow for a single decontamination room in line with WHTM 01-05 guidelines.

Improvement needed

The practice should consider progressing with plans to incorporate a separate decontamination room within the practice building

A thorough decontamination process was demonstrated by staff. Instruments were manually cleaned in the surgeries then transferred appropriately to be sterilised. Two autoclave² machines were in use at the practice, one in each surgery. We saw evidence that both machines had been inspected and were safe to use. Tests were performed at the start and end of the day to show that the machines remained safe to use and outcomes recorded in log books. We discussed with staff that they may wish to consider attaching the print outs of the cycle recordings of the autoclave machines to the log books to ensure they do not get misplaced. The staff team agreed to do this.

Space within the surgeries was limited, making the process of cleaning equipment more difficult. In the absence of a separate decontamination room we discussed with the practice owner the possibility of moving the autoclave machines, located within each surgery, to an alternative location to create more workable space. The practice owner agreed to consider this proposal as an option.

Cleaned and sterilised instruments were being stored in sealed bags within the surgeries to prevent cross contamination. Whilst the dates of processing (cleaning and sterilising) had been written on packaging we have

¹ [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices

² An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

recommended that the dates by which instruments must be used or reprocessed also be added to fully comply with WHTM 01-05.

Improvement needed

The practice should record the date by which instruments should be used or reprocessed on the packaging of decontaminated instruments

The practice had conducted a WHTM 01-05 audit of the decontamination arrangements of all of the surgeries in May 2016. We saw a plan detailing the outcomes and recommendations made as a result of the audit which the practice owner was implementing.

We looked at the clinical facilities (surgeries) within the practice. These were clean and tidy and generally furnished to facilitate effective cleaning. A repair was required to the cabinetry in one surgery where a small area of wood had become exposed, meaning it was more difficult to clean. We also saw that the floors in both surgeries needed sealing to allow for effective cleaning to reduce cross infection.

Improvement needed

The practice owner must ensure the cabinetry is sealed appropriately to allow for effective cleaning

The practice owner must ensure the floor is sealed between the cabinets and the existing flooring (or make other suitable arrangements) to prevent water, dust and debris from accumulating in the unsealed part of the floor of the surgery identified to the practice owner

We saw that equipment and drugs were available for use in a patient emergency (collapse). We also saw records showing that the drugs and equipment were being checked on a monthly basis. We recommended to the practice owner that weekly checks should be undertaken on emergency drugs and equipment in accordance with the Resuscitation Council (UK)³. The practice owner confirmed that this would be implemented.

³ [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

Improvement Needed

The practice owner must make suitable arrangements to ensure that they have a system in place for conducting regular checks on the emergency equipment in accordance with the quality standards set out by the Resuscitation Council (UK)

We saw training records that indicated training in cardiopulmonary resuscitation (CPR) was up to date for all staff.

The practice did not have a named first aider in the need of a patient or staff requiring first aid treatment. We recommend to the practice owner that they seek advice on its responsibilities as a dental practice in respect of guidelines⁴ for first aiders and appropriate training required. The practice owner agreed to do this.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. The practice did not have available the initial site surveys for the X-ray machines in use. We recommended that the practice owner should obtain site surveys for the X-ray machines in use at the practice. The owner confirmed that clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. The sample of training certificates we saw demonstrated this.

Improvement Needed

The practice should make arrangement to obtain site surveys for all of the X-ray machines in use at the practice

The practice had not conducted an audit of the image quality of X-rays. We recommend that the practice should conduct such an audit to identify any areas for improvement. This audit should be conducted at least annually.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. The practice owner

⁴ <http://www.hse.gov.uk/firstaid/index.htm>

confirmed that all staff had completed training on child and adult protection and we saw training certificates that demonstrated this.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have with practice team and were confident these would be acted upon.

Effective care

Discussions with the practice owner demonstrated a commitment by the team to provide safe and effective care to patients.

The practice owner provided examples of clinical audits that the practice team was intending to introduce with the aim of identifying areas for improvement. The practice should progress with these arrangements to ensure a range of clinical audits are conducted with improvement plans developed and monitored as part of the quality improvement activity. We have identified some areas for audit activity above, patient records, X-ray image quality and peer review.

Improvement needed

The practice should progress with arrangements for clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate

We considered a sample of nine patient dental records to assess the quality of record keeping. This sample included records that had been completed by the clinical staff who worked at the practice. We found that there were areas for improvement to ensure that patient records were sufficiently detailed enough. These were:

- The outcomes of BPE (Basic Periodontal Examination) checks was inconsistently recorded within patient records, and not in accordance with recommended guidelines
- There were very few patient X-rays being taken. Of the nine patient records considered six had no X-rays recorded, and the remaining having had X-rays last taken between 1999 and 2012. This is not in accordance with recommended guidelines

- Patient diagnosis and treatment planning options provided to patients were not always clearly documented within records
- The recording of soft tissue examinations was limited, including cancer screening. We were told that this was being carried out for all patients at each appointment, but was not being recorded as a separate check
- Medical histories, we were told, were verbally checked at each appointment, however the recording of the discussion with the patients was not always documented

Improvement needed

The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping

Quality of Management and Leadership

The practice was owned and managed by one dentist who was supported by an associate dentist and friendly staff team. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported by senior practice staff and their colleagues. They also told us they had opportunities to attend relevant training.

The practice owner was responsible for the day to day management of the practice. Where we identified areas for improvement, the owner demonstrated a willingness and commitment to address this quickly.

Conversations with staff working on the day of our inspection indicated they felt well supported in their roles by the practice owner and the practice team. We also found that staff were clear and knowledgeable about their various responsibilities.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. Some of these needed to be reviewed and updated to ensure that policies were referencing guidance applicable in Wales, specifically WHTM 01-05.

We saw training certificates that demonstrated staff had attended training on topics relevant to their role. Staff also confirmed they had opportunities to access training. We saw that dental nursing staff at the practice had received an appraisal of their work within the last year. We were told that the dentists had not received an appraisal, as recommended by the General Dental Council. We recommended to the practice that the dentists should also receive an appraisal of their work on a regular basis.

Improvement Needed

The practice should ensure that all staff have a regular appraisal of their work

Staff told us they felt communication amongst the practice team was effective. We saw that learning outcomes from regular practice meetings had been documented including actions taken.

We found that clinical staff were registered with the General Dental Council to practise and had indemnity insurance cover in place. Records were available

that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The dentists working at the practice provided private dental services. Their HIW registration certificates were displayed as required by the regulations for private dentistry.

We saw evidence of up to date Disclosure and Barring Service (DBS) certificates were available for all of the dentists working at the practice.

5. 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 Bryntirion Dental Surgery will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, 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.

6. 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 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. 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

⁵ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁶ <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: Bryntirion Dental Surgery

Date of Inspection: 11 October 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	<i>No Improvement Plan Required</i>				
Delivery of Safe and Effective Care					
8	The practice needs to ensure that there are waste disposal facilities available for feminine hygiene waste	Workplace (Health, Safety and Welfare) Regulations 1992	We have contacted our registered waste collector and organised for dedicated waste containers / appropriate collection of feminine hygiene waste products.	Douglas Goodwin	Completed
8	The practice should consider progressing with plans to incorporate a separate decontamination room	The Private Dentistry (Wales) Regulations	We are progressing with our plans to move the autoclaves into an existing store room and then convert this into a dedicated	Douglas Goodwin	Ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	within the practice building <i>The Welsh Health Technical Memorandum (WHTM) 01-05</i>	2008 (as amended) Regulation 14	decontamination room.		
9	The practice should record the date by which instruments should be used or reprocessed on the packaging of decontaminated instruments <i>The Welsh Health Technical Memorandum (WHTM) 01-05</i>	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14	We now record the dates of processing and also the 'use by' date on packaged decontaminated instruments.	Douglas Goodwin	Completed
9	The practice owner must ensure the cabinetry is sealed appropriately to allow for effective cleaning The practice owner must ensure the floor is sealed between the cabinets and the existing flooring (or make other suitable arrangements) to prevent water, dust and debris from	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14	The cabinetry has been repaired and sealed. The floor has been sealed between the cabinets and flooring in both surgeries.	Douglas Goodwin	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>accumulating in the unsealed part of the floor of the surgery identified to the practice owner</p> <p><i>The Welsh Health Technical Memorandum (WHTM) 01-05</i></p>				
10	<p>The practice owner must make suitable arrangements to ensure that they have a system in place for conducting regular checks on the emergency equipment in accordance with the quality standards set out by the Resuscitation Council (UK)</p> <p><i>Resuscitation Council (UK), Quality Standards for cardiopulmonary resuscitation practice and training, Primary Care</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14</p>	<p>We have updated our systems and now perform weekly checks to replace our monthly checks on the emergency equipment and drugs to comply with the new Resuscitation Council (UK) regulations.</p>	Douglas Goodwin	Completed
10	<p>The practice should make arrangement to obtain site surveys for all of the X-ray machines in use at the practice</p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation</p>	<p>We have contacted our Radiation Service Engineers and now have suitable site surveys for all X-ray machines in our Radiation Protection File.</p>	Douglas Goodwin	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		14 Health and Care Standards April 2015 Standard 2.9			
11	The practice should progress with arrangements for clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 16	This year we have already completed clinical audits on antimicrobial prescribing and WHTM01-05 decontamination of dental instruments. We will shortly be progressing with an x-ray audit and will implement any improvement plans as necessary.	Douglas Goodwin	Ongoing / 2 months
12	The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional	The Private Dentistry (Wales) Regulations 2008 (as amended)	We have implemented the recommendations discussed in the HIW inspection visit and made our clinical notes more comprehensive.	Douglas Goodwin	Completed / ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	standards for record keeping <i>General Dental Council Standards for the Dental Team, Standard 4</i>	Regulation 14			
Quality of Management and Leadership					
13	The practice should ensure that all staff have a regular appraisal of their work <i>General Dental Council Standards for the Dental Team, Chapter 6</i>	Health and Care Standards April 2015 Standard 3.3	All nursing and reception staff have already been appraised and we have now completed the appraisal process for the dentists. From now on all staff will have a regular appraisal of their work.	Douglas Goodwin	Completed

Practice Representative:

Name (print): Douglas Goodwin

Title: Dentist / Practice Owner

Date: 9th November 2016