

General Dental Practice Inspection (Announced)

Brilliant Dental Care, Cwm Taf
University Health Board

Inspection date: 15 May 2017

Publication date: 16 August 2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	11
	Quality of management and leadership	16
4.	What next?	18
5.	How we inspect dental practices	19
	Appendix A – Summary of concerns resolved during the inspection	20
	Appendix B – Immediate improvement plan	21
	Appendix C – Improvement plan	22

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Brilliant Dental Care, 44 Talbot Road, Talbot Green, Pontyclun, CF72 8AF, within Cwm Taf University Health Board on the 15 May 2017.

Our team, for the inspection comprised of an HIW inspection manager (inspection lead), and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Brilliant Dental Care was meeting the standards necessary to provide safe and effective care.

We found that the patients were treated with respect; the practice had appropriate processes in place to ensure equipment was safe to use and had a range of policies and procedures to ensure care was delivered in a safe and effective manner. .

This is what we found the service did well:

- Patients told us they were happy with the service provided
- Patient records were thorough and well documented
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff told us they felt supported by senior practice staff and the wider practice team.

This is what we recommend the service could improve:

- The practice should ensure it retains staff certification for completed training.

3. What we found

Background of the service

Brilliant Dental Care provides services to patients in the Pontyclun area of South Wales. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice employs a staff team which includes two dentists, three specialist dental practitioners (whom provide specialist services on a regular basis), three hygienists, five dental nurses and a practice manager.

The practice provides a range of NHS and private dental services.

The practice is able to provide specialist orthodontic and implant services through three specialist practitioners who practise from the dental surgery on a regular basis.

Brilliant Dental Care has a sister dental surgery located close by, which is also owned by the principal dentist.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 20 were completed. Patient comments included the following:

"They are great. Have always been terrified of dentists, this practice has helped me so much"

"Just keep being considerate and helpful as you are now, no improvement needed"

"I am very impressed with the text and email appointment reminder service"

"They have worked wonders with my teeth"

Staying healthy

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

All patients told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. From the completed questionnaires, all patients agreed that they had been involved in the decisions made about their treatment options.

Some patients provided additional positive comments on the questionnaires indicating that explanations about their treatment were thorough and advice was given positively.

Dignified care

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

All patients that completed a questionnaire agreed that they had been treated with respect when visiting the dental practice. The practice was able to provide privacy to patients if they wanted to discuss personal or confidential information with the dental team, away from other patients.

Patient information

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 easy access to information on how much their treatment may cost.

General Information about the practice was available on its website and within a patient information leaflet located in the reception area of the practice.

Without exception, all patients that completed a questionnaire told us that they had received information about their dental treatment, including available treatment options and costs. Some patients provided additional comments indicating that the information provided was comprehensive, well informed and that the team were always able to answer questions or concerns about treatment options. We also found evidence of treatment planning and options noted within a sample of patient records we considered. This meant that patients were able to make an informed decision about their treatment.

Communicating effectively

Patients that completed a questionnaire told us that they were always spoken to in their preferred language by staff at the practice. We saw that the practice's complaints policy was available in both Welsh and English. We were told that the practice is able to offer some services through the medium of Welsh, with some clinical staff and administrative staff speaking Welsh. Information generated by the practice through social media was also bilingual (Welsh and English).

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. The dental team had access to an instant messaging service

and reception staff were able to keep patients informed of any delays to appointment times.

An out of hours telephone number was available for patients in need of urgent dental care. This number was displayed in reception, on the outside of the practice and available on the answer phone message.

Individual care

Planning care to promote independence

All patients that completed a questionnaire told us that they were provided with information about keeping their mouth and teeth healthy. We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

People's rights

The practice was located on the first floor of the building with steps leading up to the reception area and surgeries. The practice told us that they had explored the option of installing a lift, but due to the layout of the building it was not possible. We were told that the practice would refer patients who were unable to access their services to a sister practice locally, where the dental practice is more accessible.

Listening and learning from feedback

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed in the reception area and available on the practice website.

We were told that the practice had received very few complaints, and we saw that the practice maintained detailed records of both formal (written) and informal (verbal) complaints received. This allowed the practice to review concerns, take steps to resolve any issues and feedback to patients about how their concerns had been addressed. This meant that the practice was learning from concerns with a view to improve practice and patient experience.

We saw that patients were able to provide feedback on the services provided through a comments box in the reception area of the practice. We were told that a process for obtaining patient views through formal questionnaires was being considered by the practice for implementation in the near future.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

Patients' records were detailed and well maintained and demonstrated care and treatment had been planned to promote patient safety and well being.

A thorough process for cleaning and sterilising dental instruments was demonstrated.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

Safe care

Managing risk and promoting health and safety

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

The building appeared to be well maintaining internally and externally. During a tour of the building we saw that all areas were clean, 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 to make sure it was working properly.

Portable Appliance Testing (PAT) of electrical equipment within the practice had been carried out within the last 12 months, to help ensure equipment was safe to be used.

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. 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. Non hazardous (household) waste was collected through arrangements with the local council.

Infection prevention and control

The practice had a designated decontamination room and met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document.

Decontamination equipment and cabinets within the decontamination room were visibly in good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The practice had the use of one autoclave² and we saw inspection certification to show it was safe to use. We saw that daily checks were being carried out and logbooks maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show it remained safe to use.

A thorough decontamination process was demonstrated by staff and we saw certificates showing nursing staff had attended training on decontamination.

Instruments were being stored in sealed bags to prevent cross contamination. The dates by which instruments were to be used or reprocessed (cleaned and sterilised) had been recorded on packaging in accordance with WHTM 01-05.

The practice had recently conducted an infection control audit to identify areas for improvement and development as part of the overall quality assurance

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.

monitoring activity. We saw that where areas for improvement had been identified by the practice they had taken steps to address the issues.

Medicines management

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 had been checked regularly, in accordance with standards set out by the Resuscitation Council (UK)³, to ensure they remained safe to use should they be needed.

We saw records to show that most staff had completed cardiopulmonary resuscitation (CPR) training within the last 12 months. One certificate was not available on the day of inspection, but was forwarded onto HIW the following day. We saw that CPR training had been arranged for new starters who had not yet received the training, and also for those returning from a career break. We recommended that the practice should retain copies of all CPR training certificates within the practice to demonstrate that all staff have received CPR training within the appropriate timescales. The practice owner agreed to do this.

Safeguarding children and adults at risk

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 confirmed that all staff had completed training on child and adult protection, however we were unable to see a certificate for one member of staff on the day of inspection. The certificate was forwarded onto HIW the following day. The practice owner was reminded that evidence of training must be available for inspection by HIW. The practice owner agreed to obtain and retain copies of appropriate training certificates.

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

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.

Medical devices, equipment and diagnostic systems

We looked at all the clinical facilities (surgeries) within the practice. Four of the five surgeries had been recently refurbished, they were clean, tidy and furnished to a high standard. The fifth surgery was not currently in use. Floors and surfaces within surgeries were easily cleanable to reduce cross infection.

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. We saw training certificates demonstrating that relevant clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

Effective care

Safe and clinically effective care

The practice carried out a range of audits to monitor the quality and safety of the care and treatment provided to patients. These included clinical audits, around WHTM 01-05, hand hygiene, antimicrobial and patient records, to identify areas for improvement and checks on equipment to make sure it was working effectively. Where a completed audit had identified areas for improvements, we saw that the practice had taken appropriate action to address issues raised. We were assured that a range of audits were being undertaken by the practice.

Quality improvement, research and innovation

We were told that the practice undertakes an informal process of peer review with its sister dental practice, as one way of helping to drive quality improvement for patients. We also saw that the whole practice had recently

completed the Maturity Matrix Dentistry⁴ tool with an aim to deliver high quality care for patients.

Information governance and communications technology

Patient records were maintained in both paper format and electronically. We found that paper records were stored securely in locked cabinets and electronic records were password protected to ensure only appropriate staff had access. The practice completed daily back-ups of the electronic records to help prevent the loss of patient personal and confidential information.

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. The notes made were detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients. We found that there were some inconsistencies between some practitioners in recording some information. The practice owner told us that a recent audit of patient records had also identified some inconsistencies, and they were working together as a practice team to address these issues.

In accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, the reason for taking X-rays and the dentists' findings from them had been recorded.

⁴ <https://www.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

A management structure with clear lines of reporting and accountability was demonstrated. Staff told us they felt well supported by the whole practice team. Staff told us they had the opportunity to attend relevant training and were supported and encouraged by the management team

Governance, leadership and accountability

Brilliant Dental Care is owned by the principal dentist and supported by a practice manager and wider practice team. The day to day management of the practice is undertaken by the practice manager, and we found the practice team to be organised and proactive in their approach. Clear lines of accountability and reporting were described by all of the practice team. Where we identified areas for improvement, the management team demonstrated a willingness and commitment to address these promptly.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We were told that informal meetings are held on a regular basis in the practice, including lunch time 'huddles' and weekly nurses meetings. More formal practice meetings with recorded minutes are held on monthly basis.

We saw that there was a comprehensive range of policies and procedures in place with the aim of ensuring the safety of staff and patients. Whilst all policies had version numbers on them, we recommended to the practice manager that they may wish to consider including the date the policy was produced to ensure that staff knew they had access to the most up to date policy. The practice manager agreed to make this change.

Staff and resources

Workforce

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities. We saw certificates to evidence that all clinical staff had completed training in areas 'highly recommended' by the General Dental Council.

We saw evidence that all staff had received an appraisal of their performance within the last year and personal development plans identified as a result of their appraisals.

We found that dentists and nursing 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. We recommended to the practice that they should retain the outcomes of staff immunisation to ensure records are complete. The practice agreed to do this. Occupational Health advice and support was available from the health board.

Some of the dentists working at the practice provided private dental services and we saw their HIW registration certificates displayed as required by the regulations for private dentistry. We saw up to date Disclosure and Barring Service (DBS) certificates for most of the dentists working at the practice. One certificate was out of date, and we saw an application for renewal to ensure compliance with the regulations.

4. What next?

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 when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). 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 professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries 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: **Insert name**

Date of inspection: **Insert date**

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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service:

Date of inspection:

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.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice is not required to complete an improvement plan				
Delivery of safe and effective care				
The practice is not required to complete an improvement plan				
Quality of management and leadership				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice is not required to complete an improvement plan				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print):

Job role:

Date: