

General Dental Practice Inspection (Announced)

Brynhyfryd Dental Practice,
Abertawe Bro Morgannwg
University Health Board

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Brynhyfryd Dental Practice at 261 Llangyfelach Road, Brynhyfryd, SA5 9LB, within Abertawe Bro Morgannwg University Health Board on the 21 January 2019.

Our team, for the inspection comprised of two HIW inspectors (one lead) and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

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 Brynhyfryd Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed. We saw evidence of strong leadership and the practice had the required policies and procedures in place to support both patients and staff.

The Registered Manager was positive and proactive, and we received evidence prior to completing this report that a number of the recommendations had already been completed, evidencing that they were committed to delivering the best service possible.

This is what we found the service did well:

- There was evidence of strong positive management and leadership from the registered manager
- Patients provided positive feedback that they were happy with the service provided
- Arrangements were in place to ensure that staff were appropriately trained to deliver safe and effective care.

This is what we recommend the service could improve:

- The practice must ensure that all surgical areas are kept in accordance with WHTM 01-05¹

¹ www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf

5. What we found

Background of the service

Brynhyfryd Dental Practice provides services to patients in the Swansea area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes one dentist and two dental nurses.

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

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 found staff at Brynhyfyrd Dental Practice were committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent, or very good. Patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a range of information to support patients in making informed choices about their oral health and treatment options when necessary. There was clearly a welcoming atmosphere and staff made a conscious effort to make patients feel relaxed and at ease from the moment they arrived.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 39 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; all of the patients that completed a questionnaire said they would rate the service provided by the practice as either 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"The staff are very kind and caring. Also the staff are very friendly and always offer the best advice for the protection of my gums and teeth. Overall fantastic dental practice."

"The staff are always friendly and helpful."

"Superb service. Very informative. Extremely pleased with the skill and professionalism of staff."

Patients were asked in the questionnaires how the dental practice could improve the service it provides; comments provided by patients were all positive.

Staying healthy

Health promotion protection and improvement

All of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw a wide range of information available to patients within the waiting area, covering private and NHS treatments as well as general information around oral health for both adults and children. This was a good example of the practice supporting patients to maintain their oral health and hygiene.

Dignified care

All of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff told us that if there was a need to hold a private conversation with a patient, they would take them to the surgery if it was available. We saw that the practice had a privacy, dignity and confidentiality policy in place to protect the privacy and dignity of its patients.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles as set out by the General Dental Council (GDC)² was available to patients on the wall in the entrance area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

Patient information

Where applicable, all of the patients that completed a questionnaire told us they felt involved as much as they wanted to be in any decisions made about their

² <https://standards.gdc-uk.org/>

treatment, and said they had received clear information about available treatment options.

All of the patients that completed a questionnaire said that costs were always made clear to them before they received any treatment.

We found that the patient information leaflet was available to patients and reception staff actively encouraged new patients to take a copy. The patient information leaflet gave comprehensive information about the practice. We saw private treatment costs and NHS treatment fees were displayed on posters in the waiting area. There were a number of leaflets about dental treatments and issues to help patients make informed decisions about their oral health and treatment options.

Communicating effectively

All but two of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The practice worked bilingually; providing information in both English and Welsh and had bilingual staff for those who wished to converse through the medium of Welsh.

Timely care

Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and provided on the website.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay and allow them to reschedule should they need to.

Individual care

Planning care to promote independence

Where applicable, all of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice was not accessible for wheelchair users as it was located up a flight of stairs at the front of the practice. The practice confirmed that this was

discussed with patients when they enquired about joining the practice. This was also stated in the patient information leaflet.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

The practice had a questionnaire where patients could score the service they had received and leave comments. The practice reviewed these monthly and a comprehensive breakdown of the results and changes made were published on the website.

We found there was a complaints policy in place that was compliant with NHS Putting Things Right³ and the Private Dentistry Regulations. The complaints log was comprehensive and showed a contemporaneous account of proceedings. Outcomes and learning from the complaints were discussed at team meetings and logged.

³http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf

Delivery of safe and effective care

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

Overall, we found evidence that patients were provided with safe and effective dental care.

Patient records were maintained to a good standard.

We noted that the clinical facilities were well equipped, and there were arrangements in place for the safe treatment of patients.

The practice must ensure that the surgeries and decontamination room are kept in accordance with WHTM 01-05.

Safe care

Managing risk and promoting health and safety

There were no major concerns given by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. The outside of the building appeared to be well maintained. Inside, the building was light, tidy and spacious.

Under the Control of Substances Hazardous to Health Regulations 2002⁴, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) protocol and a mercury handling policy. We saw within the patient toilet there was a cupboard which stored

⁴ http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

some cleaning equipment, as well as having multiple exposed pipes and boiler connections. The catch on the door to the cupboard was badly damaged and would not close. We recommended that this was changed to ensure patients could not access this cupboard. We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy and emergency contingency policy. Policies and risk assessments were readily available to all staff and noted at team meetings. There was a sufficient environmental risk assessment in place to help protect both staff and patients.

We saw that new policies were discussed at team meetings and then signed and agreed to by staff. This meant that staff were kept up to date with the policies and procedures in place to support them in their roles.

Fire extinguishers were available at various locations around the building, and that servicing of the fire extinguishers had been carried out within the last twelve months.

The practice had a fire safety risk assessment in place as well as a fire policy, and we saw that staff were appropriately trained. We saw that arrangements were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored appropriately.

The practice undertakes a small number of domiciliary visits and an appropriate domiciliary kit was available.

Improvement needed

The practice must ensure that cleaning equipment is securely stored to prevent unauthorised access.

Infection prevention and control

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within the surgery. We saw evidence that the protocol for checking the sterilisation equipment was available and up to date. There was also an infection control policy and a sharps safety policy in place for staff, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection. Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities.

The surgeries were visibly clean and tidy and the practice had a daily cleaning schedule for staff to follow to ensure all were kept in line with the Welsh Health Technical Memorandum Revision 1 (WHTM) 01-05. We saw that the chairs

within the surgery had been loosely covered in a wipe clean fabric, however this left large creases which would potentially inhibit effective cleaning. The practice must ensure that the chairs can be cleaned effectively in line with WHTM 01-05. We recommended that the practice either puts a cleaning protocol in place or replaces them for easy wipe clean chairs.

We saw that there were no seals in the decontamination room between the floors and the walls, which would inhibit thorough cleaning. These must be sealed in accordance with WHTM 01-05.

We saw evidence that all staff had up to date infection control training. We also saw evidence that the practice had carried out regular infection control audits in accordance with WHTM 01-05.

We noticed that there was no provision for feminine hygiene in the toilet facilities; the practice must arrange for a feminine hygiene bin to be installed.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff

Improvement needed

The practice must ensure effective seals between the floor and the walls in the decontamination room.

The practice must ensure that all surfaces and furniture within the surgery can be effectively cleaned in line with WHTM 01-05.

The practice must install a feminine hygiene bin in the toilet

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation and medical emergency procedure. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation.

The practice had one appointed first aider, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury. We felt this was appropriate for the number of staff within the practice.

The practice had appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁵. The practice's first aid kit was complete and in date. The practice had comprehensive policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines.

We were told that all drug-related adverse incidents are recorded via the MHRA Yellow Card⁶ scheme.

Safeguarding children and adults at risk

We saw that the practice had comprehensive policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. The All Wales National Procedures were available to staff.

At the time of the inspection, all staff had appropriate training on child safeguarding and protection of vulnerable adults. Staff told us they felt comfortable in knowing where to go in the event of a safeguarding concern.

We suggested that the safeguarding lead for the practice consider attending a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

Medical devices, equipment and diagnostic systems

⁵ 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 might want to ad

⁶ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We saw that the local rules⁷ were displayed in the surgeries.

In accordance with the requirements of the General Dental Council⁸ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁹ all clinical staff had completed the required training.

We also found that regular radiograph audits were being undertaken to ensure x-rays were being taken and used appropriately.

Effective care

Safe and clinically effective care

We saw evidence that the practice had a number of clinical audits in place including WHTM 01-05, radiography and records audits to ensure they were keeping up to date with best practice.

The practice had appropriate arrangements set out within the Statement of Purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as NICE guidelines¹⁰, were given due consideration and followed where appropriate.

⁷ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

⁸ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁹ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Quality improvement, research and innovation

We were told that the practice was using tools such as the BDA Good Practice Guide¹¹. The BDA good practice scheme is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. The practice also had a records management policy. Electronic records were regularly backed up to protect patient information and prevent loss.

Record keeping

We reviewed a sample of patient records. We found that generally the records were of a good standard, however we found in a number of cases there were omissions in recording, namely in the following areas:

- Inconsistent Basic Peridontal Examination (BPE) recordings¹²
- Smoking cessation advice was not recorded
- The medical histories for new patients were not counter signed by the dentist

1. ¹⁰ <https://www.nice.org.uk/.../oral-and-dental-health>

¹¹ <https://www.bda.org/goodpractice>

¹² BPE recordings is used to indicate the level of further examination needed and provide basic guidance on treatment needed

Improvement needed

The practice must ensure patient records are completed in keeping with professional standards for record keeping.

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.

We found evidence of good management and leadership in the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually, and we saw evidence that they had been read by all staff.

There were robust management procedures in place for the benefit of staff, including a comprehensive induction programme, annual staff appraisals and regular staff meetings.

Governance, leadership and accountability

Brynhyfyd Dental Practice is owned by the Registered Manager¹³. The Registered Manager also acted as the Responsible Individual¹⁴ and principal dentist. The Registered Manager confirmed that they had never undertaken any management training, and we recommended that they may wish to consider this to ensure effective and confident management of the practice.

¹³ “registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

¹⁴ “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations.

The Registered Manager confirmed that he was aware of his duties regarding notifications, including serious injury to patients and absence or changes to the Registered Manager that must be sent to HIW¹⁵.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's public liability insurance certificate was displayed in the reception area.

Staff and resources

Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed annual appraisals and had personal development plans for the upcoming year.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and were meeting their continuing professional development (CPD) requirements

We were told that the practice holds staff meetings regularly. These covered a broad range of topics in relation to the practice including results from feedback, new and upcoming policies and procedures, and other pieces of information

¹⁵ Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

which may impact staff. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager.

It was noted that the practice uses the BDA good practice guide.

The Regulations for Private Dentistry require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all staff.

6. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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, measurable, 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.

7. 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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations 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 non-compliance 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.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
Insert issue				

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: Brynhyfryd Dental Practice

Date of inspection: 21 January 2019

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/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
	1.1 Health promotion, protection and improvement;			
	4.1 Dignified Care;			
	4.2 Patient Information,			
	3.2 Communicating			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	effectively;			
	5.1 Timely access;			
	6.1 Planning Care to promote independence;			
	6.2 Peoples rights;			
	6.3 Listening and Learning from feedback,			
Delivery of safe and effective care				
The practice must replace the catch on the cupboard within the patient toilet.	2.1 Managing risk and promoting health and safety; Private Dentistry Regulations 2017 Section 22	The catch has been removed and replaced with a sturdy bolt	GCrowther	Completed 22/01/19
The practice must ensure effective seals	2.4 Infection	Silicone sealant applied around the wall-	G Crowther	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>between the walls and the floors in the decontamination room.</p> <p>The practice must ensure that all surfaces within the surgery can be effectively cleaned in line with WHTM 01-05.</p> <p>The practice must install a feminine hygiene bin within the bathroom</p>	<p>Prevention and Control (IPC) and Decontamination, Private Dentistry Regulations 2017 Section 13</p>	<p>skirting board interface</p> <p>The leather sofa and tub chair will be replaced during our move to new premises</p> <p>Bin and bag dispenser in situ.</p>		<p>22/01/19</p> <p>By end of 2019</p> <p>Completed 22/01/19</p>
	<p>2.6 Medicines Management;</p>			
	<p>2.7 Safeguarding children and adults at risk;</p>			
	<p>2.9 Medical devices, equipment and diagnostic systems;</p>			
	<p>3.1 Safe and Clinically Effective care;</p>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	3.3 Quality Improvement, Research and Innovation;			
	3.4 Information Governance and Communications Technology;			
The practice must ensure patient records are completed in keeping with professional standards for record keeping.	3.5 Record keeping; Private Dentistry Regulations 20(2)	A new medical history records policy has been written and implemented	G Crowther	Completed 22/01/19
Quality of management and leadership				
	Governance, Leadership and Accountability;			
	7.1 Workforce;			

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): Gareth Crowther

Job role: Registered Manager

Date: 05/03/2019