

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board, **Brynteg
Dental Practice
(Ammanford)**

27 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Brynteg Dental Practice at Brynteg Terrace, Ammanford, SA18 3AU within the area served by Hywel Dda University Health Board on 27 May 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as any relevant professional standards and guidance.

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

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- 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.

3. Context

Brynteg Dental Practice (Ammanford) provides services to approximately 20,000 patients in the Ammanford area of Carmarthenshire. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board.

Brynteg Dental Practice is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes four dentists, four dental nurses, two reception staff and one practice manager.

A range of services are provided. These include:

- General dentistry
- Cosmetic treatments
- Facial aesthetics
- Tooth whitening
- Invisalign (teeth straightening)
- Implants.

4. Summary

HIW explored how Brynteg Dental Practice met the standards of care set out in the Health and Care Standards April 2015.

Without exception patients told us they were extremely satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services.

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected, with the intention of delivering a safe, high quality service to patients. We found the standard of clinical facilities and record keeping to be high. Appropriate arrangements were in place for radiographic equipment, emergency drugs, waste disposal and decontamination. There were aspects of resuscitation arrangements (training and policy) which needed improvements.

We found a committed staff team who told us they felt well supported in their roles. Improvements were needed to aspects of staff appraisals and child and adult protection arrangements. Overall however there were robust systems to ensure the ongoing monitoring of staff requirements, complaints arrangements and policies and procedures.

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

5. Findings

Patient Experience

Without exception patients told us they were extremely satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services.

We sent patient questionnaires to the practice and 33 patients had completed these prior to our inspection. The patients had been registered at the practice between six months to 20 years.

Without exception, all patients who completed questionnaires told us they were satisfied with the treatment they had received at the practice and they were made to feel welcome by staff. Approximately one third of patients told us they experienced a delay in being seen by the dentist but most patients indicated this did not cause them a problem. A sample of patient comments included the following:

“We are most fortunate to have such a most excellent practice. The service and attention is second to none”

“...It is a big thing for me to come to the dentist as I have always been afraid. But I no longer experience fear due to their total care and careful explanation. Thank you to all staff for giving me back my smile”

“Excellent all round friendly clean just perfect”

“A very well organised practice. All the staff are approachable and helpful. I would recommend their practice to all who need a good dentist”.

“...staff are always smiling and happy to see you”

“Reception staff are very helpful when arranging appointments”

“...first class care always”.

When we asked patients about treatment information, all patients said the dental team explained the treatment they needed in enough detail. Patient comments included the following about treatment information:

“...dentists very good at explaining what they intend doing”

“...recommended advice also for my best interest”.

The majority of patients indicated that they knew how to access out of hours services. We checked the practice's answerphone message and found that out of hours information was recorded to assist patients.

The practice was usually open Monday to Wednesday from 8:45am to 5.30pm, Thursday 8:45am to 3:00pm and Friday 9:00am to 2:00pm. The practice offered both routine and emergency appointments.

Approximately one third of patients who completed a HIW questionnaire indicated that they did not know how to make a complaint, should the need arise. However, we saw the complaints procedure was clearly displayed in waiting areas and in the practice information leaflets so that patients could find this information easily if the need arose.

Staff told us they had recently introduced a suggestion box in the waiting area for patients to provide feedback to the practice and were planning to review this monthly to make ongoing improvements. Staff also recorded informal and verbal feedback from patients. We suggested that the practice could use the opportunity of implementing the suggestion box as a way of formalising the way they reviewed patient feedback over time and analyse patterns and trends to improve the service.

Patient records viewed and our completed questionnaires confirmed patients were informed of the risks, benefits and alternative treatments in order to assist them to make informed decisions about their treatment. All patients were also provided with a written treatment plan.

There was a wide range of health promotional material available in the reception/waiting area. Practice information leaflets were available to patients and gave a summary of useful information about the practice.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected, with the intention of delivering a safe, high quality service to patients. We found the standard of clinical facilities and record keeping to be high. Appropriate arrangements were in place for radiographic equipment, emergency drugs, waste disposal and decontamination. There were aspects of resuscitation arrangements (training and policy) which needed improvements.

Radiographic Equipment/Documentation

We found suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available and staff had attended ionising radiation training.

The practice had followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic equipment and had carried out quality assurance audits for radiographic equipment. This meant there were systems in place to ensure the safe use and ongoing monitoring of radiographic equipment.

Resuscitation and First Aid

We found there were detailed flow charts in place which provided staff with useful information about how to deal with different medical emergencies. Conversation with staff demonstrated that they were knowledgeable about what to do in the event of a medical emergency. However, the practice did not have a resuscitation policy in place to clearly outline each (new or existing) staff member's roles and responsibilities.

Improvement needed

The practice should ensure a resuscitation policy is in place so that staff roles and responsibilities in the event of a medical emergency are formalised and clear.

One member of staff was the appointed first aider at the practice and had completed appropriate training. Staff also had access to appropriate, well organised resuscitation equipment in the event of medical emergencies (collapse). At the time of the inspection the majority of staff had completed resuscitation training within the last year, as recommended by the Resuscitation

Council (UK), except for two members of staff. This meant that although most staff were trained and equipped to manage medical emergencies, not all staff members had completed up to date training.

Improvement needed

The practice should ensure all staff members receive resuscitation training annually, in line with guidance from the Resuscitation Council (UK).

Emergency drugs

Emergency drugs were well organised and stored securely in a well-positioned and safe location. There was a robust system in place for monitoring the expiry dates of drugs. Prescription pads were also stored securely to avoid unauthorised access. There was a system in place for responding to, and reporting, adverse reactions to drugs.

Handling, storage and disposal of hazardous and non-hazardous waste

We saw that waste was handled, stored and disposed of appropriately at the practice and there was a current clinical waste disposal contract in place. There was a policy and procedure in place for the safe handling of mercury.

Decontamination of instruments and compliance with WHTM01-05 (revision 1)

The practice did not have a dedicated room for the cleaning and sterilisation of dental instruments due to physical restrictions on space. Instead, staff used an area within one of the dental surgeries as the decontamination area, and used appropriate sealed containers to carry instruments from the other dental surgeries at the premises to that designated point. We saw that the practice had plans in place, which outlined the proposed development of a dedicated decontamination room in the future, which would be in line with best practice.

Dedicated hand washing sinks were available in each of the dental surgeries and appropriate personal protective equipment for staff was available (such as goggles/visors, aprons and gloves). All instruments were packaged following sterilisation and dated with a processing date to ensure that staff were clear about when those instruments should be used by. All instruments checked were within date and an in house system was in place for checking this, within suitable specified timeframes. This meant that appropriate processes were in place to protect patients from cross infection.

We found that all staff conducting decontamination procedures had received appropriate training to demonstrate competency in their duties.

We saw logbooks used for recording tests/procedures for cleaning equipment were appropriately maintained. This included standard checks performed at the start and end of each day.

We saw that the practice had conducted audits of its infection control requirements in line with WHTM 01 05 guidelines. This meant there were systems in place to monitor ongoing compliance with infection control requirements and to ensure equipment was clean and safe for patient use.

Clinical facilities

We looked at the clinical facilities in each of the surgeries and found them to be clean, well equipped and well organised with all relevant equipment for the safety of patients and staff.

There were sufficient numbers of dental instruments and equipment, all of which were stored safely and appeared to be in good condition. We found sufficient supplies of disposable items and protective equipment for patients and staff.

We saw documentation that showed that the compressor (device to supply clean air to power dental handpieces and various other dental tools) was maintained and inspected in line with requirements. We also saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

Overall we found clinical facilities to be of a high standard.

Patient records

We looked in detail at a sample of patient records. Overall, the standard of patient records at the practice was good, with thorough and detailed recording of patient care and treatment that had improved over time.

We found that patient's medical histories were updated at every visit to ensure any changes could be recorded and responded to. We suggested that medical histories could be countersigned by the dentist as best practice.

We saw that patients' social histories were not consistently recorded and updated in patient records. We suggested this should be implemented as best practice. However we saw that dentists took patient's social needs into account

and offered advice to patients, such as around smoking cessation, when this was appropriate.

We found that dentists obtained and recorded patients' consent to treatment. We also found dentists recorded treatment planning and treatment options consistently.

Although we found some inconsistency in the recording of the justification for x-rays and recall intervals (how often a patient needs to return for a check-up) across clinicians and records, we saw that this had improved over time.

Overall we were assured that there was a commitment to a high standard of record keeping at the practice.

Management and Leadership

We found a committed staff team who told us they felt well supported in their roles. Improvements were needed to aspects of staff appraisals and child and adult protection arrangements. Overall however there were robust systems to ensure the ongoing monitoring of staff requirements, complaints arrangements and policies and procedures.

Staff

The principal dentists had taken over the practice in 1997. The practice provided approximately 70% private services and 30% NHS services. A practice manager was responsible for the day to day running of the practice. The staff we spoke with were enthusiastic, committed, patient-centred and told us they felt well supported.

All dentists were registered with the General Dental Council (GDC) and had contracts of employment. All dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years, in line with the regulations for private dentistry.

We saw that certificates for each of the dentists, confirming their registration, were on display at the practice, as required by the Private Dentistry (Wales) Regulations 2008.

We saw hepatitis B immunity records for all clinical staff and all clinical staff held indemnity insurance cover for their clinical practice.

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role. We saw an induction file with relevant information which was used to support new staff into their roles.

We saw minutes from team meetings and staff told us that meetings were held regularly. We saw that a range of relevant topics were discussed and team members brought their own concerns and topics to be considered. We saw examples of how some practices had changed as a result of discussions in team meetings. This meant the team had a more formal place to raise concerns and learning happened as a result to improve the practice.

Although it was clear that informal discussions took place, staff told us they did not have formal appraisals. Appraisals are an important way of formally supporting staff to reflect on their work and identify support and professional

development needs. The practice manager told us they planned to re-start appraisals in the near future.

Improvement needed

The practice should ensure staff have access to regular appraisals.

Child and Adult Protection

We found that most staff had completed training regarding child protection and we suggested staff could refresh this training as some dated back to 2007. A child protection policy was in place although this did not include local contact details to make referrals.

We found that most staff had not completed protection of vulnerable adults training (POVA). There was a policy in place and we suggested more detail could be added around the signs of abuse along with local contact details, should staff need to make a referral. Staff had been booked onto upcoming POVA training courses and a POVA lead had been appointed at the practice in the meantime to ensure any matters arising could be managed appropriately.

Improvement needed

The practice must ensure that all staff are sufficiently trained in child and adult protection. POVA and child protection policies should include local contact details for ease of access if needed to make a referral.

Complaints

We looked at the complaints procedure in detail and found it was compliant with 'Putting Things Right'⁴ NHS requirements. There was a separate complaints procedure covering the separate concerns/complaint arrangements for private patients and this complied with requirements under the Private Dentistry (Wales) Regulations 2008.

We saw that complaints were recorded clearly with good detail about the actions the practice had taken to address complaints. Complaints were held centrally, separately to patient records. Verbal comments and concerns were

⁴ **Putting Things Right** aimed to make it easier for patients and carers to raise concerns. It introduced a single more integrated approach bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

also recorded. The practice manager had started to record a 'learning summary' for complaints which outlined the outcomes and learning that took place as a result of issues raised by patients, and this was an area of noteworthy practice. We suggested the practice could formalise the way in which they reviewed complaints as a whole over time, for trends and patterns as an additional way to improve the service.

Staff told us they were comfortable in raising concerns with management and directly with dentists. There was a whistleblowing policy in place which staff could use to formally raise and escalate concerns.

Policies and Procedures

Overall, we found the practice had a range of relevant policies and procedures which were localised and applied directly to the practice environment. Maintenance certificates and records were also in place. Policies and procedures were reviewed and updated to ensure staff were working to the most up to date information.

Quality of Environment

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

The practice was located in the Ammanford area of Carmarthenshire. The practice was set over the ground floor and had four surgeries. Ample free on street car parking was available nearby.

The ground floor of the practice was wheelchair accessible with a fully accessible patient toilet.

We found the practice to be satisfactorily maintained internally and externally. Internally the environment was appropriately lit, heated, ventilated, clean and tidy.

There was useful patient information on display both externally and internally. There was a sign outside the practice with the names and qualifications of all dentists, opening hours and emergency numbers for patients' use. Price lists for both NHS and private patients were clearly displayed in the reception area.

There was a separate staff toilet and changing facilities. Toilets were visibly clean and contained suitable hand washing facilities to prevent cross infection.

The waiting area was a suitable size for the number of surgeries. Reception staff had a good awareness of how to maintain patient confidentiality. The waiting room contained reading materials and a wide range of advice and health promotional posters and leaflets. There was also a TV screen which promoted services.

The fire exit was signposted and fire extinguishers had undergone recent inspection. Appropriate security measures were in place to prevent unauthorised access to the building.

Patient's paper records were securely locked away and electronic records were backed up daily. This meant the practice took suitable precautions to protect patient information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the findings as outlined in this report. The details of this can be seen within Appendix A of this report.

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

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

Appendix A

General Dental Practice: Improvement Plan

Practice: Brynteg Dental Practice, Ammanford

Date of Inspection: 27 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	None identified			
	Delivery of Health and Care Standards			
8	The practice should ensure a resuscitation policy is in place so that staff roles and responsibilities in the event of a medical emergency are formalised and clear. [GDC Standards 6.6]	This has now been completed and displayed and all staff have been made aware of their responsibilities.	Cathy Jones	Completed
9	The practice should ensure all staff members receive resuscitation training annually, in line with guidance from the Resuscitation Council (UK).	The 2 members of staff that were absent from the CPR training in 2015- have been booked on at our Brynamman branch Aug 2015.	Cathy Jones	Aug 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standards 7.1; GDC Standards 6.2.6 and 6.6.6; Resuscitation Council UK]			
Management and Leadership				
12	The practice should ensure staff have access to regular appraisals. [Health and Care Standards 7.1; GDC Standards 6.6.1]	Up to date Appraisals have now been carried out on all members of staff.	Cathy Jones	Completed
12	The practice must ensure that all staff are sufficiently trained in child and adult protection. POVA and child protection policies should include local contact details for ease of access if needed to make a referral. [Health and Care Standards 2.7; GDC Standards 8.5]	Local POVA and child protection addresses have been added to the policies, and all staff are booked on the POVA training course in Sept 2015 as we have been on a reserve list since Jan 2015	Cathy Jones	Completed
Quality of Environment				
	None identified			

Practice Representative:

Name (print): Cathy Jones

Title: Practice Manager

Date: 26/6/2015.....