

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board, Brynteg
Dental Practice
(Carmarthen)

19 May 2015

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Contents

1.	Introduction	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings	6
	Patient Experience	6
	Delivery of Health and Care Standards	8
	Management and Leadership.....	12
	Quality of Environment	15
6.	Next Steps	16
	Appendix A.....	17

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Brynteg Dental Practice at Brynteg House, Dan y Banc, Carmarthen SA31 1JN within the area served by Hywel Dda University Health Board on 19 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 (Carmarthen) provides services to patients in the Carmarthen region. 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 five dentists (one principal, three associates and one trainee) six dental nurses, two reception staff and one practice manager.

A range of services are provided. These include:

- General dentistry
- Crowns and Bridges
- Dentures
- Cosmetic treatments
- Facial aesthetics
- Tooth whitening
- Invisalign (teeth straightening)
- Sport gum shields
- Implant consultation was available but treatment would be at a sister practice in Ammanford.

4. Summary

HIW explored how Brynteg Dental Practice meets 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 were exceptional and record keeping to be good. Appropriate arrangements were in place for radiographic equipment, emergency drugs, waste disposal and decontamination. There were some areas of improvement in the record keeping.

We found a committed staff team who told us they felt well supported in their roles. 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 18 patients had completed these prior to our inspection. We also spoke with four patients whilst we were at the practice. The patients had been registered at the practice between four and 18 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. Only four patients told us they experienced a delay in being seen by the dentist but all patients indicated this did not cause them a problem. A sample of patient comments included the following:

“Good service, friendly staff, from the reception to the surgery”

“Excellent service”

“Very satisfied. All staff very helpful”

“Always very helpful especially in emergencies”

“At the practice everyone is very welcoming. It is always clean and tidy. The dentists always explain and discuss treatments. I am very blessed to be able to have such excellent dental care which I appreciate greatly. I have had a lot of dental problems... and all of the staff are very understanding”

“Well run practice. Appointments always available. Great team at Brynteg, Carmarthen”

“I am always lucky in getting an appointment when I need to see a dentist. The reception staff always try to accommodate me with an appointments... really grateful to them”.

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;

“Information is always given and any possible alternatives are explained”

“Staff are always really good in explaining the treatment that is needed”.

Fifteen patients knew how to access out of hours services. We checked the practice’s answerphone message and found that out of hours information was recorded for patients’ information.

The practice was open Mondays to Wednesdays from 9:00am to 6:00pm, Thursdays 9:00am to 3:00pm and Fridays 9:00am to 2:00pm. The practice offered both routine and emergency appointments.

Almost a third of patients indicated on questionnaires 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 patient information leaflets so that patients could find this information easily if the need arose. No one discussed any concerns whilst we were at the practice.

We saw a suggestion box for patients to provide feedback to the practice and were told that the practice also used questionnaires and had previously been involved in a national survey to gather patients’ views on the dental practice. Staff recorded informal and verbal feedback from patients.

Patient records and our 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.

There was also a practice website which gave clear guidance and patient information.

Patients could choose to speak in Welsh or English from the reception staff through to the clinicians.

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 exceptional and record keeping to be good. Appropriate arrangements were in place for radiographic equipment, emergency drugs, waste disposal and decontamination. There were some areas of improvement in the record keeping.

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 outlining how to deal with different medical emergencies. Staff were knowledgeable about what to do in the event of a medical emergency and a resuscitation policy was in place to clearly outline each staff member's roles and responsibilities.

Two members of staff were appointed First Aiders on site and had completed appropriate training. Staff had access to appropriate, well organised resuscitation equipment in the event of medical emergencies (collapse). At the time of the inspection all staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK). This meant that staff were trained and equipped to manage medical emergencies.

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. There was a discussion with the practice

manager regarding developing a form to record any drugs administered in an emergency, which could be given to medical professionals (if required). This was indicative of a practice that was forward thinking and open to new ways of working.

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

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

Decontamination of instruments and compliance with WHTM 01-05 (revision 1)

The practice had a single dedicated room for the cleaning and sterilisation of dental instruments which met with the standards set in the WHTM 01-05 (revision 1) guidance. Staff used appropriate sealed containers to carry instruments between surgeries.

Dedicated hand washing sinks were available and staff used appropriate personal protective equipment. All instruments were bagged following sterilisation and dated with a processing date. All instruments checked were within date and an in house system was in place for checking this, within suitable specified timeframes. This meant suitable 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 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.

We did suggest that the room be de-cluttered to enable more work space and to minimise any potential cross infection.

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 in good condition, stored safely within surgeries. We found sufficient supplies of disposable items and protective equipment.

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 an excellent 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.

We found that patient's medical histories were updated at every visit to ensure any changes could be recorded and responded to. There was a combined paper and electronic system in use, whereby histories were checked on paper by the reception staff and signed by the patients. We also saw some digital records by the dentists which were inconsistent and were not countersigned by the dentist. We highlighted that medical histories need to be signed by the patient and countersigned by the dentist as best practice.

We saw that patients' social histories were recorded and updated.

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

We found however, some minor inconsistency;

- In the recording of justification for taking x-rays
- In the recording of the frequency of the recall intervals
- In the detail of radiograph reporting
- In the system of radiograph audit
- The separation of recording intra and extra oral examination in the dental records.

However, overall we were assured that the quality of record keeping and x-rays was of a very high standard.

Improvement needed

The practice needs to audit patients' records to improve record keeping in the highlighted areas.

The practice had arranged a clinical audit programme with a neighbouring practice which is noteworthy practice.

Management and Leadership

We found a committed staff team who told us they felt well supported in their roles. There were robust systems to ensure the ongoing monitoring of staff requirements, complaints arrangements and policies and procedures.

Staff

There were three principal dentists who owned three practices. Only one of the principals worked at Brynteg (Carmarthen) practice. The practice provided both private and 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 through the Private Dentistry (Wales) Regulations 2008. However these needed updating with HIW new address. The practice manager told us this process had already been instigated.

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.

There was a system in place for formal appraisals, although these were not up to date. 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 were planned to commence 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 in child protection. A child protection policy was in place although this did not include local contact details to make referrals.

Staff had also completed a protection of vulnerable adults training (POVA). There was a policy in place and we suggested to add local contact details, should staff need 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 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 also recorded although these were recorded in patients' records. We suggested a central log for verbal/informal concerns to enable trends to be highlighted at an early stage. 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.

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'.

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 town of Carmarthen. The building was purpose built and to a very high standard. The practice was set over three floors with a passenger lift between each floor for ease of access for patients with mobility difficulties. The reception area, practice managers office and patients wheelchair accessible toilet was on the ground floor. Two surgeries and a patients toilet were situated on the first floor and four surgeries with another patient toilet was on the second floor. Parking was at a premium and was more of a “drop off” arrangement immediately outside, however there was a large car park within a short walking distance.

We found the practice to be very well 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 bilingual (Welsh and English) signage 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.

There were waiting areas were on each floor which were 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 exits were signposted and fire extinguishers had undergone recent inspection. Appropriate security measures were in place to prevent unauthorised access to the building.

Patients’ paper correspondence was 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 (Carmarthen) 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 (Carmarthen)

Date of Inspection: 19 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	None identified			
	Delivery of Health and Care Standards			
Page 12	The practice needs to audit patients' records to improve record keeping in the highlighted areas. [Health and Care Standards 3.5; GDC 4.1]	We have held a clinicians meeting on 2/6/15 and discussed new radiographic report which has been implemented to include bitewing intervals. At the clinicians meeting 1/7/15 - all clinicians are now using the radiographic reporting template routinely. An audit of radiographic reporting has also been carried out at the clinicians meeting 1/7/15 and we plan to audit patients xrays 3 monthly.	Louise Anderson	

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Management and Leadership				
Page14	The practice should ensure staff have access to regular appraisals. [Health and Care Standards 7] GDC Standards 6.6.1]	Appraisals have been carried out for the majority of staff and will be completed by August 2015.	Louise Anderson	
Quality of Environment				
	None identified			

Practice Representative:

Name (print):

Title:

Date: