

General Dental Practice Inspection Report (Announced)

Brynteg Dental Practice
(Brynamman), Hywel Dda 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 healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Brynteg Dental Practice (Brynamman), Hywel Dda University Health Board on 13 February 2024.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 12 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found all patients were treated with dignity and respect throughout their patient journey. All patient feedback was positive, with patients rating the service provided by the practice as either 'good' or 'very good'.

We saw systems in place to manage patient appointments appropriately, and delays to appointments were communicated in a timely manner. Most patients told us they found it easy to find an appointment when they needed one. However, we found some improvements are needed regarding the 'Active Offer'.

This is what we recommend the service can improve:

- The registered manager must provide HIW with details of the action taken on implementing the 'Active Offer'.

This is what the service did well:

- Patient feedback to the HIW questionnaire was positive
- Good arrangements were in place to ensure patients were provided with timely care
- Transgender patients were appropriately supported in upholding their equality rights.

Delivery of Safe and Effective Care

Overall summary:

We found a clean and organised practice which promoted the safe and effective care of patients. We saw equipment which was in good condition and used appropriately by trained clinicians. Infection control was suitably managed by staff. All patients who responded to the HIW questionnaire also stated the practice was clean and staff were following infection control procedures correctly.

We found areas of improvement around the positioning of autoclave machines within surgeries. The recording of the advice given to patients relating to medicines also required improvement. We saw radiographic equipment and the treatments given to patients were safe, and managed appropriately in line with current guidance.

This is what we recommend the service can improve:

- The registered manager must consider the safe storage of staff personal belongings
- The registered manager must review the placement of decontamination equipment
- The registered manager must ensure the language and communication needs of patients are routinely recorded.

This is what the service did well:

- The recording and assessment of risks were all comprehensive
- The safeguarding arrangements in place for children and adults were robust.

Quality of Management and Leadership

Overall summary:

We found clear management arrangements in place to enable and support the effective running of the practice. Staff were friendly, engaging and polite with each other and patients.

The arrangements in place to enable the learning and development of staff were supportive and the professional obligations for staff were managed appropriately. However, we did find areas to improve on the quality improvement of services, including audits and team development activity.

We saw satisfactory systems in place for the recording and response to patient feedback and staff told us they felt confident in raising concerns.

This is what we recommend the service can improve:

- The registered manager must undertake smoking cessation and antibiotic prescribing audits routinely
- The registered manager must undertake team development activity, utilising the support available to them.

This is what the service did well:

- The collection, review and response to patient feedback was robust
- Staff demonstrated an understanding and awareness of their responsibilities under the Duty of Candour
- Staff were friendly, approachable and polite.

3. What we found

Quality of Patient Experience

Patient Feedback

HIW issued a questionnaire to obtain patient views on the care at Brynteg Dental Practice (Brynamman). In total, we received 12 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 12 responses. Overall, the responses were positive, and all respondents rated the service as either 'very good' (9/12) or 'good' (3/12).

Person Centred

Health Promotion

We found clear and concise information available to patients on display and within the patient information leaflet. Staff told us that patient information would be made available in different formats upon request.

We saw the charges for private and NHS dental care on display at the reception desk, alongside the names and General Dental Council (GDC) numbers of practitioners. We also noted the GDC Code of Ethics on display in the waiting area. Externally, we saw the opening hours and emergency contact details displayed, including reference to the NHS 111 service.

All patients that responded to the HIW questionnaire confirmed staff explained their oral health to them in a manner they could understand. Patients also stated they were all given suitable aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

We found patients were treated with dignity and respect throughout their patient journey. We saw actions in place to reduce the impact of a joined reception and waiting area on the privacy of patients. This included a private room for patients to have any sensitive conversations and screening at the reception desk to shield phone calls from being overheard. We saw solid wood doors and frosted glass on windows in surgeries to prevent patients being seen during appointments.

All patients responding to the HIW questionnaire told us they were treated with dignity and respect by staff. Patients also stated they were listened to and had

their questions answered, with staff explaining what they were doing throughout their appointment.

Individualised care

We found treatment planning and the options available were recorded within the sample of patient records we reviewed. This meant patients were provided with information which enabled them to make an informed decision about their treatment.

Respondents to the HIW patient questionnaire said they were involved as much as they wanted to be in decisions about their treatment. Patients also confirmed the options, risks, benefits and costs were explained to them by staff.

All patients agreed they were given clear guidance on what to do in the event of an emergency and how the setting would resolve any post-treatment concerns or complaints.

Timely

Timely Care

We found a robust process in place to manage the timely access to care for patients. Appointments were made over the telephone or at the end of a previous appointment, with staff telling us appointments were arranged at a suitable time for patients as much as possible. We were told no patient would wait longer than four weeks to see a practitioner. Any delays to patient treatments were managed by reception staff and patients were informed after ten minutes of the reasons for the delay.

The majority of respondents to the HIW questionnaire indicated they found it 'very easy' (4/12) or 'fairly easy' (5/12) to get an appointment when they needed one.

We saw emergency appointments were triaged over the telephone by the reception team, in discussion with a dental practitioner where needed. Staff told us patients would be seen within 24 hours for any emergency and that the practice undertook NHS 111 access sessions every day of the working week.

Most patients (10/12) who responded to the HIW patient questionnaire said they would know how to access out of hours dental care if they had an urgent dental problem.

Equitable

Communication and Language

Patient information was readily available to patients in English, but we found limited information available for patients in Welsh. We saw signs in the practice which were in English only, and there was limited information at the reception desk to encourage patients to communicate in a language of their choice. We saw staff did not wear 'Iaith Gwaith' badges, with staff explaining this was because there were no fluent Welsh speakers at the practice.

During our discussions with staff, they demonstrated an understanding of the 'Active Offer' and the requirement to provide a bilingual service for patients. We also saw examples where forms had been provided to Welsh speaking patients. However, staff explained they had struggled to obtain assistance from the health board for Welsh language training and implementation of the 'Active Offer'.

The registered manager must provide HIW with details of the action taken on implementing the 'Active Offer'.

Staff told us they could access translation tools to communicate with patients whose first language was not English. Staff confirmed that information could be provided in the preferred language of patients upon request.

Rights and Equality

We found the rights and equality of patients were upheld and promoted. Patient equality and diversity was managed through a suitable and recently updated Equality and Diversity policy. The practice also upheld a robust zero tolerance approach to any form of abusive behaviour against patients and staff, which was noted within a violence and aggression policy and on posters around the practice.

We saw a suitable means to support patients and staff with any reasonable adjustments. We heard examples where staff were given alternative duties or not working on certain days to account for personal requirements. We saw evidence showing transgender patients were appropriately supported in upholding their equality rights.

Delivery of Safe and Effective Care

Safe

Risk Management

We found the practice to be in good state of repair internally and externally and of a suitable size and layout to deliver safe and effective care to patients. The lighting, heating, ventilation and signage were all appropriate and all areas were clean and tidy. The waiting room was an appropriate size for the number of surgeries with staff informing us the waiting area was due to be renovated in the near future. We heard telephone lines working effectively and saw clean and suitably equipped toilets for staff and patients, including facilities for those with accessibility requirements. We were informed that staff used a lockable toilet to change. However, we saw staff did not have access to secure lockers for their personal items.

The registered manager must consider the safe storage of staff personal belongings.

The reusable dental equipment we inspected was in a good condition to enable safe and effective care and we noted single use items were used where appropriate.

We found suitable policies and procedures in place to support the health, safety and wellbeing of patients and staff, including recent risk assessments for fire safety and health and safety. A suitable business continuity policy was also in place and had been recently reviewed. Fire safety and no smoking signs were prominently displayed around the practice. On review of the fire safety equipment and information we found appropriate arrangements were in place in relation to fire safety, including regular maintenance of fire equipment and clearly displayed fire exit signs.

The practice employer liability insurance certificate and Health and Safety Executive poster were both on display.

Infection, Prevention, Control (IPC) and Decontamination

We found suitable infection control policies and procedures in place to ensure high standards of infection control. Effective cleaning schedules were in place to promote regular cleaning of the practice. We saw hand hygiene facilities and signage were appropriate. Staff had sufficient access to Personal Protective Equipment (PPE) and the environment was in a good state of repair to enable effective cleaning.

Patients that responded to the HIW questionnaire said they felt the practice was 'very clean' (11/12) or 'fairly clean' (1/12). Most patients (11/12) stated they felt IPC measures were being appropriately followed by staff, with one patient indicating they 'did not know'.

Occupational health services were in place for staff to deal with sharps injuries and we saw the use of safer sharps devices to prevent injuries. We noted a suitable sharps injury protocol in place.

We saw comprehensive arrangements in place to ensure the correct decontamination and sterilisation of reusable equipment. However, decontamination took place within surgeries and not in a separate decontamination room.

The size and layout of one surgery meant the autoclave machine was in close proximity to patients while in the dental chair. This proximity could mean patients are brought into contact with contaminated aerosols during autoclave cycles. Patients may also be at risk in the event of a faulty autoclave machine.

Staff told us patients were not routinely in the surgery at the same time as an autoclave cycle. Staff also explained refurbishments were due to take place after April 2024, where autoclaves would be moved.

The registered manager must review the placement of decontamination equipment.

We reviewed records of daily autoclave machine cycle checks and a routine schedule of maintenance. We noted impressions were safely disinfected as appropriate.

The training records we reviewed confirmed all staff had received appropriate training for IPC and the decontamination of equipment. The staff we spoke with were clear about their individual responsibilities in relation to infection control measures.

We saw that all waste was stored securely and disposed of correctly through a suitable waste disposal contract. We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory, with the details collated in a comprehensive COSHH folder.

Medicines Management

We saw suitable procedures in place to ensure the safe and effective storage, administration and disposal of medicines. The practice prescription pad was stored securely, and we saw clear notes in patient records of any medicines administered. However, we did not see records of advice being given to patients regarding the medicines they had been administered.

The registered manager must ensure the appropriate recording of the advice regarding medicines which is given to patients.

We reviewed the policy for the management of medical emergencies which was comprehensive and up to date. We noted a robust system in place to monitor the expiry dates of equipment and emergency medicines. All of the emergency and first aid equipment was easily accessible and within their expiry date. The staff training records we reviewed showed that all staff were trained in cardiopulmonary resuscitation and there were two trained first aiders.

Safeguarding of Children and Adults

We found suitable and recently updated safeguarding policies and procedures to promote and protect the welfare and safety of children and adults. The policy and procedures incorporated the All Wales Safeguarding Procedures, identified an appointed safeguarding lead and included contact details for local support services.

We saw all staff were suitably trained in the safeguarding of children and adults. The staff we spoke to demonstrated a satisfactory understanding of safeguarding procedures and said they would feel supported if they were to raise a concern.

Management of Medical Devices and Equipment

We saw clinical equipment was fit for purpose and safe, with reusable dental equipment in a good condition to promote safe and effective care. Appropriate arrangements were in place for the safe handling of dental equipment and suitable policies were in place for the management of equipment failure. The staff we spoke to were confident in using the equipment and the training records for all clinical staff which we inspected confirmed they had received suitable training for their roles.

We saw the practice radiation protection folder was up to date and comprehensive. We found clinical notes for radiographic treatments were fully complete. Records also indicated patients, and where relevant their comforters, were suitably informed of the risks and benefits of radiation and any exposures were correctly recorded. We noted the local rules were easily locatable and staff

training records indicated all staff were trained to an appropriate level in radiography.

Effective

Effective Care

We found staff made a safe assessment and diagnosis of patients. Patient records evidenced treatments being provided according to clinical need and following professional, regulatory and statutory guidance.

The clinical staff we spoke to demonstrated clear understanding of their responsibilities while being aware of where to seek relevant professional advice, if necessary.

We saw appropriate use of clinical checklists such as the Local Safety Standards for Invasive Procedures (LocSSIPs).

Patient Records

We reviewed a total of 10 patient records and found clinical records kept to a satisfactory standard. Records were stored appropriately and in line with the General Data Protection Regulations. The storage, use and security of records was managed through a suitable records management policy.

We saw comprehensive patient notes covering patient history checks, reasons for attendance and informed consent on the treatment options provided. This was supported by what patients told us in the HIW questionnaire. Checks for oral cancer, soft tissue examinations and oral risk assessments were all also routinely recorded. However, we found the recording of patient language preference and any actions taken in response to this preference were not recorded in any of the records we reviewed.

The registered manager must ensure the language and communication needs of patients are routinely recorded.

Efficient

Efficient

We found clinicians were delivering a satisfactory service for the needs of their patients in a suitable premises. We saw the use of a robust triage procedure which utilised the slots created by cancellations to use clinicians time effectively.

Quality of Management and Leadership

Leadership

Governance and Leadership

We found clear management structures in place to support the effective running of the practice. The practice manager had responsibility for five sites within a group of practices and told us they felt confident in their role and had the skills and knowledge they needed. We saw staff meetings took place regularly and we reviewed minutes which evidenced discussions on patient feedback and NHS treatments. We found policies were reviewed on an annual basis and any updates were communicated to staff through meetings or in writing.

Workforce

Skilled and Enabled Workforce

We found robust arrangements in place to ensure staff were trained and retained their skills in a timely manner. In five out of the six staff records we viewed, we saw full compliance with all mandatory training courses and evidence of current and routine staff appraisals on file. The staff we spoke to confirmed they felt supported to undertake learning and development and were given the time to do so.

The practice operated a suitable whistleblowing procedure and the staff we spoke to felt encouraged to raise concerns when something had gone wrong.

An effective rota system was used to manage appropriate numbers of suitably qualified staff working at any one time and we noted a suitable induction procedure in place. A suitable process for the retention of staff was also in place. Managers told us that any staff performance issues were addressed in appraisal meetings and staff meetings, where appropriate.

We saw good compliance with all professional obligations, including GDC registrations, Disclosure and Barring Service Enhanced checks and pre-employment checks.

Culture

People Engagement, Feedback and Learning

We saw a satisfactory system in place for the submission and management of patient feedback. There was a suggestion box at reception and we noted in

meeting minutes that feedback was routinely discussed in practice meetings. A poster in the waiting area detailed the service response to patient feedback and outlined any changes made as a result. This was reviewed and updated, where applicable, monthly.

The complaints policy was clearly displayed in the waiting area for patient awareness. We noted patient complaints were managed in line with the Putting Things Right procedure, and we saw the practice manager was a named contact in the event of a patient seeking to make a complaint. While there were no recent complaints for us to review, we found a satisfactory complaints folder in place. Staff told us that any verbal complaints were recorded by reception staff and submitted to the practice manager for review.

We noted suitable Duty of Candour policies and procedures in place. The staff we spoke to demonstrated a clear understanding of their professional responsibility regarding the Duty of Candour. Staff also told us they felt encouraged to share concerns with the patient when something had gone wrong. Training records evidenced recent completion of Duty of Candour training by staff.

Learning, Improvement and Research

Quality Improvement Activities

We found a recently updated quality improvement policy in place to support the activities undertaken by the practice. We noted audits on patient records, infection control and x-ray gradings were routine. We also saw a recent audit undertaken on the provision of supplies within the patient toilet, following patient feedback. However, we did not see clinical audits were routinely undertaken for antibiotic prescribing nor smoking cessation. We saw evidence these audits had commenced but had not yet been completed.

The registered manager must undertake smoking cessation and antibiotic prescribing audits routinely.

We also found no team development tools, such as those available through Health Education and Improvement Wales, had been recently undertaken.

The registered manager must undertake team development activity, utilising the support available to them.

Whole Systems Approach

Partnership Working and Development

Staff outlined suitable means of communication with other health service providers and explaining they maintained good working relationships with other primary care services

We saw an appropriate process in place to follow up on any referrals made to other service providers.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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: Brynteg Dental Practice (Brynamman)

Date of inspection: 13 February 2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Brynteg Dental Practice (Brynamman)

Date of inspection: 13 February 2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
Patient information was readily available to patients in English, but we found limited information available for patients in Welsh. We saw signs in the practice which were in English only, and there was limited information at the reception desk to encourage patients to communicate in a language of their choice. We saw staff did not wear 'laith Gwaith'	The registered manager must provide HIW with details of the action taken on implementing the 'Active Offer'.	Private Dentistry (Wales) Regulations 2017, Section 13 (1) (a)	We have requested from the Health Board more information in Welsh to be displayed at the practice. We have since employed a dental nurse who is fluent in Welsh and is wearing the 'laith Gwaith' badge.	Cathy Jones	Implemented

badges, with staff explaining this was because there were no fluent Welsh speakers at the practice.					
We saw staff did not have access to secure lockers for their personal items.	The registered manager must consider the safe storage of staff personal belongings.	Section 22 (3) (b)	We have now purchased boxes that are sealed and staff are able to place their personal items in these sealed boxes and stored in the staff kitchen.	Cathy Jones	Implemented
We saw decontamination took place within surgeries and not in a separate decontamination room. The size and layout of one surgery meant the autoclave machine was in close proximity to patients while in the dental chair. This proximity could mean	The registered manager must review the placement of decontamination equipment.	Section 22 (2) (a)	We have since moved the autoclave to a more suitable position. We have also asked Today's dental for a date when the work is to be commenced on completing a new decon room in a separate room in the practice.	Cathy Jones	Autoclave moved immediately. Date for separate decon room - by the summer 2024.

<p>patients are brought into contact with contaminated aerosols during autoclave cycles. Patients may also be at risk in the event of a faulty autoclave machine. Staff told us patients were not routinely in the surgery at the same time as an autoclave cycle.</p>					
<p>We saw clear notes in patient records of any medicines administered. However, we did not see records of advice being given to patients regarding the medicines they had been administered.</p>	<p>The registered manager must ensure the appropriate recording of the advice regarding medicines which is given to patients.</p>	<p>Section 20 (1)</p>	<p>I have spoken to the associates about this and they are now recording this information in patients records.</p>	<p>Cathy Jones</p>	<p>Implemented</p>
<p>We found the recording of patient language preference and any actions taken in response</p>	<p>The registered manager must ensure the language and communication needs of</p>	<p>Section 13 (1) (a)</p>	<p>We have since spoken to our software provider Dentally and we now have this</p>	<p>Cathy Jones</p>	<p>Implemented</p>

to this preference were not recorded in any of the records we reviewed.	patients are routinely recorded.		function available in our software on patients records to note patient language preference.		
We did not see clinical audits routinely undertaken for antibiotic prescribing nor smoking cessation. We saw evidence these audits had commenced but had not yet been completed.	The registered manager must undertake smoking cessation and antibiotic prescribing audits routinely.	Section 16 (1)	We are currently working on completing these audits.	Cathy Jones	June 2024
We also found no team development tools, such as those available through Health Education and Improvement Wales, had been recently undertaken.	The registered manager must undertake team development activity, utilising the support available to them.	Section 16 (1)	We are currently working on development tools.	Cathy Jones	June 2024

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): Cathy Jones

Job role: Practice Manager / HIW Registered Manager

Date: 22/4/2024