

## **General Dental Practice Inspection (Announced)**

Gwynfryn Dental Practice, Bangor

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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 are receiving good care.

## **Our values**

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

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

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

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Gwynfryn Dental Practice at Holyhead Road, Bangor, Gwynedd, LL57 2EE on the 20 June 2017.

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

HIW explored how the practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 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 Gwynfryn Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Very good clinical records
- Surgery facilities were well-equipped, visibly clean, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-rays
- Systems for governance and monitoring the quality of the service against the requirements of the regulations are in place.

This is what we recommend the service could improve:

- Review and update the equality, safeguarding and whistleblowing policies
- Ensure patients' social histories are captured
- Ensure the floors in the surgeries are sealed at their edges for easier cleaning.

## 3. What we found

### **Background of the service**

Gwynfryn Dental Practice is a private only dental practice.

The practice staff team included three dentists, a therapist, two dental nurses, a receptionist and a practice manager.

A range of private dental services are provided such as:

- Tooth whitening
- Crowns and bridges
- Porcelain veneers
- White fillings
- Gum contouring and teeth-reshaping
- Dental implants
- Orthodontics

## 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.*

Overall, we found evidence that Gwynfryn Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 22 completed questionnaires. The majority of completed questionnaires were from patients who had been attending the practice for more than two years.

Overall, patient feedback was very positive. Patients were asked on the questionnaires how the dental practice could improve the service it provides, and some of the comments received were:

*'Very satisfied with the service'*

*'They are so friendly and nice, that I can't think of anything to improve the practice'*

*'Not applicable as the service and provision is more than fit for purpose. Excellent facility'*

The only improvements suggested were:

*'Private cosmetic dentistry could be improved'*

*'Website updates'*

## Staying healthy

There was ample, dedicated dental health promotion information available, which meant patients had access to information which could support them in



caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health information. No smoking signs were displayed in the practice. Price lists were also clearly on display in the waiting / reception area.

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

## **Dignified care**

All patients who completed the questionnaires confirmed that they had been treated with respect when visiting the practice and were made to feel welcome by the practice team.

We also observed the warm, friendly and professional approach adopted by all staff towards patients.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

## **Patient information**

Each patient who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and that they had received clear information about their dental treatment, including available treatment options and associated costs. Only a small number of patients stated that they did not understand how the cost of their treatment was calculated. We noted that information on prices was available to view in the reception area which meant patients had access to information on how much their treatment may cost.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around reception and the waiting area. The practice had its own patient information booklet for patients to take away.

We found that patient information was stored securely to ensure that personal and sensitive information was protected.

### **Communicating effectively**

Some staff at the practice could communicate with patients bilingually. Almost half of the patients who completed a questionnaire considered themselves to be Welsh speakers, and all but one of these patients told us that they could always speak to staff in Welsh at the practice. All non-Welsh speaking patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

### **Timely care**

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. Patients we spoke with on the day informed us that they had not experience any major delays in being seen by the dentist.

Almost a quarter of patients who completed a questionnaire said that they did not know how to access the out of hours dental service if they had an urgent dental problem. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance and was also given on the answer phone message.

### **Individual care**

#### **Planning care to promote independence**

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

All patients confirmed that they were involved as much as they wanted to be in any decisions made about their individual treatment. We saw evidence of treatment planning and options being discussed with patients.

Patients' medical histories were reviewed and updated at each visit. All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

## People's rights

We noted that the practice had a dedicated equality policy in place. However, the policy was in need of review.

The practice had ample car parking facilities for both patients and staff. Wheelchair users could access the ground floor level of the practice and could access the reception, waiting area, toilet facilities and one dental surgery.

### Improvement needed

Review and update the equality policy.

## Listening and learning from feedback

We reviewed the practice's complaints handling policy and at the point of inspection there had not been any complaints received by the practice.

More than a third of patients who completed a questionnaire told us that they did not know how to raise a concern or complaint about the services they receive at the dental practice. However, we found that the procedure for making a complaint for patients on how to raise a concern was clearly on display bilingually in the waiting area.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients. The practice informed us that the feedback is discussed at team meetings. We advised the practice to display patients' feedback analysis, demonstrating to patients that their individual feedback has been captured and acted upon to enhance learning and service improvement.

### Improvement needed

Practice to display patients' feedback analysis.

## Delivery of safe and effective care

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

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

The practice provided a clean environment and the surgeries were light and airy.

We found that patients were provided with safe and effective dental care.

Patients' clinical notes were of a high standard.

### Safe care

#### Managing risk and promoting health and safety

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

The building appeared to be well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

There were no concerns raised by patients over the cleanliness of the dental practice; all but one of the patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

There was one unisex toilet for use by patients and two toilet facilities for staff. All facilities were signposted and visibly clean. We noted that one of the staff facilities was being used as a changing room and location for staff to store their personal belongings. However, there was no locking mechanism on the door to prevent unauthorised access.

### Improvement needed

Ensure an appropriate locking mechanism is installed on the staff changing room door to prevent unauthorised access.

We noted that portable appliance testing (PAT) was last undertaken in March 2015, to ensure they were safe for use. We suggested to the practice that more regular interval testing would be best practice. Fire extinguishers were in place throughout the building and were serviced regularly. Directions for the emergency exits were clearly visible and the Health and Safety poster was clearly on display.

We found that all chemicals were kept securely and none were left in public areas.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

### Infection prevention and control

Decontamination of dental instruments was done within the surgeries and we were satisfied that the arrangements in place were as effective and appropriate as they could be considering there was no separate decontamination room. Within the surgeries, there were designated areas for cleaning and sterilisation and we found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. The practice informed us that improvement plans were being considered for a separate decontamination room.

Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination.

The log book, in which the practice recorded their daily maintenance of sterilisation equipment, was well organised.

We saw records that showed the practice undertook audits of infection control on an annual basis as recommended by WHTM 01-05.

We were satisfied that there were appropriate procedures in place to minimise the risk of cross infection to protect both patients and staff. We also noted that

the dental instruments were stored in line with their current decontamination policy.

### **Medicines management**

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. We saw records indicating that the team had received all relevant training. The emergency drugs were stored in a location which ensured that they were immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the emergency drugs to ensure they remained in date and ready for use.

However, we noted that no portable suction was available in the kit held by the practice. Our concerns regarding the emergency kit were resolved during the inspection. Details of the immediate improvements we identified are provided in Appendix A.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had one dedicated first aider.

### **Safeguarding children and adults at risk**

We saw that the practice had a safeguarding policy in place which covered both children and vulnerable adults. We advised the practice to review and update the policy to reflect current practice with regards to staff Disclosure and Barring Service (DBS) checks.

We saw evidence that all staff at the practice had completed training in the protection of children and vulnerable adults.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and all dentists held a valid DBS check. Only dentists registered with HIW must hold a valid DBS check (for which no more than three years have lapsed).

#### **Improvement needed**

Review and update the safeguarding policy.

### **Medical devices, equipment and diagnostic systems**

We looked at the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the

surgeries had been designed and organised to help the team work efficiently and were visibly clean and in good condition. However, it was noted that the floors in the surgeries were not sealed at their edges. We were informed by the practice that arrangements were in place for the floors to be sealed as part of their improvement plan.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment.

We saw evidence of up-to-date ionising radiation training for all clinical staff.

We saw evidence that the practice had undertaken annual image quality assurance audits of X-rays.

#### Improvement needed

Ensure the floors in the surgeries are sealed at their edges for easier cleaning.

## Effective care

### Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that relevant audits had been completed and arranged by the practice such as quality of x-rays, clinical records, cross infection, hand hygiene, cleaning and prescribing of antimicrobials.

### Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff was regularly undertaken and contributed to the quality and safety of the care provided to patients.

We saw evidence that the practice has used in-house development tools for quality improvement. We advised the practice to consider using the Maturity Matrix Dentistry tool by the Wales Deanery. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas.

### Information governance and communications technology

The storage of patient files was appropriate to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to

computer screens was secure and discreet. A data protection policy was in place.

### Record keeping

There was evidence that the practice is keeping very good clinical records, demonstrating that care was being planned and delivered to a high standard to ensure patients' safety and wellbeing.

We examined a sample of patients' records and found that entries contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning and all patients were given a written treatment plan. However, patients' social history was not recorded.

### Improvement needed

Ensure patients' social history is recorded.



## 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 Private Dentistry Regulations and relevant professional standards.*

We found the practice to have good leadership and clear lines of accountability.

We found evidence that this was a very well run practice with a strong commitment to providing high quality service and attention to detail.

A range of relevant policies and procedures were in place.

The staff team appeared happy in their roles and were competent in carrying out their duties and responsibilities.

## Governance, leadership and accountability

We found the practice to have good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the practice manager who was efficient and competent in her role. Since most of the staff had worked together for many years, there was a good rapport amongst them. They told us that they were confident in raising any issues or concerns with the practice manager and felt well supported in their roles.

We found that staff were clear and knowledgeable about their roles and responsibilities.

## Staff and resources

### Workforce

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures.

We saw that staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements. We also saw evidence of annual staff appraisals and regular team meetings.

All three dentists working at the practice provided private dental services and we saw their HIW registration certificate prominently displayed in the surgeries as required by the Private Dentistry (Wales) Regulation 2008.

We saw records relating to Hepatitis B immunisation status for all staff working at the practice.

We looked at the policies and procedures in place and found that they reflected actual practice. The policies and procedures were regularly reviewed, contained review dates and / or were version controlled and contained staff signatures which demonstrated that these had been read and understood. However, we did note that the practice needed to update their whistleblowing policy with the correct contact details for HIW.

We found that the practice displayed its emergency contact details and the practice opening times on the entrance of the premises. The dentists' names and qualifications were also clearly on display.

#### Improvement needed

Ensure that the whistleblowing policy is updated with correct contact details of HIW.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

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

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Our dental practice inspections are usually announced. Dental practices will receive up to 12 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.

Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising 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 details about how HIW inspects [dental practices](#) and [independent healthcare services](#) 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.

<b>Immediate concerns identified</b>	<b>Impact/potential impact on patient care and treatment</b>	<b>How HIW escalated the concern</b>	<b>How the concern was resolved</b>
We found that a portable suction was not available in the emergency kit held by the practice.	This meant that patients were at risk in an emergency situation.	We brought this to the attention of staff who immediately arranged for the item to be purchased.	Staff immediately ordered on the day of our visit for delivery the next day.

## Appendix B – Immediate improvement plan

**Service:** Gwynfryn Dental Practice

**Date of inspection:** 20/06/2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
There were no immediate assurance issues identified on this inspection.				

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

### Service representative:

**Name (print): JAMES BENNETT**

**Job role: PRINCIPLE**

**Date: 21/07/2017**

## Appendix C – Improvement plan

**Service:** Gwynfryn Dental Practice

**Date of inspection:** 20 June 2017

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	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
Review and update the equality policy.	GDC Section 1.6.1, 6.12	This Equality policy has reviewed and updated.	June Lock PM	DONE
Practice to display patients' feedback analysis.	GDC Guidance, Standard 2.1	Testimonials and results and comments from surveys to be added to the website.	James Bennett Principle	3mths
<b>Delivery of safe and effective care</b>				
Ensure an appropriate locking mechanism is installed on the staff changing room door to prevent unauthorised access.	Workplace (Health, Safety and Welfare) Regulations 1992 -	A lock has been fitted on the staff changing room door to safeguard staff's belongings.	June Lock PM	DONE

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 23			
Review and update the safeguarding policy.	GDC Guidance, Section 4.3.3, 8.5	The safeguarding policy has been reviewed and updated.	June Lock PM	DONE
Ensure the floors in the surgeries are sealed at their edges for easier cleaning.	WHTM 01 - 05, Section 6.47, 6.48	When next replacing the flooring, we will ensure curved and sealed edges are fitted.	James Bennett	Ongoing
Ensure patients' social history is recorded.	GDC Guidance, Section 4.1	This information will be added at the patients next check-up appointment.	James Bennett James Forshaw Dewi Williams	Ongoing
Quality of management and leadership				
Ensure that the whistleblowing policy is updated with correct contact details of HIW.	GDC Guidance, Section 8.4	This Policy has now been updated with JUST HIW details to safeguard any confusion.	June Lock PM	Done

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): JAMES BENNETT**

**Job role: PRINCIPLE**

**Date: 21/07/2017**