

General Dental Practice Inspection (Announced)

Brynteg Dental Practice, Tenby /
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 people in Wales receive good quality healthcare

Our values

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

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Brynteg Dental Practice at Glen Cottage, Gas Lane, Tenby, Pembrokeshire, SA70 8AG within Hywel Dda University Health Board on the 21 May 2019.

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

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

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Brynteg Dental Practice, Tenby 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.

We found the practice to be well run and meeting the relevant regulations to ensure the health, safety and welfare of staff and patients.

We saw evidence that various maintenance contracts were in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools.

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
- Surgery facilities were well-equipped, visibly clean, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-rays

- Excellent arrangements were in place for infection prevention and control
- Very good quality clinical records being maintained.

This is what we recommend the service could improve:

- Members of the clinical team should review the Delivering Better Oral Health guidelines and ensure evidence is recorded within patients' records.

There were no areas of non compliance identified on this inspection.

3. What we found

Background of the service

Brynteg Dental Practice provides services to patients in the Tenby area. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

The practice has a staff team which includes two dentists, three dental nurses, one receptionist / practice coordinator and a dedicated practice manager.

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

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, we found evidence that Brynteg Dental Practice provides safe and effective care to their patients in a very 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.

We received a total of 34 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for less than a year.

Overall, patient feedback was very positive. All patients who completed a questionnaire rated the care and treatment received as either excellent or very good.

Some of the comments provided by patients on the questionnaires included:

"Highly professional and respectful throughout"

"The best dentist I have ever gone to"

"Excellent service!"

"Fantastic dental practice with friendly professional staff"

"Very friendly and accommodating"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Comments provided by patients were very positive and complimentary. However, one patient commented:

"More NHS patient vacancies. Six months waiting list is to long"

Staying healthy

Health promotion protection and improvement

There was ample, dedicated dental health promotion information available in the reception / waiting area, which meant patients had access to information that 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.

All but three patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy. We noted that information on prices was available to view in the waiting area which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed which confirmed the emphasis being placed on compliance with smoke free premises legislation¹.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

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 noted that the 9 Principles as set out by the General Dental Council (GDC)² were available to patients upon request in the waiting room. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

¹ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

² <https://standards.gdc-uk.org/>

Patient information

All but one of the patients who completed a questionnaire told us that they felt involved (as much as they wanted to be) in any decisions made about their treatment. All patients confirmed that they had received clear information about the available treatment options and all patients confirmed that the cost of any treatment was always made clear to them before they received any treatment.

We also found evidence of treatment planning and options noted within the 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 displayed bilingually around the reception and the waiting areas. The practice had its own patient information leaflet which was available in the reception area. The leaflet contained all the information required by the regulations.

Communicating effectively

Some staff working at the practice can communicate bilingually with patients. We noted that the laith Gwaith poster was on display by the reception / waiting area. The laith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers. All but one of the 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.

The majority of the patients who completed a questionnaire said that they would 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, provided on the answer phone message and detailed in the patient information leaflet and practice website.

All patients who completed a questionnaire confirmed that it was very or fairly easy to get an appointment when they needed one.

Individual care

Planning care to promote independence

We viewed a sample of patient records and overall we found that they were very detailed and of very good quality. Treatment options were recorded and consent to treatment was obtained from each patient.

All but one of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

The treatments and services offered by the practice were in accordance with the statement of purpose.

People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

There was good disabled access to the building with ample car parking spaces within the car park.

The practice is located over two floors. The clinical facilities are all located on the ground floor which is fully accessible for patients with mobility difficulties. Wheelchair users could access two surgeries, the reception, waiting area and toilet facilities.

Listening and learning from feedback

We saw that the practice had a written complaints policy in place for both NHS and private patients. The procedures for making a complaint or how to raise a concern were clearly on display in reception and the waiting area.

We saw evidence that the practice had systems in place to record, monitor and respond to any formal complaints received. At the point of inspection there had not been any formal complaints received by the practice since September 2017, when it opened under the current ownership arrangements.

We discussed the practice's mechanism for seeking patient feedback. We saw that the practice had developed a questionnaire which was due to be introduced at the practice. We advised the practice to display an analysis of any feedback received in the waiting area / reception, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

We also found that a comment box is available in the waiting area in order for patients to provide additional feedback or leave suggestions anonymously.

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 the practice to be well run and meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

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

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools. We also saw evidence that regular checks of equipment and decontamination processes were taking place.

We found very good quality clinical records being maintained.

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

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

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly very clean.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months. However, we noted that not all staff working at the practice had received formal fire training. We were verbally assured during the inspection that training will be arranged for all staff to attend and / or renew their training. We received confirmation following our inspection that arrangements had been made for all staff to be trained in-house by an external provider.

Emergency exits were visible and a Health and Safety poster was displayed within the practice.

The practice had a range of policies and procedures, as well as various risk assessments in place, such as, fire, environmental and health & safety. All risk assessments were current and we saw evidence that these were regularly reviewed.

We were fully assured that the premises were fit for purpose and we saw ample documentation which showed that the practice had considered all risks both internally and externally to staff, visitors and patients.

The practice had a resuscitation policy in place and we saw that all staff had received cardiopulmonary resuscitation (CPR) / emergency resuscitation training.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-053. The facility was very clean, well-organised, equipped and uncluttered.

We considered the arrangements for decontamination and our observations of this process were excellent. Staff demonstrated the decontamination process and our observations included:

³ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection.
- Daily maintenance checks
- Instrument storage containers were sturdy with secure lids.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave⁴ and we saw evidence that start and end of the day safety checks were taking place.

We saw evidence that annual infection control audits had been completed using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

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

⁴ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

segregated into the designated bags / containers in accordance with the correct method of disposal. However, we did recommend that the practice arranges for the hazardous (clinical) waste bin which is located in the courtyard to be secured to the fence while awaiting collection. We were informed by the practice that plans are already in place for the waste bin to be secured to the fence and we received photographic evidence following the inspection to show that this had been done.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had three dedicated first aiders.

The emergency drugs were stored securely and in a location making them 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 equipment and emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk.

There were safeguarding policies in place to protect children and vulnerable adults. The policies contained the contact details for the local safeguarding team along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the practice manager and / or the principal dentist and were confident they would be acted upon.

The practice described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and / or undertaking Disclosure and Barring Service⁵ (DBS) checks on staff appropriate to the work they undertake.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. The surgeries were very well organised, very clean and tidy.

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 and regular image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff.

However, we noted that there was no rectangular collimator⁶ on the x-ray machine in one of the surgeries which limits the radiation dose a patient receives during a routine dental X-ray. We immediately brought this to the attention of the practice manager who informed us that a rectangular collimator is available. Arrangements were immediately made for the collimator to be installed on the x-ray machine during our inspection.

⁵ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

⁶ The Ionising Radiation (Medical Exposure) Regulations 2000 recommend the use of rectangular collimation to limit the radiation dose a patient receives during routine dental X-rays.

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 or arranged by the practice such as; cross infection, X-ray quality and oral cancer.

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff has been undertaken which contributes to the quality and safety of the care provided to patients.

The practice informed us that plans are in place to self-assess themselves using the Welsh Dental Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix is a dental practice team development tool that encourages the team to focus on best practice, quality and safety, legislative requirements and on how they work as a practice team.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place to guide staff about what was required of them.

Record keeping

A sample of patient records was reviewed. Overall, there was evidence that the practice as a whole is keeping very good quality clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were very clear, legible and of very good quality.

However, we found that there was no evidence that Delivering Better Oral Health, an evidenced based toolkit for prevention had been implemented. We were verbally assured that oral health advice is given to patients but not recorded. We recommend that the practice manager ensures that all members of the clinical team review the guidelines and ensure evidence of better oral health guidance is recorded within patients' records.

Improvement needed

Members of the clinical team should review the Delivering Better Oral Health guidelines and ensure evidence is recorded within patients' records.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

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

The staff team appeared very happy in their roles and were competent in carrying out their duties and responsibilities. Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

We saw that the practice had a range of policies and procedures in place.

Governance, leadership and accountability

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

Staff told us that they were confident in raising any issues or concerns directly with the practice manager and / or principal dentists and felt well supported in their roles. Since most of the staff had worked together for some time, there was a very good rapport amongst them.

We found that staff were clear and knowledgeable about their roles and responsibilities. All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We saw evidence showing staff had signed the policies to confirm they had been read and understood. All policies and procedures contained an issue and review date. This ensured that policies were reviewed regularly to confirm local practices were up to date.

We saw a copy of the Statement of Purpose which included all information required by the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate available.

Staff and resources

Workforce

We noted that staff had a contract of employment that was retained on staff files. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures. We saw evidence that staff appraisals were also undertaken.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file.

The Private Dentistry (Wales) Regulations 2017 require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for both dentists. We were informed by the practice manager that plans are also in place for all staff working at the practice to be DBS checked.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

4. What next?

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

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

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

The improvement plans should:

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

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

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

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

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There were no immediate concerns identified during this inspection.			

Appendix B – Immediate improvement plan

Service: Brynteg Dental Practice

Date of inspection: 21 May 2019

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

Description of non compliance / Action to be taken	Regulation	Service action	Responsible officer	Timescale
There were no immediate non-compliance 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):

Job role:

Date:

Appendix C – Improvement plan

Service: Brynteg Dental Practice

Date of inspection: 21 May 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
N/A				
Delivery of safe and effective care				
Members of the clinical team should review the Delivering Better Oral Health guidelines and ensure evidence is recorded within patients' records.	3.5 Record keeping; PDR 20	Delivering Better Oral Health Guidelines are adhered to and oral health is delivered to all patients. Our clinicians reviewed the clinical notes and it was found that OHI, diet advice and fluoride have been noted in the clinical notes. Upon reviewing the Delivering Better Oral Health guidelines we will record more extensive notes within the patient	Nelson Kernahan Guto Griffiths	Immediate

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		records as to the specific Oral Health delivered.		
Quality of management and leadership				
N/A				

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): Louise Anderson

Job role: Practice Manager

Date: 10/7/19