

General Dental Practice Inspection Report (Announced)

Bryntirion Dental Practice, Aneurin
Bevan 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 Bryntirion Dental Practice, Aneurin Bevan University Health Board on 06 March 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. In total, we received 14 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 14 responses. 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:

Patients provided positive feedback about the care and service provided by the dental practice.

We found staff to be friendly and polite and treated patients with kindness and respect.

The practice tried to accommodate patients regarding appointment times but did not prioritise particular time periods for specific patient groups. They made efforts to accommodate unscheduled emergency treatment on the same day and most patients said it was 'easy' or 'fairly easy' to get an appointment when they need one.

There was a good amount of healthcare information available in the practice with patients saying they were given enough information to understand the treatment options available. However, there was only a limited amount of information available in Welsh.

There was an up-to-date equality and diversity policy in place, but we saw that equality and diversity training had only been completed by practice management staff.

This is what we recommend the service can improve:

- Implement the 'Active Offer' to provide services in Welsh
- Ensure translation service is available for patients whose first language is not English
- Make information available in Welsh and other formats that consider people with reading difficulties
- Equality and Diversity training to be completed by all staff.

This is what the service did well:

- All 14 respondents rated the service as 'good' or 'very good'
- Patient dignity upheld with surgery doors closed and blinds installed
- Easy access to services for patients with impaired mobility with reception, waiting area and surgeries located on the ground floor.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice was well maintained, clean and tidy and decorated to a good standard.

Generally, we found suitable arrangements were in place at the practice to provide patients with safe and effective care and that staff were clear regarding their roles and responsibilities.

There was a dedicated decontamination area with suitable systems in place for decontaminating reusable dental instruments and to safely transport instruments about the practice.

We found good compliance with regards to the use of X-ray machines at the practice with a well-maintained file showing safe arrangements were in place for the use, maintenance and testing of the equipment.

Safeguarding policies and procedures were in place with a safeguarding lead appointed although this was based on the Public Health England guidelines and needed to be amended to reflect the current Wales Safeguarding Procedures.

Dental records were detailed and easy to follow with some minor points for improvement.

This is what we recommend the service can improve:

- Update the Infection Prevention and Control (IPC) file to include the name of the appointed IPC lead
- Ensure a record is kept of the three-monthly dip slide tests
- Additional person to be trained and appointed as cover for first aid responder.

This is what the service did well:

- Newly refurbished premises providing comfortable areas for staff and patients
- Very clean throughout the practice with good decontamination procedures in place
- Evidence of regular checks of fire detection and safety equipment including regular drills.

Quality of Management and Leadership

Overall summary:

The management team were readily available for staff, and we found clear reporting lines for staff and an effectively run practice.

Staff were found to be adequately supported within their roles with evidence of regular appraisals resuming following disruption due to the COVID-19 epidemic.

We found a good range of up-to-date policies and procedures in place that were easily accessible to staff. In general, compliance with mandatory staff training and professional obligations was good.

We saw appropriate recruitment process in place. However, we found the recording of references for new employees to the practice was incomplete.

We saw evidence of a suitable complaints process in accordance with the practice policy.

While we identified several improvements were needed, we felt the practice was affected by the recent departure of the practice manager. The practice was in the process of employing a new manager at the time of our inspection.

This is what we recommend the service can improve:

- Duty of candour training to be completed by all staff
- Install a 'You Said, We Did' display to inform patients of practice action in relation to feedback
- Staff appraisals to be individualised and SMART objectives to be set.

This is what the service did well:

- Good team spirit and camaraderie among staff we spoke to
- Purchase of OPT machine and appointment of an additional hygienist demonstrates positive response to service quality assessment
- Use of dedicated dental IT platform which provided news and updates on upcoming government policy reviews.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 14 respondents rated the service as 'good' or 'very good.'

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

“Staff are very friendly, the dentists I see are exceptional with care when doing treatment and with aftercare.”

“Attended as an emergency appointment. Staff are incredibly helpful, friendly, and welcoming excellent service.”

Person Centred

Health Promotion

We saw patient information available in the reception and waiting areas including antibiotics guidance and smoking cessation. We saw information about how to raise a complaint and price lists for both NHS and private treatments were also on display. Most of this information was displayed on a notice board in between the reception desk and a doorway to a surgery. To read the information, patients would need to stand in front of the notice board, potentially blocking access to the surgery and overhearing other patients reporting to reception. We felt this was not the most convenient or comfortable location for patients and suggested this information would be better located within the separate waiting rooms.

We were told patients would be provided with relevant health promotion advice when seen by the dentists or other dental care professionals working at the practice.

The names and General Dental Council (GDC) registration numbers for the current dental team were clearly displayed.

All respondents who answered the question agreed they had their oral health explained to them by staff in a way they could understand and agreed that staff

had provided them with aftercare instructions on how to maintain good oral health.

We saw signage displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation.

Dignified and Respectful Care

We found staff to be friendly and polite and treated patients with kindness and respect.

We saw doors to surgeries were closed when dentists were seeing patients, promoting patient privacy and dignity. Blinds were installed on the windows in the surgeries for privacy.

All respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

The reception desk and ground floor patient waiting area were in separate rooms, with a second waiting area on the first floor. This provided a good level of privacy for patients when reporting to reception. Reception staff were mindful of the need to maintain patient confidentiality when dealing with patients, including conversations over the phone. We were told sensitive phone calls and confidential patient discussions would be dealt with in the office located on the first floor.

The GDC core ethical principles of practice were clearly displayed in the reception area. However, there was no Welsh version displayed. We raised this with the practice manager who rectified the matter during the inspection.

Individualised care

All respondents who completed a HIW patient questionnaire agreed there was enough information given to understand the treatment options available, that staff explained what they were doing throughout the appointment and that staff had answered their questions.

All respondents who answered the question said they were given enough information to understand the risks and benefits associated with those treatment options and had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

We were told either reception staff or the dental nurses would let patients know should there be a delay in them being seen at their appointment time. Patients would be offered a new appointment if they wished to do so.

The practice currently arranges appointments by telephone, or in person at reception. There was no online appointment booking facility.

Blank appointment slots were scheduled each day into the calendar to enable patients to access emergency treatment. We were told that children would always be seen on the same day, as would incidents of swelling or bleeding.

We were told patients generally had to wait about three to four weeks between each treatment appointment depending on the urgency and type of treatment.

The practice tries to be accommodating to patients regarding appointment times, however we were told they did not prioritise particular time periods for specific patient groups, such as shift workers.

All but one respondent said it was 'very easy' or 'fairly easy' to get an appointment when they need one.

The practice's opening hours and contact telephone number were prominently displayed and could be seen from outside the premises. The contact telephone number for patients to use should they require urgent dental care and treatment out of hours was also clearly visible. This information was also available on the practice answerphone message. Despite this, only half of the respondents to the HIW questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.

Equitable

Communication and Language

While there was a good amount of written information displayed in the practice, there was limited information available in Welsh. We were told that Welsh versions of documents could be made available on request, including treatment plans. However, there was no information displayed to advise patients of this. We also

found there were no leaflets available in other formats, such as easy read or large font, that considered the needs of patients with reading difficulties. There was no hearing loop system installed. The practice may want to consider installing a hearing loop system to assist patients with reading difficulties.

The registered manager is required to provide HIW with details of how the practice will make information available in Welsh and other formats that benefit patients with reading difficulties.

We were told that no staff members currently spoke Welsh although Welsh language training was available to staff who wished to learn. The practice was aware of the 'Active Offer' of providing care in the Welsh language but did not offer it as an option to patients. The practice did not ask patients their preferred language choice at their first appointment. We were told a translation service would be offered to patients who need to speak in another language if necessary, although there was no contract in place for this.

The registered manager is required to provide HIW with details of the action taken to implement the 'Active Offer'.

We recommend the registered manager implements an appropriate translation service for patients requiring other languages.

We were told that patients could be advised of appointments verbally either face-to-face at reception or by telephone. Email and text reminders would be sent prior to appointments, with longer appointments followed up with a phone call for positive confirmation of attendance.

Rights and Equality

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients.

We saw the practice had up-to-date Equality and Diversity policy in place. This was contained within the staff handbook which was available to all. While Equality and Diversity training had been completed by practice management staff, we found that staff had not yet done so.

The registered manager must ensure all staff have Equality and Diversity training and provide HIW with evidence when complete.

All respondents who completed a HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice.

There was a small step into the practice from the street with a portable ramp available for wheelchair users. We saw two surgeries located on the ground floor with level flooring throughout, providing easy access for patients with mobility issues. We found the patient toilet to be clean, adequately stocked and decorated to a high standard. However, there were no handrails or emergency call aid installed which may hinder wheelchair users and those with mobility issues. These issues were reflected in the practice patient information leaflet.

Most respondents who completed a HIW patient questionnaire told us they considered the building accessible, while the remaining four were unsure.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the dental practice had been recently refurbished with spacious, well lit, air-conditioned treatment rooms. Surgeries were located on both the ground and first floor. Internally, the environment was decorated and furnished to a high standard, and we saw an up-to-date building maintenance policy. However, we noticed what appeared to be a significant crack in the exterior side wall between the basement and the street. We were informed that this was present and assessed prior to purchasing the property several years ago.

We recommend the registered manager has this damage assessed by an independent building engineer to determine the structural integrity of the premises and provide HIW with a copy of this report.

There was a business continuity policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to events such as equipment failure, flood, or a system failure. Contact details for the designated emergency response team and a list of emergency contact numbers were displayed on the notice board in reception.

Patient waiting areas were visibly clean, uncluttered and free from hazards. There were televisions, radiators and air conditioning units providing a comfortable environment for patients to await treatment.

An approved health and safety poster was clearly displayed for staff to see. We confirmed that employer's and public liability insurance was in place. We saw facilities upstairs and downstairs for staff to change in privacy. However, there were no lockers available for staff to store their belongings securely.

The registered manager must improve storage facilities for staff personal belongings.

We saw a fire risk assessment had been completed within the last year which identified several issues that needed addressing, including installation of emergency lighting. We saw all issues raised had been rectified by the time of the inspection.

Fire marshals were appointed and responsible for ensuring weekly fire alarm checks and regular fire drills were being conducted and recorded. We saw a current fire equipment maintenance contract was in place and that the fire extinguishers had been serviced within the last year. Evacuation signage was displayed throughout the premises and fire exits were clear of obstructions.

Our review of staff training records identified that two staff members required fire safety awareness training. This training was completed shortly after the inspection and certificates were supplied to HIW as evidence.

Infection Prevention and Control (IPC) and Decontamination

We saw up-to-date policies and procedures were in place in relation to infection prevention and control and decontamination. There was a designated infection control lead appointed. However, this person was not named within the IPC and decontamination file.

The registered manager must update the IPC and decontamination file to include the name of the appointed IPC lead.

We saw a cleaning schedule was in place to support effective cleaning routines. We found the dental surgeries were visibly clean and furnished to promote effective cleaning. We were told the practice conduct three-monthly dip slide tests of their dental chairs. However, there was no evidence retained by the practice to verify this.

The registered manager must ensure a record is kept of the three-monthly dip slide tests. HIW suggest retaining a photograph of the result as good evidence.

Suitable handwashing and drying facilities were available in each surgery and in the toilets and hand sanitiser gel was seen throughout the practice. Personal protective equipment (PPE) was readily available for staff use and safer sharp devices were in use to prevent needlestick injuries. Protocols were available to advise staff of the action to take in event of a sharps injury.

All respondents who completed a HIW patient questionnaire thought that in their opinion, the practice was clean, and felt that infection prevention and control measures were evident.

The practice had a designated decontamination room. A suitable system was described to safely transport used instruments between surgeries and the decontamination room. Arrangements were demonstrated for cleaning and decontaminating reusable instruments. We saw logbooks had been completed to show appropriate checks of the decontamination equipment had been carried out.

There was evidence that regular maintenance and annual infection control audits were completed in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05.

There were suitable arrangements in place for the separation and storage of clinical waste produced by the practice prior to collection. While it was apparent a contract was in place for the safe disposal of waste from the practice, we could not locate the actual contract documents. A copy was located and provided to HIW shortly following the inspection.

We found appropriate arrangements in relation to handling substances subject to Control of Substances Hazardous to Health (COSHH). Each hazardous substance had a COSHH risk assessment in place.

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. There were suitable processes in place for obtaining, storing, handling and disposal of drugs. However, a medicines dispensing logbook was not available for inspection.

The registered manager must ensure a logbook is available for medicines dispensed.

There was a written policy in place for responding to a medical emergency at the practice. This had been reviewed within the last 12 months and was based on current national resuscitation guidelines. We were told this would be made available to patients on request.

We confirmed all staff working at the practice had completed resuscitation training within the last year and saw evidence of this within the sample of staff files we reviewed.

Equipment and medicines for use in the event of an emergency were inspected. Medicines were found to be stored securely and in accordance with the manufacturer's instructions. We saw a suitable system in place for checking stocks and identifying when medicines were to be replaced. We confirmed all medicines were within their expiry date. However, there was no information displayed to advise patients how to report adverse reactions to medications. We raised this with the practice manager who rectified this matter during the inspection.

The first aid kit was available and found to be in order. We found that the practice had an appointed trained first aider. While this person was employed full time, there was no cover in the event of the current first aider not being present, such as during periods of holidays and sickness.

The registered manager must ensure an additional person is trained and appointed as a first aid responder.

Management of Medical Devices and Equipment

We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition.

We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment and that the required maintenance and testing had been carried out. An up-to-date radiation risk assessment was in place.

We saw a quality assurance programme in place in relation to X-rays covering accidental exposure and dose levels. However, there was no process in place for auditing digital plates for quality of image and damage.

The registered manager must ensure that a process is in place for the audit of digital X-ray plates.

We confirmed all staff who were involved in the use of X-rays had completed relevant training and saw evidence of this within the sample of staff files we reviewed.

We saw no information on display for patients in the waiting area explaining the risks and benefits of having an X-ray. We raised this with the practice manager who rectified this matter during the inspection.

Safeguarding of Children and Adults

We saw written policy and procedures were in place in relation to safeguarding. However, this was based on the Public Health England guidelines and needed to be amended to reflect the current Wales Safeguarding Procedures. Safeguarding action flowcharts and relevant contact details for local contacts were available for staff in the event of a concern. The practice had a safeguarding lead in place who had downloaded the Wales Safeguarding Procedures app onto their phone to ensure they had up-to-date guidance.

The registered manager must ensure the practice safeguarding policy and procedures fully align with the Wales Safeguarding Procedures.

All staff had up-to-date safeguarding training to an appropriate level, appeared knowledgeable about the subject and knew who to contact in event of a concern. We were told that all staff had access to support services in event of a concern. The cost of this service was covered by the practice.

Effective

Effective Care

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. We found staff were clear regarding their roles and responsibilities at the practice and that regulatory and statutory guidance was being followed.

We saw the practice used recommended checklists to help prevent the risk of wrong tooth extraction.

Patient Records

A suitable system was in place to help ensure records were safely managed and stored securely. We saw a consent policy and processes to uphold the rights of patient who lack capacity were in place. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

We reviewed the dental care records of ten patients. All records we reviewed had suitable patient identifiers and the reason for attending recorded. All records reviewed contained the previous dental history with oral hygiene and diet advice marked as provided.

We saw evidence of full base charting, soft tissue examination and that cancer screening had been carried out. All records indicated recall in accordance with NICE guidelines.

However, we did identify some omissions in the records. While the records showed initial medical history and updates mostly recorded, there were some records where this information was missing. We also found patient treatment options, indications of antibiotic prescribing and justifications for each X-ray exposure were not always recorded while informed consent was missing on one record.

The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

In addition, we saw that patient language choice was not recorded in any of the records we reviewed. This could inhibit effective and individualised patient care.

The registered manager must ensure patients preferred choice of language is recorded within the patient records.

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided. We were told that a hygienist had recently been employed so that patients had additional treatment options available.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were being used efficiently with urgent dental care being accommodated around routine pre-booked appointments and cancelled appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice is a family-owned service with the day-to-day operations run by the owners along with the assistance of the practice manager of a near-by sister practice. The practice was in the advanced stages of appointing a new practice manager. Clear lines of reporting were described.

Suitable arrangements were described for sharing relevant information with the practice staff team including staff meetings, staff messaging group and face to face discussions as necessary. We saw minutes of the meetings were taken and made available for staff who were absent to ensure they remain up to date with work related matters.

We confirmed a range of written policies were readily available to staff to support them in their roles. The sample of policies we saw showed they had been subject to recent review and had been automatically recorded on the practice computer system as read by staff when accessed.

The practice had a statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. Both documents had been recently reviewed and provided useful information about the services offered at the practice.

Workforce

Skilled and Enabled Workforce

In addition to the principal dentist and senior nurse, the practice team consisted of two dentists, one hygienist, four dental nurses, a trainee nurse and two receptionists. Additional dentists were scheduled to attend the practice from the sister practice.

We found the number and skill mix of staff were appropriate to deliver the dental services provided. We were told agency staff were not used, and that staff from the sister practice are utilised in the event of holidays and sickness. We found there was a good team spirit and camaraderie among staff members that we spoke with.

We were told compliance with GDC registration requirements was monitored by the practice manager.

A practice whistleblowing policy was available for staff to guide them should the need arise. We found both the practice manager and registered manager to be open and approachable to staff, with regular interactions seen throughout our inspection.

The practice had a staff handbook which contained an up-to-date recruitment and selection policy. An induction process was in place for new staff at the practice to help ensure they understood their roles and were aware of the practice policies and procedures. We were told that new staff were teamed with a qualified nurse until they were deemed suitably competent. We saw documentary evidence of the induction process within staff files which were 'signed off' by a supervisor.

We reviewed the files of staff working at the practice. We saw all staff had a valid Disclosure and Barring Service (DBS) certificate and (where required) evidence of indemnity insurance, evidence of current registration with the General Dental Council (GDC) and evidence of immunisations. However, we found there were outstanding written references for some employees. It was explained that the practice had experienced difficulties in obtaining responses for references from some previous employers.

The registered manager must ensure they adopt a more robust approach to obtain the necessary written references prior to employing a person to work at the practice. We recommend all non-responses are documented.

In general, compliance with mandatory staff training was good and was accessed via an online service, with records held at the office. We saw that staff had attended training on a range of topics relevant to their roles within the practice.

We saw that some staff employed by the practice had recently had annual work appraisals. These had only recently been re-introduced over the last year following a break due to the COVID-19 disruption. We were told these were conducted by an external contractor to encourage open discussion and honest comments from staff. We noted very good engagement in this process from staff involved to date. However, we noted the reviewer comments were the same for each staff member and that whilst discussions around development were documented, clear objectives had not been set.

We recommend the registered manager ensures staff appraisals are individualised and that SMART (Specific, Measurable, Achievable, Realistic/

Relevant, Time-bound) objectives are agreed and documented for each staff member.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including a suggestions box and patient satisfaction surveys.

We were told that feedback is reviewed and discussed at team meetings, and if feasible changes would be implemented. We found the practice had instigated several improvements as a result, including text reminders and redecorating the premises. However, the practice did not have a method to communicate to patients changes made as a result of suggestions made.

We recommend the registered manager put in place a ‘You said, we did’ display or similar.

We saw an up-to-date written complaints procedure was in place for managing complaints about dental care provided at the practice. Details of other organisations that patients could approach for help and support were also included. The procedure stated the expected response timescale and included the details of the complaints manager. We noted this was a temporary arrangement and urge the practice to ensure procedures are amended whenever there is a change in the name of the appointed individual.

All respondents who answered the question told us they had been given information on how the practice would resolve any concerns / complaints post-treatment.

Complaints were recorded and managed on the practice IT system, which all staff had access to. We found the resolution process documented throughout.

We saw the practice had a Duty of Candour policy which provided guidance and set out staff responsibilities. However, the practice confirmed that Duty of Candour training had not been completed by staff. To date, there has been no incidents where Duty of Candour has been exercised.

We recommend that the registered manager ensures Duty of Candour training is completed by all nursing staff and evidence of this be provided to HIW.

Information

Information Governance and Digital Technology

Significant events and patient safety information would be recorded in the practice accident book and discussed at a team meeting. Patient safety information would be shared with the wider NHS. This information would be incorporated into the practice Quality Assurance Self-assessment (QAS) process to help improve the quality of the service.

Learning, Improvement and Research

Quality Improvement Activities

The practice had a clinical audit policy in place as part of the practice quality improvement scheme. We saw evidence of several clinical audits including antimicrobial and clinical records audits, the results of which were used to contribute to staff discussions.

In addition to audits, to improve the quality of service the practice obtains and evaluates staff views, patient feedback, assess daily and weekly testing results and analyse complaints and safety issues. This has led to the purchase and installation of an orthopantomogram (OPT) machine and the employment of a hygienist to broaden the services provided.

The practice used a dedicated dental IT platform which provided news and updates on upcoming government policy reviews, ensuring the practice was up to date with the latest guidelines.

Whole Systems Approach

Partnership Working and Development

Although the practice does not engage in a health care cluster group, suitable arrangements were described for engagement between the practice and other services, such as safeguarding, general practitioners and pharmacists. This ensures healthcare is better co-ordinated to promote the wellbeing of patients and the wider community.

An electronic referral system was used to refer patients to other healthcare services as required. In cases of urgent care or suspected cancer, this would be followed up by phone call to ensure prioritisation.

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 non-compliance concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Bryntirion Dental Practice

Date of inspection: 06 March 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 improvements were identified on this inspection.					

Appendix C - Improvement plan

Service: Bryntirion Dental Practice

Date of inspection: 06 March 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
Only half of the respondents to the HIW questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.	We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.	Quality Standard - Timely	Posters are now put up in the waiting room on 'how to access Dental out of hours.' This has been done in English and Welsh. Although it is already in the front window and on the notice board	Vikki Edwards	Completed
There were no leaflets available in other formats, such as easy read or large font, that considered the needs of	The registered manager is required to provide HIW with details of how the practice will make information available in	Quality Standard - Equitable	We have contacted our leaflet designer and our dental plan company to provide us with Welsh versions.	Vikki Edwards	Completed

<p>patients with reading difficulties.</p>	<p>Welsh and other formats that benefit patients with reading difficulties.</p>		<p>We will look into large simple font form. We have printed out our Complaints policy and other patient information in easy to read (16 arial font) and placed in the 'patient information folder'.</p>		
<p>The practice was aware of the 'Active Offer' of providing care in the Welsh language but did not offer it as an option to patients.</p>	<p>The registered manager is required to provide HIW with details of the action taken to implement the 'Active Offer'.</p>	<p>Quality Standard - Equitable</p>	<p>We have no staff who are fluent in the Welsh language, however we have made all our written material available in Welsh, this was done by myself over the last two weeks. We also have the information to hand for the translation service available from Aneurin Bevan health Board.</p>	<p>Vikki Edwards</p>	<p>Completed</p>

<p>A translation service would be offered to patients who need to speak in another language if necessary, although there was no contract in place for this.</p>	<p>We recommend the registered manager implements an appropriate translation service for patients requiring other languages.</p>	<p>Quality Standard - Equitable</p>	<p>We have contacted The Local Health Board Aneurin Bevan, and they have provided us with the service/flowchart, which is available behind the desk for all to use if needed.</p>	<p>Vikki Edwards</p>	<p>Completed</p>
<p>We found that staff had not completed Equality and Diversity training.</p>	<p>The registered manager must ensure all staff have Equality and Diversity training and provide HIW with evidence when complete.</p>	<p>Regulation 17(3)(a) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>All staff have access to complete the training which is provided to them free of charge. No pm has been at practice to oversee this. Practice meeting has been set for 26th April. Staff Have 1 week to complete</p>	<p>Vikki Edwards</p>	<p>10 days Meeting 26th April</p>
<p>We noticed what appeared to be a significant crack in the exterior side wall</p>	<p>We recommend the registered manager has this damage assessed by an independent building engineer to determine the</p>	<p>Regulation 22(2)(b) - The Private Dentistry (Wales) Regulations 2017</p>	<p>Surveyor has been out and report obtained, report sent on.</p>	<p>Mr Laffan</p>	<p>3 months</p>

between the basement and the street.	structural integrity of the premises and provide HIW with a copy of this report.				
There were no lockers available for staff to store their belongings securely.	The registered manager must improve storage facilities for staff personal belongings.	Regulation 22(3)(b) - The Private Dentistry (Wales) Regulations 2017.	We have a basement where we can store lockers, we will look at getting these.	Vikki Edwards	3 months
The registered manager must update the IPC and decontamination file to include the name of the appointed IPC lead.	The registered manager must update the IPC and decontamination file to include the name of the appointed IPC lead.	Regulation 13(6)(a) - The Private Dentistry (Wales) Regulations 2017.	This has been updated all policies and files have been updated and printed including IPC. Staff have also all been informed of changes	Vikki Edwards	Completed
We were told the practice conduct three-monthly dip slide tests of their dental chairs. However, there was no evidence retained by the practice to verify this.	The registered manager must ensure a record is kept of the three-monthly dip slide tests. HIW suggest retaining a photograph of the result as good evidence.	Regulation 13 (6)(b)(ii) - The Private Dentistry (Wales) Regulations 2017.	Logs had not been completed and updated, to reflect this. Our IPC has now been shown how to complete logs, these will be uploaded onto the portal monthly and hard copies filed away	Vikki Edwards	Completed

<p>A medicines dispensing logbook was not available for inspection.</p>	<p>The registered manager must ensure a logbook is available for medicines dispensed.</p>	<p>Regulation 13(4)(a) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>This has been implemented and will be collected regular by PM to upload onto our dental portal. We also now keep a hard copy in a file.</p>	<p>Vikki Edwards</p>	<p>Completed</p>
<p>We found that the practice had no cover in the event of the current first aider not being present, such as during periods of holidays and sickness.</p>	<p>The registered manager must ensure an additional person is trained and appointed as a first aid responder.</p>	<p>Regulation (8)(q) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Another member of staff has completed cpr, first aid training and medical emergencies</p>	<p>Vikki Edwards</p>	<p>Completed</p>
<p>There was no process in place for auditing digital plates for quality of image and damage.</p>	<p>The registered manager must ensure that a process is in place for the audit of digital X-ray plates.</p>	<p>Regulation 7 - The Ionising Radiation (Medical Exposure) Regulations 2017.</p>	<p>A radiography Audit was carried out last week by PM, for Digital bitewings and Digital PA'S for image grading. Will be repeated every 6months.</p>	<p>Vikki Edwards</p>	<p>Completed</p>

<p>We saw written policy and procedures were in place in relation to safeguarding. However, this was based on the Public Health England guidelines.</p>	<p>The registered manager must ensure the practice safeguarding policy and procedures fully align with the Wales Safeguarding Procedures.</p>	<p>Regulation 14(1)(a) - The Private Dentistry (Wales) Regulations (2017).</p>	<p>This has been changed.</p>	<p>Vikki Edwards</p>	<p>Completed</p>
<p>We identified some omissions in the patient records including initial medical history and updates, patient treatment options, indications of antibiotic prescribing and justifications for each X-ray exposure were not always recorded.</p>	<p>The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.</p>	<p>Regulation 20(1)(a)(i) & (ii)- The Private Dentistry (Wales) Regulations (2017).</p>	<p>It has been discussed with all staff, receptionists, clinicians and nurses that medical history has to be completed by patients every 12 months by paper or on the dental portal tool, sooner if any changes. Reviewed at each appointment by clinicians and recorded in notes. I am in the process of completing a record keeping Audit all findings will be addressed.</p>	<p>Vikki Edwards</p>	<p>Completed/ Audit is also due end of April 2024</p>

			Justification and consent for radiographs was discussed after recent radiography Audit.		
Patient language choice was not recorded in any of the records we reviewed. This could inhibit effective and individualised patient care.	The registered manager must ensure patients preferred choice of language is recorded within the patient records.	Regulation 13(1)(a) - The Private Dentistry (Wales) Regulations 2017.	Implement this into patient records. Called SOE software support today to see if there is a tab to flag this up. There is not but they have suggested a box to enter preferred language, which we will be applying to each patient daily moving forward, and also going back through existing patients	Vikki Edwards	Completed/ongoing
We found there were outstanding written references for some employees.	The registered manager must ensure they adopt a more robust approach to obtain the necessary	Regulation 18(2)(e)- The Private Dentistry (Wales) Regulations 2017.	We will document non responders in employee files if needed and make	Vikki Edwards	Completed

	written references prior to employing a person to work at the practice. We recommend all non-responses are documented.		more effort moving forward to chase up references.		
In staff appraisals, we noted the reviewer comments were the same for each staff member and that clear objectives had not been set.	We recommend the registered manager ensures staff appraisals are individualised and that SMART (Specific, Measurable, Achievable, Realistic/ Relevant, Time-bound) objectives are agreed and documented for each staff member.	Regulation 17(4) - The Private Dentistry (Wales) Regulations 2017.	We had an external person to carry out all staff appraisals, will feed this back and change our approach to fit the SMART objectives.	Vikki Edwards	Completed
We found the practice did not have a method to communicate to patients changes made as a result of suggestions made.	We recommend the registered manager put in place a 'You said, we did' display or similar.	Regulation 16(2)(c)- The Private Dentistry (Wales) Regulations 2017.	We have placed a poster up with the most recent responses from our patient survey and will update with every survey carried out or patient suggestion.	Vikki Edwards	Completed

The practice confirmed that Duty of Candour training had not been completed by staff.	We recommend that the registered manager ensures Duty of Candour training is completed by all nursing staff and evidence of this be provided to HIW.	Regulation 8 (2)(a) - Training and Support - Duty of Candour (Wales) Regulations 2023	This training is provided on the dental compliance portal we provide to staff, this will be discussed at the meeting on the 26 th April. PM is also attending the training provided later in the year and has carried out training previously.	Vikki Edwards	10 days Meeting 26 th April
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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): Vikki Edwards
Job role: Practice Manager
Date: 23/04/2024