

General Dental Practice Inspection Report (Announced)

Gwynfryn Dental Practice, Bangor

Inspection date: 09 July 2024

Publication date: 09 October 2024



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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 Gwynfryn Dental Practice, Bangor on 9 July 2024.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 36 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Gwynfryn Dental Practice was committed to providing a positive experience for patients.

All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

We observed staff greeting patients bilingually in a polite and friendly manner.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- Pleasant, welcoming environment
- Arrangements were in place to protect the privacy of patients, including designated areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:

We found that Gwynfryn Dental Practice was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The practice was well maintained and equipped to provide the services and treatments they are registered to deliver.

All areas were clean and free from any visible hazards.

We found the practice to have clear and effective procedures to ensure that dental instruments were decontaminated and sterilised.

The dental team were very knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

This is what we recommend the service can improve:

- Surgery handwashing sinks should not have plugs or overflows
- Medicines Management policy is in need of reviewing
- Not all patients had risk assessments recorded based on cavities, perio, tooth wear and oral cancer.

This is what the service did well:

- Surgeries were clean, well equipped and fit for purpose
- Well maintained radiation protection folder
- Robust safeguarding procedures
- Fully compliant with mandatory training requirements for staff.

Quality of Management and Leadership

Overall summary:

We found that Gwynfryn Dental Practice to have very good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the registered manager, who we found to be very committed and dedicated to the role and the practice.

We observed that the staff team worked very well together and were committed to providing a high standard of care for patients.

Staff had access to appropriate training opportunities in order to fulfil their roles.

This is what we recommend the service can improve:

- Recruitment policy is in need of reviewing.

This is what the service did well:

- We saw that all staff, both clinical and non clinical, worked very well together as part of a team
- Very well-maintained staff files
- Robust audit processes

- All clinical staff had attended training relevant to their roles and were meeting the Continuing Professional Development (CPD) requirements.

3. What we found

Quality of Patient Experience

Patient feedback

All patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

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

“Excellent service. All staff friendly and helpful. Highly recommend.”

“Very friendly staff, both dental and reception. I always feel at ease coming to the practice and so do my children.”

“Excellent service at all times.”

“All the staff are very efficient and friendly.”

“Friendly and hard working team. Always there when you need them.”

“Excellent team very supportive. Receptionists are a credit to the practice.”

“Perfect care and service. I would recommend to anybody.”

Person-centred

Health promotion and patient information

Some health promotion material was on display and some of this information was available in English and Welsh. This means patients had access to information which could support them in caring for their own oral hygiene.

We saw ‘No Smoking’ signs within the practice confirming that the practice adhered to the smoke free premises legislation.

Price lists were also clearly on display in the waiting area.

We saw clear signage that indicated how to contact the practice out of hours in an emergency.

Dignified and respectful care

There were arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.

All patients (36/36) who completed a questionnaire stated that they felt that staff at the practice treated them with dignity and respect.

All patients (36/36) stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it. All patients (32/32) also told us that things are always explained to them during their appointment in a way they can understand.

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way. The doors to the surgeries were kept closed during treatments.

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed in the waiting room.

Individualised care

General information about the practice was available on the website, social media pages and was displayed by the main entrance, waiting area and reception.

The practice has a patient information leaflet which contained all the information required by the regulations.

In response to the HIW questionnaire, all patients (36/36) told us that they were given enough information to understand which treatment options were available, and the majority of patients (32/33) told us that their medical history was checked before treatment.

The majority of patients (32/33) agreed that they were given enough information to understand the risks and benefits of the treatment options and that costs were made clear to them before treatment. Some patients told us:

“Very friendly, helpful and professional. Gave me all the information I needed. Text and email reminders are helpful.”

“The hygienist and nurse really put me at ease as I was very nervous.”

“All staff are very friendly and professional at all times. Feel very safe and well looked after even though I've previously been very anxious about receiving any dental treatment.”

“I feel very at ease coming to my appointments. I used to be very nervous.”

We found that patients medical histories, treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

Timely

Timely care

We saw that staff made every effort to ensure that dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

All patients (36/36) who completed the questionnaire said it was very easy or easy to get an appointment when they needed one.

The majority of patients (35/36) who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and one patient told us they did not. An emergency number was available should patients require urgent out of hours dental treatment. Contact information was displayed by the main entrance, provided on the practice website, answer phone message and patient information leaflet. One patient told us:

“They always do their best to resolve any problems that occur. Trust is an important part of being a patient, and I do trust them. Speedy reaction to ‘emergencies’ when treatment is required.”

Equitable

Communication and language

The practice had a patient information leaflet and complaints policy in place. All information was available in English, with some information available in Welsh. Staff informed us that they could make the information available in alternative formats if requested.

Some patients who completed a questionnaire told us their preferred language was English (26/36) with the remaining patients (10/36) telling us it was Welsh.

We were told there were some Welsh speaking members of staff working at the practice. We saw that staff identified themselves as Welsh speakers using the laith Gwaith brand. We also saw the laith Gwaith poster displayed by reception. The laith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers.

We were also told that, if required, staff could access a translation service to help them communicate with patients whose first language is not English.

Rights and equality

There was an 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.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

The majority of patients (28/36) who completed the questionnaire confirmed the premises were accessible with four patients telling us they were unsure. However, we found there was good access to the building. Wheelchair users and patients with mobility needs could access the reception, waiting area and one surgery located on the ground floor.

Delivery of Safe and Effective Care

Safe

Risk management

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be well maintained internally and externally. We saw that all areas were very clean, tidy and free from obvious hazards.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training.

Emergency exits were visible, and a Health and Safety poster was displayed.

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

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

Infection, prevention and control (IPC) and decontamination

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.

Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. The logbook, in which the practice recorded their daily maintenance of sterilisation equipment, was well organised. However, we found that the handwashing sinks, in each surgeries contained plugs and an overflow. We advised the registered manager that handwashing sinks should not have plugs or overflows.

The registered manager must ensure that plugs are removed, and overflows covered or sealed in all handwashing sinks located in the surgeries.

Infection control audits had been completed using recognised audit tools, including the Health Education and Improvement Wales 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.

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

Medicines management

Procedures were in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had one trained first aider.

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. There was an effective system in place to check the emergency drugs and equipment on a weekly basis, in accordance with standards set out by the Resuscitation Council (UK).

Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

There was a Medicines Management policy in place. However, we found that it did not contain details for the supply and disposal of antibiotics used for implants or the emergency drugs. We also found that it did not cover the denaturing of the oral midazolam prior to disposal in the pharmaceutical bin.

The registered manager must review and update the Medicines Management policy.

Safeguarding of children and adults

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. 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 safeguarding of children and vulnerable adults. Two members of staff had been trained in safeguarding level 3 and there was one member of staff nominated as safeguarding lead. Staff were able to discuss with us, in detail, the policies and procedures and various scenarios.

Staff told us that they felt able to raise any work-related concerns directly with the registered manager and were very confident that concerns would be acted upon.

We saw that the practice had a whistleblowing policy in place.

The registered manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a DBS check in place.

Management of medical devices and equipment

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were well organised, clean and tidy and had been finished to a good standard.

There was a Radiation Protection folder in place which was very well organised. We found that all X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of 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 the clinical team. However, we noted that one clinician was missing one hour of their Continuing Professional Development (CPD). We were verbally assured on the day of the inspection that training had been completed.

The registered manager must ensure that evidence of the missing one-hour ionising radiation training certificate is submitted to HIW.

We saw that the practice was using a Class 4 dental laser. However, the use of a Class 4 dental laser had not been included within the original application for registration by the previous practice manager. We brought this to the attention of the registered manager who immediately informed us that the Class 4 dental laser would not be used until a variation request had been submitted to HIW and is referred to in Appendix A of this report.

Effective

Effective care

Arrangements were in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

Patient records

A sample of ten patient records were reviewed. Overall, there was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

All records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality. However, we found that risk assessments (5/10) were not always recorded by one clinician to evidence that the risk of cavities, perio, tooth wear and oral cancer had been carried out.

The registered manager must ensure that risk assessments based on cavities, perio, tooth wear and oral cancer are recorded for all patients.

Quality of Management and Leadership

Leadership

Governance and leadership

There was very good leadership and clear lines of accountability in place.

The day to day management of the practice was the responsibility of the registered manager who we found to be very committed and dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the registered manager and felt very well supported in their roles. Staff spoke very highly of the registered manager.

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures.

All policies and procedures contained an issue and/or review date ensuring that they were reviewed regularly and that practices were up to date.

There were appropriate arrangements for the sharing of information through practice wide team meetings. A breadth of relevant topics was covered during these meetings and minutes maintained.

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

Workforce

Skilled and enabled workforce

All staff working at the practice had a contract of employment. We also saw that there was an induction programme in place, which covered training and relevant policies and procedures. However, we found that the recruitment policy did not cover the induction process, employment conditions or training requirements.

The registered manager must ensure the recruitment policy is reviewed to include the induction process, employment conditions and training requirements.

We saw evidence that staff appraisals were undertaken, and it was positive to note that appraisals were up-to-date and comprehensive.

Staff files contained all the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. We found that the practice had a training matrix available where competency can be assessed and monitored by the registered manager.

Culture

People engagement, feedback and learning

There was a written complaints procedure in place. This was available to all patients in the waiting area. Details were also included within the patient information leaflet and statement of purpose.

We discussed the mechanism for actively seeking patient feedback, which the practice does by text messaging or emailing patients at the end of their treatment. Patients are also able to give feedback via social media and in person at the practice via the use of a comment box located in the waiting room. Details of the feedback analysis are discussed with the dental team and displayed in the waiting room and published on the practice website for patients to view.

Learning, improvement and research

Quality improvement activities

It was very evident that staff at the practice were seeking to continuously improve the service provided. We found that the practice had a robust audit process in place. We were provided with examples of various audits and action plans which were conducted as part of the practice's quality improvement activity. These included audits of X-rays, infection prevention and control and decontamination (compliance with WHTM 01-05), patient records, mouth cancer, smoking cessation, hand hygiene, cleaning, health and safety, disability access, clinical waste and patient feedback.

We found the dental team to be proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

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 summarises 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
The use of Class 4 laser had not been included in the original application for registration.	It cannot be assured that patients are protected from harm as the use of the Class 4 laser has not been approved by HIW.	We escalated the concern to the registered manager during our visit.	The registered manager immediately <ul style="list-style-type: none">• ceased using the Class 4 laser machine• submitted a variation request to HIW.

Appendix B - Immediate improvement plan

Service: Gwynfryn Dental Practice

Date of inspection: 9 July 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
1. No immediate improvement plan was required for 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: Gwynfryn Dental Practice

Date of inspection: 9 July 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
1. Handwashing sinks should not have a plug or overflow.	The registered manager must ensure that plugs are removed, and overflows covered or sealed in all handwashing sinks located in the surgeries.	WHTM 01-05	Plug removed immediately on the day of inspection. Plumber contacted to cover / seal overflows.	Practice Manager	Plug removed immediately on the day of inspection.
2. The Medicines Management policy is in need of reviewing.	The registered manager must review and update the Medicines Management policy to include the supply and disposal of antibiotics.	PDR 8	Medicines Management Policy to be reviewed and discussed & signed off by all members of the team.	Practice Manager	Completed.
3. Missing one-hour ionising radiation training certificate for one clinician.	The registered manager must ensure that evidence of the missing one-hour ionising radiation training certificate is submitted to HIW.	IR(ME)R 2017	Certificate to be submitted to HIW.	Practice Manager	Completed.

4.	Risk assessments (5/10) were not recorded in patients records by one clinician.	The registered manager must ensure that risk assessments based on cavities, perio, tooth wear and oral cancer are recorded for all patients.	PDR 20	Meeting with clinicians held. New patient risk assessment templates to be drafted, reviewed and used.	Individual clinicians / Practice Manager	Completed.
5.	The recruitment policy is in need of reviewing.	The registered manager must ensure the recruitment policy covers the induction process, employment conditions and training requirements.	PDR 8	Recruitment policy Reviewed.	Practice Manager	Completed.

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): Registered Practice Manager

Job role: Registered Practice Manager

Date: 15/08/2024