

General Dental Practice Inspection Report (Announced)

Porthcawl Dental Care, Cwm Taf
Morgannwg University Health Board

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In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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 Porthcawl Dental Care, Cwm Taf Morgannwg University Health Board on 19 April 2022.

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

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

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Porthcawl Dental Care are 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.

We saw changes had been made to the environment and their service provision based on government guidance. These changes enable patients to be treated as safely as possible. Staff provided relevant information to patients over the telephone regarding COVID-19.

We have made a recommendation to move their private treatment price list to somewhere that can be easily seen by patients.

This is what we recommend the service can improve:

- The private treatment price list should be displayed where it can be easily seen by patients
- The practice has Welsh speaking staff and they should make it clearer that a bilingual service is available
- Details of organisations that could assist a patient with their complaint need to be added to the complaints process as well as the details of what happens if no resolution can be agreed
- The name of the member of staff responsible for dealing with complaints was inconsistent in several documents. The complaints policy, procedure and any documentation that includes information about complaints needs to be updated with the correct person.

This is what the service did well:

- We observed patient care being provided in a caring and professional manner. This was also evidenced by a lack of complaints received at the practice and by the personable approaches we saw on the day.

Safe and Effective Care

Overall summary:

We found the practice requires improvement in several areas to ensure they are meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

Environmental and cleanliness issues were identified which need attention. We saw stained flooring in the reception and staff room. Dusty and dirty draws, cupboards and worktops were found in the decontamination room.

Improvements to the fire safety arrangements were identified which include having a fire risk assessment in place, up to date staff training and fire drills.

Of the ten patient records we reviewed we found they were being kept to a good standard. The notes were clear, legible, and generally good quality with sufficient information about the patient and their treatment being recorded.

Immediate assurances:

- We found the environment of the decontamination room was not being maintained with appropriate standards of cleanliness and hygiene in relation to reusable dental instruments and dental materials used for the purpose of carrying on a private dental practice. Therefore, we could not be assured that the dental practice was providing a safe environment for the sterilisation of instruments. The environment of the decontamination room must be brought up to the expected standards to allow a decontamination process that will render reusable dental instruments safe for further use. This must include, but is not limited to:
 - The cleaning and removal of the debris seen in the blocked area between the new sink and cupboards
 - The cleaning, removal or replacement of materials and objects currently stored within the unclean cupboards and drawers
 - The cleaning of all work surfaces
 - The reorganising and removal of out of date items stored in the fridge
 - Completion of portable appliance testing of all electrical items
 - Consideration must be given to the undertaking of further remedial work to ensure the environment of the decontamination room does not deteriorate to the same extent in future.
- We found there was no fire risk assessment in place and no evidence that fire drills were being undertaken at the practice. Improvements in the practices' fire safety arrangements, specifically the implementation of a fire risk assessment and fire drills need to be immediate. These need to be kept up to date to ensure there is adequate precautions taken against the risk of fire.
- We found there was no confirmation available to confirm the practice had registered their x-ray equipment with the Health and Safety Executive (HSE).

Registration with HSE needs to be completed urgently to provide assurance that the practice has met all the legal requirements associated with this process.

- We found paper patient records were being stored in an unlocked cupboard in the waiting area. A review of the records is required to ensure old records are disposed of appropriately. The storage of archived patient records needs to be improved to ensure they are securely stored. The records also need to be reviewed against retention timescales, with applicable records securely disposed of. Any records that need to be kept must be accessible if required.

The practice has provided us with details of the action taken/due to be taken and we are assured that suitable arrangements have been implemented in relation to all the issues above.

Overall, this is what we recommend the service can improve:

- The environment needs to be improved, specifically the flooring in the reception and staff room which was stained. The decontamination room required new flooring to be compliant with infection control standards
- The staff room needs to be cleaned, specifically the fridge and where possible decluttered and better organised
- An environment risk assessment needs to be in place and regularly updated to ensure the practice is fit for purpose
- A review of the cross infection policy is required to ensure clearer designation and responsibilities of staff is obvious
- WHTM 01-05 audits need to be completed annually
- There was no smoking cessation audit completed and we recommend that this is added to the audit programme
- An audit timetable needs to be devised. This will help to maintain the correct time lapses between audits
- Consideration should be given to appointing a dedicated decontamination lead. This will help improve ownership and leadership in this area
- Consideration should be given to having a lock on the back gate which would provide an extra security step to ensuring the clinical waste bins remain secure
- The first aid kits need to have out of date items removed and replaced with new stock. Consideration should be given to including a list of contents to each box and including paracetamol to the kits
- The safeguarding policy needs updating to reflect DBS checks instead of CRB. The policy needs to include details of the local safeguarding team and a quick reference flowchart to help guide staff should a safeguarding issue arise. The

practice needs to use the Wales Safeguarding Procedures website to ensure all their safeguarding information is up to date and relevant

- The practice should record the on-going training staff receive on the use of the medical devices and equipment they use at the practice
- A radiation risk assessment needs to be completed
- The radiation protection documentation needs to include the details and identification of the controlled areas
- There needs to be a way of recording competency on the use of x-ray equipment and procedures following training
- Quality assurance monitoring activities need to be improved and put in place for the written procedures, protocols and equipment.

This is what the service did well:

- The patient records reviewed were clear, legible, and good quality with sufficient information about the patient and their treatment.

Quality of Management and Leadership

Overall summary:

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

The practice had various policies and procedures in place, but these require improvement to ensure they are specific for the practice, reviewed regularly and staff understand from them what their role and responsibilities are.

Appraisals and supervision had lapsed since COVID-19 and these need to be re-introduced.

Training data could be better recorded and consideration should be given to implementing a training log. This would enable staff to have an overview of all the training rather than having to search each training file.

Regular staff meetings were taking place. Minutes are recorded and kept on file. Staff are encouraged to participate and contribute to agenda items.

This is what we recommend the service can improve:

- The patient guide needs to be completed to include all the areas required by the regulations. This document needs to be available to patients upon request
- The statement of purpose would be beneficial in an electronic format. This would ensure that changes could be easily made and that it is available to patients on request and on your website

- A review of all policies and procedures is required to ensure they are relevant and specific to the practice. Issue and review dates need to be clear and recorded to evidence when policies have been updated. Staff need to be familiar with all policies to ensure they understand their role and responsibilities
- A review of staff training is required to ensure expired training is completed, specifically fire safety
- Consideration should be given to having a staff training log. This would help have an overall view of training compliance and ensure that courses can be arranged without the need to search each staff training file.

This is what the service did well:

- Staff worked well together which was evidenced by their rapport and interaction with each other.

Details of the concerns relating to patient safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 14 completed questionnaires. All the completed questionnaires were from patients who had been a patient at the practice for more than two years.

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

"Dentist makes me feel comfortable"

"Extremely friendly staff; always very helpful"

"Very professional"

None of the patients who completed a questionnaire provided comments on how the practice could improve the service it provides.

Staying Healthy

Health Protection and Improvement

We saw the changes that had been made to the practice environment because of the pandemic. Personal Protective Equipment (PPE) for staff and patients is available as well as hand sanitising stations throughout the practice.

To minimise the risk of COVID-19 transmission within the communal areas, social distancing measures were in place and only patients with pre-arranged appointments could visit the practice. Some chairs in the waiting area had been taped to stop patients using these. Treatment rooms had been decluttered as much as possible. 13 out of 14 patients who completed questionnaires felt it was very evident that the practice had Covid compliant procedures in place during their time at the practice.

We heard staff complete COVID-19 screening questions and provide information about the patient journey to patients who were telephoning the practice.

All but one of the patients that completed a questionnaire told us that the dental

team had spoken to them about how to keep their mouth and teeth healthy.

We saw patient information available in the waiting area. This included information about complaints, including the NHS process 'Putting Things Right'. NHS treatment charges were displayed by the reception desk however, we would recommend that the private treatment price list is also displayed more prominently. At the time of the visit this information was displayed on a notice board behind reception and is not easily seen by patients.

The name of the practice was clearly visible from the outside and the name of the dentists was displayed next to the entrance of the practice. Opening hours and an emergency telephone number were also displayed.

We saw signs within the practice displaying 'No Smoking' which confirmed the practice adhered to the smoke free premises legislation.

Dignified care

Communicating effectively

All but one of the patients that completed a questionnaire told us that English was their preferred language and that healthcare information was available to them in that language. One questionnaire confirmed that the patient was happy to receive services in both Welsh and English and that information was available to them in both languages.

Nine out of 14 patients told us that they were not offered the opportunity to speak Welsh. Two responses stated they were asked and two patients said they were sometimes offered the opportunity to speak Welsh. We were told the practice has two Welsh speaking staff, however, there was no information seen to advertise this to patients. We recommend that the practice make it clearer that a bilingual service is available.

There was some NHS information displayed in both Welsh and English. Staff told us they had very few patients who wanted information in Welsh. If a patient did request this then the Welsh speaking member of staff would endeavour to provide this.

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We were told that staff would hold private conversations with patients within the dental surgeries away from the reception/waiting area.

We saw the General Dental Council's (GDC) 9 principles was displayed in the waiting area, therefore in line with the Private Dentistry (Wales) Regulations 2017.

Patient information

All of the patients that completed a questionnaire told us they felt involved as much as they wanted to be in any decisions made about their treatment. All patients said the dental team helped them understand all available options when they needed treatment.

We saw a range of posters and information leaflets in the waiting area, including practice specific information about the private dental plans they offer.

Posters reminding patients about social distancing and wearing face masks were seen.

Timely care

Timely access

We saw the practice endeavouring to provide dental care in a timely manner and we observed this during our inspection. All appointments need to be made via telephone.

Staff told us of the process for keeping patients informed about any delays to their appointment times. Ten out of 14 patients who completed a questionnaire felt that it was very easy to get an appointment when they needed it. The remaining four questionnaires described the process as 'fairly easy'.

All but one of the patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. Staff told us they have a number of emergency appointments available each day. The dentists also provide cover after the surgery has closed on weekdays and weekends for any patient suffering with trauma, pain and severe bleeding. These are triaged via telephone before a course of action is agreed with the patient.

At the time of the inspection, we saw some restrictions due to COVID-19 still in place, with only patients with pre-arranged appointments entering the practice. The door to the practice was locked, with staff answering and directing patients into the surgery to help reduce the amount of time a patient spends on the premises.

Individual care

Planning care to promote independence

We reviewed ten patient records and found there was evidence of treatment planning and options for those patients.

13 out of 14 patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. All of the patient records we reviewed had updated medical histories documented in the notes.

People's rights

We noted the practice had an equality and human rights policy in place, as well as a number of other supporting policies to promote equality and diversity at the practice. Staff we spoke to said they felt they were treated fairly and had access to training.

13 patients told us via our questionnaire that they felt they could access the right healthcare at the right time and 12 patients said they had not faced discrimination when accessing or using this practice.

Despite the number of policies in place to protect staff and visitors from discrimination, there was limited understanding from staff that we spoke to regarding this area. It is recommended that staff complete training to gain better understanding of this area and that policies are read and understood to enable staff to deal with any equality issues raised.

We saw the practice had a ramp to enter the building. All surgeries were located on the ground floor and accessible to anyone using a mobility aid/pushchair.

The waiting area and reception was situated down two steps and the toilet was located behind the reception. These areas could not be accessed by anyone unable to descend/climb the steps and the toilet doorway was not wide enough to accommodate mobility aids.

At the time of our visit, access to the toilet was limited to emergencies only. The facility was signposted and had hand washing and drying facilities available.

Listening and learning from feedback

The complaints process was displayed in the waiting area, in both Welsh and English as well as the NHS complaints process, 'Putting Things Right'. The complaints information included the process that needs to be followed, timescales for responding, the name of a member of staff responsible for dealing with complaints and details of HIW. We identified some missing information from the procedure

which should be included. Details of organisations that could assist a patient with their complaint need to be added as well as details of what happens if no resolution can be agreed.

We noted that the name of the member of staff responsible for dealing with complaints was inconsistent in several documents. The complaints policy, procedure and any documentation that includes information about complaints needs to be updated with the correct person.

All complaints are kept in a folder. The practice has not received any complaints for over two years.

Staff told us they issue their own questionnaires to gather feedback about the services they provide. Questionnaires are usually kept in the waiting area, but have been removed because of COVID-19. Until these are reintroduced, patient feedback can be given verbally or via email. At the time of our inspection, no feedback had been provided to the practice via this method.

The last audit of patient feedback was completed in February 2020. The audit showed positive results with patients rating their care as excellent.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

The building appeared generally well maintained externally. Access to the building was unrestricted, enabling anyone with a mobility aid/pushchair entry to the building.

However, internally we found areas of the practice that required improvement. We saw flooring in the reception and staff room was stained. We were told the decontamination room flooring was due to be changed to ensure it complies with infection control standards. We identified cleanliness issues with the decontamination room but have had confirmation that the issues identified have been addressed. There were no concerns given by patients over the cleanliness of the dental practice, with 12 out of 14 patients that completed a questionnaire expressing that in their opinion the dental practice was very clean.

A multipurpose room was used as a staff changing room, store and stock room as well as containing the staff kettle and food fridge. The room was cluttered and the fridge was stained. The room needs to be cleaned, specifically the fridge, and where possible decluttered and better organised.

There were no issues identified regarding the heating, lighting or ventilation.

We saw fire safety equipment was available at various locations around the practice and this had been recently serviced. At the time of the inspection there was no fire risk assessment in place or evidence of fire drills having taken place. We found that all staff had expired fire safety training. As a result of these findings we requested immediate assurance from the practice that these areas would be addressed urgently. The practice has provided us with details of the action they have taken and we are assured they have improved their fire safety precautions.

We saw fire exits were signposted. No smoking signs and a health and safety poster was displayed, including an employer's liability insurance certificate.

We saw a COVID-19 risk assessment was in place, dated July 2020. However, there was no environmental risk assessment. This needs to be completed and regularly updated to ensure the practice remains fit for purpose.

Infection prevention and control (IPC)

We saw the practice had a number of policies in place that collectively make up their infection prevention and control procedures. These included hand hygiene, disposal of clinical waste and infection control arrangements. Our review of the cross infection policy highlighted that clearer designation and responsibilities of staff is needed.

We observed that the designated decontamination room at the time of our visit was not fit for purpose. We found the room was poorly kept with regards to the design and cleanliness. We saw that a newly installed sink had resulted in a blocked area, where debris had fallen and could not be easily cleaned. In addition, we found a cupboard could not be fully opened because of the new sink. Cupboards and draws were disorganised and unclean. The area used for clean instruments was visibly dusty. The fridge in the room was disorganised and contained out of date items that needed to be removed. We found that the electrical items in this room had not been PAT tested. As a result of these findings we sought immediate written assurance of the arrangements to be put in place to address the issues identified. We have been provided with details of the action that has been taken and we are assured that suitable systems have been implemented in relation to the above.

We saw that the log books for checking the sterilisation equipment were being completed and staff had access to appropriate PPE for working in this area.

The WHTM01-05 audit was not being completed annually. Therefore, this needs to be updated.

We saw certificates to evidence that all clinical staff had undertaken infection control training. However, due to a dental nurse absence and a new starter, there was a lack of leadership on decontamination. We recommend to improve the decontamination process consideration should be given to appointing a decontamination lead.

We found there were appropriate arrangements in place for the handling and disposal of waste. We saw clinical waste being stored securely and separate from non-hazardous waste. We observed that the gate to the back entrance of the property had no lock. Although the area was overgrown, the waste is collected from here, therefore consideration should be given to having a lock on the gate to ensure no persons would enter and try to open the clinical waste bins.

We were told that the practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries.

Medicines management

We found the practice had appropriate procedures in place to deal with emergencies. A medical emergencies policy was in place that included the administration, handling and disposing of medicines to patients. Resuscitation equipment was available for use.

We saw the emergency drugs were being stored in a location that could be accessed easily by staff.

There were systems in place to evidence checks on emergency drugs were being carried out in accordance with national guidance. We noted that the emergency drugs and equipment were all in date.

The principal dentist is the first aider, and had up to date training in place. We saw there were two first aid kits available. We found some of the items contained in them to be old and not relevant. These need to be removed and replaced with in date stock. We recommend that additional items including paracetamol and Optrex might be useful additions to the first aid kit.

We saw prescription pads being kept securely.

Staff told us of the procedures they would take if there was an emergency or had to report an untoward drug related incident.

Safeguarding children and safeguarding adults at risk

We saw that all clinical staff had up to date training in adult and child safeguarding, level 2. We found that the practice manager had lapsed safeguard training and recommend this is updated.

The principal dentist was the practice safeguard lead and staff told us any concerns would be reported to him.

The safeguarding policies we reviewed need to be updated. We found that the document was too generic and not specific for the practice. We saw that CRB checks were being referenced in the document. This changed to the DBS in 2012, so despite the document having a review date of March 2022, we could not be reassured that the content is reviewed appropriately.

We also found that the safeguarding policy did not contain details of the local safeguarding team or a flowchart that would provide quick access to the steps that need to be taken should a concern arise. The staff we spoke to could not tell us who they would contact locally if an issue was to arise. Details of the local safeguard team and a flowchart needs to be included in the policy and staff updated.

We saw the practice had a copy of the old All Wales child protection procedures. Our review highlighted that there was out of date information within this procedure. We recommended that the practice use the Wales Safeguarding Procedures website to ensure all their safeguarding information is up to date.

We saw that staff had a DBS check on file which was undertaken prior to their employment.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. We were told that staff were adequately trained to use the equipment and saw this evidenced in staff induction documentation. However, we did not see any evidence that there was any on-going training on the use of the equipment.

We found the dental instruments were in good condition and sufficient in number. There were adequate arrangements in place to deal with any device or system failure.

We reviewed the arrangements in place for the safe use of radiographic equipment and found most of the required documentation and information was available and up to date. However, we found some areas that needed to be addressed urgently.

We found the practice had not registered with HSE to ensure they had met all the legal requirements associated with this process. We issued a non compliance notice regarding this and have subsequently received confirmation that this action has been completed.

We were unable to find in the documentation details and identification of the controlled areas. These need to be completed and local rules updated.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training. However, we could not evidence that competency had been assessed following training.

There was no evidence that quality assurance monitoring activities were taking place in respect of written procedures, protocols and equipment. We were unable to find a radiation risk assessment.

Effective care

Safe and clinically effective care

We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. This is because details were documented in their statement of purpose and in policies and procedures.

Staff told us they were obtaining professional guidance and where applicable using this to update their own policies. This was evidenced in the practice's standard operating procedure, which had been updated in line with updates and advice from external bodies, including the guidance issued by the Chief Dental Officer (CDO) for Wales.

Quality improvement, research and innovation

The practice had a quality assurance policy in place and we were told that the practice continuously strives to improve the service provided to patients. We saw audits had been completed which included radiograph quality audit, record keeping audit, antimicrobial and WHTM01-05. However, the decontamination audit was not being completed annually, with the last audit completed pre COVID-19. The radiograph audit was due for review in January 2021. We recommend that an audit timetable is devised. This will help maintain the correct time lapses between audits.

There was no smoking cessation audit completed and we recommend that this is added to the audit programme.

We were told that some informal peer review of clinical staff takes place.

We were told the practice does not undertake any research.

Information governance and communications technology

The practice had a data protection and staff confidentiality policy in place. We found that current patient records were being stored electronically and securely.

However, we found paper patient records being stored in an unlocked cupboard in the waiting area. The practice received a non compliance notice about this issue and we have been reassured that old records have been securely destroyed and a lock has been placed on the cupboard to ensure their safe storage.

Record keeping

We reviewed 10 sets of patient records and concluded that these were being kept to a good standard. The notes were clear, legible, and generally good quality.

Of the records we reviewed, we saw they had sufficient information of the patients' dental history, reason for attendance, treatment information, consent and recall information.

Quality of Management and Leadership

Governance, Leadership and Accountability

The principal dentist (the practice owner) has overall responsibility for the management of the practice. He is supported by another dentist, one hygienist, a practice manager/receptionist, another part time receptionist and three dental nurses, one of which is a trainee. We saw that private dental care was being provided in accordance with their conditions of registration.

We saw the staff team working well together and this was evidenced by their rapport and interaction with each other and their patients on the day of the inspection.

We reviewed the statement of purpose which contained all the areas required by the Private Dentistry (Wales) Regulations 2017. The document was handwritten and we recommend that an electronic version is available because this document needs to be available to patients upon request, available on the website and submitted to HIW when it is reviewed and updated. An electronic version would make the process of updating any changes easier than having to write out the whole document.

The patient information leaflet was not complete. This document needs to be updated with all the information required by the regulations.

We saw that the practice had a range of policies and procedures in place. Reviewing some of these we found that they did not reflect current working arrangements at the practice. This is because they were generic and did not contain specific practice information/details.

There were very few policies that contained a review and issue date. This was being documented on a separate sheet. However, the information captured could not evidence that all the policies and procedures were being reviewed regularly.

Therefore, we could not be assured that all the policies and procedures were up to date and relating to current working arrangements. This concern had been identified during a previous HIW inspection and we found the issue remained on this inspection. We recommend that all policies and procedures are reviewed, updated, and made specific for the practice. Improved systems need to be in place to clearly evidence when they are issued and when they need to be reviewed.

Some staff we spoke with were unsure about some of the processes they may need to follow, this was evident when discussing safeguarding. All staff need to know what policies and procedures are in place and how these impact on their role and responsibilities at the practice. Staff should be made aware of any changes made to the policies and there should be a system to evidence that staff have read and understood the policies and procedures.

The principal dentist had overall responsibility for ensuring that any notifications, including any to HIW are submitted in the event of any serious injuries.

We saw that team meetings were taking place on a regular basis. Minutes are recorded and kept in a folder so any member of staff unable to attend can read them. Staff told us that they can contribute to the agenda and discussions at the meetings.

Workforce

We were told of the process used to recruit new staff and there were policies in place to support the employment and induction of staff. We were told that agency staff hadn't been used for some time. The process of obtaining an agency staff's competency, experience and DBS were explained.

Staff files are kept, and we saw they contained evidence of their GDC registration, contract of employment, Hepatitis B immunity and DBS check. We were told that all staff have professional indemnity insurance in place, but certificates were not seen in all of the staff files.

All clinical staff were registered to practice with the General Dental Council. The principal dentist pays for all the registrations and therefore ensures staff continue to maintain their registration.

Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with another staff member or an alternative appropriate body if required.

We were told that appraisals and supervision had not taken place since before COVID-19, but will be started again. It is recommended that an annual appraisal is undertaken for all staff and kept on file and that supervision is provided to staff.

We saw evidence that training certificates were being kept for each member of staff. However, there was no all staff training log in place that could easily identify compliance with training. Each file needed to be reviewed to determine if staff are up to date. We found that fire training had not been completed on an annual basis for staff. CPR training was booked for one dentist to complete in April 2022. We recommend that training data is captured in a log and kept centrally. This will enable the practice manager to ensure staff remain up to date with their training. In addition, a review of all training is required to ensure staff have up to date skills and knowledge.

Initiatives introduced because of COVID-19 to support staff included sharing information about mental health support that had been received from the health board as well as from other professional bodies. Contact numbers had been shared with staff to use if they required support.

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 B - Immediate improvement plan

Service: Porthcawl Dental Care

Date of inspection: 19 April 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The environment of the decontamination room must be brought up to the expected standards required to allow a decontamination process that will render reusable dental instruments safe for further use. This must include, but is not limited to:</p> <ul style="list-style-type: none"> • The cleaning and removal of the debris seen in the blocked area between the new sink and cupboards; • The cleaning, removal or replacement of materials and objects currently stored 	<p>The Private Dentistry (Wales) Regulations 2017 Regulations 13(3)(b)</p>	<p>The debris from the difficult to access area has been removed and the floor in the area has been mopped with a bleach solution.</p> <p>The cupboards have been checked for unnecessary materials and they have been removed and thrown out while the drawers and shelves within the cupboards have been cleaned and disinfected with an alcohol based cleaning solution.</p> <p>The work surfaces have also been cleaned and disinfected, and all unnecessary materials removed.</p> <p>The contents of the fridge have been organised to remove any unwanted or out-of-date materials.</p>	<p>Hywel Price</p>	<p>We expect the refurbishment of the decontamination room to be carried out during the second half of June when a new vinyl floor will be laid in the decontamination room and the access corridor.</p> <p>A fitter came to measure up for the new units and</p>

<p>within the unclean cupboards and drawers;</p> <ul style="list-style-type: none"> • The cleaning of all work surfaces; • The reorganising and removal of out of date items stored in the fridge • Completion of portable appliance testing of all electrical items <p>Consideration must be given to the undertaking of further remedial work to ensure the environment of the decontamination room does not deteriorate to the same extent in future.</p>		<p>The PAT was carried out on the 20/04/2022 by a local electrical company.</p> <p>We are currently in the process of designing a new set of cupboards for the room which will provide a continuous worktop around two sides of the room and eliminate any dead space or blocked area.</p>		<p>worktops on the 26th of April.</p>
<p>Improvements in the practices' fire safety arrangements; specifically the implementation of a fire risk assessment and fire drills need to be immediate. These need to be kept up to date to ensure there is adequate precautions taken against the risk of fire.</p>	<p>The Private Dentistry (Wales) Regulations 2017 Regulations 22(4)(d) & (e)</p>	<p>Fire drills will be carried out every 6 months with the first one scheduled for the 26th of April 2022 as this is the first day that all of the staff will be in work. A fire risk assessment is in the process of being carried out and will be reviewed annually.</p>	<p>Hywel Price</p>	<p>The fire risk assessment was completed on 26/04/2022, and staff training on the use of fire extinguishers on the same day.</p>

<p>Registration with HSE needs to be completed urgently to provide assurance that the practice has met all the legal requirements associated with this process.</p>	<p>The Private Dentistry (Wales) Regulations 2017 Regulations 13(8)</p>	<p>The practice is now registered with the HSE and the certificate has been emailed to us.</p>	<p>Hywel Price</p>	<p>This action has been completed.</p>
<p>The storage of archived patient records needs to be improved to ensure they are securely stored. The records also need to be reviewed against retention timescales, with applicable records securely disposed of. Any records that need to be kept must be accessible if required.</p>	<p>The Private Dentistry (Wales) Regulations 2017 Regulations 20(1)(b) & (2)(a)(b)</p>	<p>I have contacted Taclus Confidential, who will be collecting several bags of unnecessary patient records for destruction. This will free up a lot of space, enabling the archived records to be stored in a more appropriate manner. In the mean time, a lock has been put on the cupboard door.</p>	<p>Hywel Price</p>	<p>Taclus will be collecting our out-of-date records on the 13th of May, which is their next collection date in the Bridgend area.</p>

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): Hywel Price

Job role: Principal dentist/registered manager

Date: 27 April 2022

Appendix C - Improvement plan

Service: Porthcawl Dental Care

Date of inspection: 19 April 2022

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
The private treatment price list should be displayed where it can be easily seen by patients	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1)(a)	Our private treatment price list has been reviewed and a laminated copy displayed in the waiting room	Sylvia Barnes	The updated price list has been on display in the waiting room from 18/05/2022
The practice has Welsh speaking staff and they should make it clearer that a bilingual service is available.	The Private Dentistry (Wales) Regulations 2017 -	Welsh speaking staff are available and patients are made aware of this by way of a sign in the waiting room advising them to ask a member of the reception staff if	Eifion Roberts	A sign has been on display in the waiting room from 18/05/2022

	Regulation 13 (1)(a) Health & Care Standards - 3.2 Communicating effectively	they would prefer to communicate in Welsh		
Details of organisations that could assist a patient with their complaint need to be added to the complaints process as well as the details of what happens if no resolution can be agreed.	The Private Dentistry (Wales) Regulations 2017 - Regulation 21 (2) (a)(b)	Patients are directed to contact the local health board, health inspectorate Wales or the GDC if they wish to make a complaint if they have no success in resolving the problem by raising the matter with the practice directly.	Sylvia Barnes	This notification has been on display in the waiting room from 18/05/2022
The name of the member of staff responsible for dealing with complaints was inconsistent in several documents. The complaints policy, procedure and any documentation that includes information about complaints needs to be updated with the correct person.	The Private Dentistry (Wales) Regulations 2017 - Regulation 21 (1)	The previous documents had multiple names on them due to staff changes and the paperwork not being updated. This has now been rectified with Sylvia Barnes being the person responsible for dealing with complaints	Sylvia Barnes	The documents were updated 21/05/2022
The environment needs to be improved, specifically the flooring in the reception and staff room	The Private Dentistry	The entire ground floor, consisting the office, waiting	Hywel Price	This is booked in to be carried out on

<p>which was stained. The decontamination room required new flooring to be compliant with infection control standards</p>	<p>(Wales) Regulations 2017 - Regulation 22 (2) (a) (c)</p> <p>Health & Care Standards - 2.1 Managing risk & promoting health & safety</p>	<p>room, corridor and the two surgeries are to be commercially cleaned on 10/06/2022 by a local firm.</p>		<p>10/06/2022 when the practice will be closed for all but emergency appointments as we anticipate the process to take most of the day.</p>
<p>The staff room needs to be cleaned, specifically the fridge and where possible decluttered and better organised</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (2) (a)</p> <p>Health & Care Standards - 2.1 Managing risk & promoting health & safety</p>	<p>The staff room, situated upstairs, has been used as a storeroom for items from the surgeries which had to be removed from the surgeries due to Covid regulations. Many of these items are personal items and, as such, have been removed from the practice. There is a desk in the staff room which will be removed to be replaced by a shelving unit for extra storage to allow for a tidier room.</p>	<p>Hywel Price</p>	<p>We anticipate this happening on 27/05/2022</p>
<p>An environment risk assessment needs to be in place and regularly</p>	<p>The Private Dentistry</p>	<p>A risk assessment is currently in the process of being produced</p>	<p>Sylvia Barnes</p>	<p>30/05/2022</p>

<p>updated to ensure the practice is fit for purpose</p>	<p>(Wales) Regulations 2017 - Regulation 16(1)(b)</p> <p>Health & Care Standards - 2.1 Managing risk & promoting health & safety</p>			
<p>A review of the cross infection policy is required to ensure clearer designation and responsibilities of staff is obvious</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 8 (1)(m)</p> <p>Health & Care Standards - 2.4 Infection prevention and control and decontamination</p>	<p>Our cross infection policy is being updated to clarify the roles of each member of the dental team in managing cross infection control within the practice</p>	<p>Sharon Humphreys</p>	<p>27/05/2022</p>

<p>WHTM 01-05 audits need to be completed annually</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 16(1)(a)</p> <p>Health & Care Standards - 3.3 Quality improvement, research & innovation and 3.5 Record keeping</p>	<p>Our audit timetable is being reviewed and will include a WHTM 01-05 audit along with smoking cessation and an audit of our radiographs.</p>	<p>Sylvia Barnes. Hywel Price and Eifion Roberts</p>	<p>These audits should be completed by the end of June 2022</p>
<p>There was no smoking cessation audit completed and we recommend that this is added to the audit programme.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a)</p> <p>Health & Care Standards - 3.3 Quality improvement,</p>	<p>This audit has been added to our audit programme.</p>	<p>Eifion Roberts</p>	<p>30/06/2022</p>

	research & innovation and 3.5 Record keeping			
An audit timetable needs to be devised. This will help to maintain the correct time lapses between audits.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1)(a) & (2)(d)(ii) Health & Care Standards - 3.3 Quality improvement, research & innovation and 3.5 Record keeping	An audit programme is being created which will include the date of completion of each audit and the date for review.	Sylvia Barnes	30/06/2022
Consideration should be given to appointing a dedicated decontamination lead. This will help improve ownership and leadership in this area	Health & Care Standards - Governance, leadership & accountability	We are appointing a decontamination lead.	Sharon Humphreys	18/05/2022

	and 7.1 Workforce			
Consideration should be given to having a lock on the back gate which would provide an extra security step to ensuring the clinical waste bins remain secure	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (2)(a) Health & Care Standards - 2.1 Managing risk & promoting health & safety	At present, the back gate cannot be closed due to the overgrowth of the surrounding trees and ivy. A local gardening company will be removing the plants so that the gate can then be closed.	Hywel Price	04/06/2022
The first aid kits need to have out of date items removed and replaced with new stock. Consideration should be given to including useful additions of paracetamol and Optrex to the kits	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1) (b) Health & Care Standards - 2.9 Medical devices, equipment &	The first aid kit contents have been reviewed as have the eye baths. All out of date contents have been removed and replaced with new items. Paracetamol, whilst not in the first aid kits has been available from the office, but this has now been moved to the first aid kits. Optrex has also been added.	Hywel Price	18/05/2022

	diagnostic systems			
The safeguarding policy needs updating to reflect DBS checks instead of CRB. The policy needs to include details of the local safeguarding team and a quick reference flowchart to help guide staff should a safeguarding issue arise. The practice needs to use the Wales Safeguarding Procedures website to ensure all their safeguarding information is up to date and relevant	The Private Dentistry (Wales) Regulations 2017 - Regulation 14 (1) (a), (c), (e) Health & Care Standards - 2.7 Safeguarding children & safeguarding adults at risk	A safeguarding lead has been appointed and our policy has been updated to include the flowchart and the use of the Safeguarding Wales app and website should the need arise.	Hywel Price	18/05/2022
The practice should record the on-going training staff receive on the use of the medical devices and equipment they use at the practice	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2)(b) Health & Care Standards - 2.9 Medical devices,	The staff will be having their training recorded and added to their files to ensure that they are up to date with the use of any equipment they may be required to use.	Sylvia Barnes	18/05/2022

	equipment & diagnostic systems			
A radiation risk assessment needs to be completed	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1)(b) Health & Care Standards - 2.1 Managing risk & promoting health & safety	This has been carried out and put in our radiation file. It is due for review on 23/05/2023	Hywel Price	23/05/2022
The radiation protection documentation needs to include the details and identification of the controlled areas.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1)(a)(b) & (8) Health & Care Standards - 3.1 Safe and	This was carried out immediately after our last inspection when its absence was pointed out, and put in our radiation file.	Hywel Price	20/04/2022

	clinically effective care			
There needs to be a way of recording competency on the use of x-ray equipment and procedures following training	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2)(b) and 17 (1)(a) Health & Care Standards - 7.1 Workforce	The only staff who use x-ray equipment are the dentists who both attend radiation protection courses as part of their CPD. One reflection of competency is shown in a basic audit of our radiographs which are over 90% grade 1.	Hywel Price and Eifion Roberts	This is an ongoing process
Quality assurance monitoring activities for ionising radiation need to be improved and put in place for the written procedures, protocols and equipment	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1)(a) Health & Care Standards - 3.3 Quality improvement, research & innovation and	All of our radiographs are graded and these are recorded in a book which can be referred to in order to calculate the quality of our radiographs and the need for repeated radiographs. This record also helps with our radiography audits.	Hywel Price	This record keeping has been carried out for the past 5 years.

	3.5 Record keeping			
The patient guide needs to be completed to include all the areas required by the regulations. This document needs to be available to patients upon request	The Private Dentistry (Wales) Regulations 2017 - Regulation 6 (1), (2), (3) and Schedule 2	The patient guide is currently being updated to reflect changes in staff and other information.	Sylvia Barnes	30/06/2022
The statement of purpose would be beneficial in an electronic format. This would ensure that changes could be easily made and that it is available to patients on request and on your website	The Private Dentistry (Wales) Regulations 2017 - Regulation 5 (2)	Our statement of purpose is available as a Word document. This was produced three years ago but forgotten during the Covid pandemic. It has now been updated and a date for review added.	Sylvia Barnes	17/05/2022
A review of all policies and procedures is required to ensure they are relevant and specific to the practice. Issue and review dates need to be clear and recorded to evidence when policies have been updated. Staff need to be familiar with all policies to ensure they	The Private Dentistry (Wales) Regulations 2017 - Regulation 8 (1),(2), (6) & (9)	We have reviewed our policies and removed the less relevant ones. These have been placed in a separate file so that they can be accessed if needed. Review dates have been added to ensure regular updating.	Sylvia Barnes	21/05/2022

<p>understand their role and responsibilities.</p>	<p>Health & Care Standards - Governance, leadership & accountability & 7.1 Workforce</p>			
<p>A review of staff training is required to ensure expired training is completed, specifically fire safety</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 17(1) (a) and 22 (4)(c) Health & Care Standards - 7.1 Workforce</p>	<p>We are currently updating the staff files to include a log sheet which will show the courses attended and CPD carried out, when it was carried out and when it is due to be next undertaken. A fire safety training course, involving what to do in the event of a fire, was carried out as part of the induction process of a new member of staff.</p>	<p>Sylvia Barnes and Hywel Price</p>	<p>30/06/2022</p>
<p>Consideration should be given to having a staff training log. This would help have an overall view of training compliance and ensure that courses can be arranged without the need to search each staff training file</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 17 (1)(a)</p>	<p>Each member of staff is to have a log as the front sheet of their staff file which will show the courses which have been attended and the ones which need to be attended.</p>	<p>Sylvia Barnes</p>	<p>30/06/2022</p>

	Health & Care Standards - 7.1 Workforce	Dates of attendance and dates for renewal will also be included		
The registered manager must ensure all staff receive an annual appraisal and regular supervision	The Private Dentistry (Wales) Regulations 2017 - Regulation 17 (4) (a) & (b) Health & Care Standards - 7.1 Workforce	We have had 2 new members of staff in the last 12 months, one of whom will be due for their annual appraisal in the next two months, the other in 9 months. Our other two members of staff will be having theirs in the next month.	Hywel Price	30/06/2022

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): Hywel Price

Job role: Registered manager/ principal dentist

Date: 25/05/2022