

Inspection Summary Report

Porthcawl Dental Care

Inspection date: 19 April 2022

Publication date: 20 July 2022



This summary document provides an overview of the outcome of the inspection



Overall we found the practice is committed to providing patients with a positive experience, supporting patients to make choices about their own oral health.

We found the staff were patient focused in the delivery of its services and treatments and provided an out of hours triage service which included weekends and bank holidays.

We identified a number of areas for improvement and areas of non-compliance with the regulations were identified.

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



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 at Porthcawl Dental Care on 19 April 2022.

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

This summary version of the report is designed for members of the public.

A full report, which 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 can be found on our [website](#).





Quality of Patient Experience

Overall Summary

- We found that Porthcawl Dental Care are committed to providing a positive experience for patients. All of 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.

What we found this 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.

Where the service could 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 a number of documents. The complaints policy, procedure and any documentation that includes information about complaints needs to be updated with the correct person



Patients told us:

Patients provided us with the following comments:

"Dentist makes me feel comfortable"

"Extremely friendly staff; always very helpful"

"Very professional"

Delivery of Safe and Effective Care

Overall Summary

- We found the practice requires improvement in a number of 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.

What we found this service did well

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

Where the service could improve

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 required 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 because paper patient records were being stored in an unlocked cupboard in the waiting area and 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.

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 useful additions of paracetamol and Optrex 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.



Patients told us:

- All patients agreed that the staff treat them with dignity and respect
- All patients confirmed that things were explained to them during their appointment in a way they could understand
- 13 out of 14 patients said it was 'very evident' that the practice had Covid compliant procedures in place during their visit to the practice. One patient said it was 'fairly evident'

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.

What we found this service did well

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

Where the service could 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.

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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the health board to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the health board to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the health board to confirm action has been taken in line with management responses documented in the improvement plan. We also ask health boards to provide documented evidence of action taken and/or progress made.

