

General Dental Practice Inspection Report (Announced)

Cowbridge Dental Care, Cardiff &
Vale Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Cowbridge Dental Care, Cardiff & Vale Health Board on 27 July 2022.

Our team for the inspection comprised of a HIW Inspector 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 Cowbridge Dental Care was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

We observed staff speaking to patients in a polite and friendly manner on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- We found that the practice promoted confidentiality and that sensitive or confidential conversations were treated appropriately and in a private manner
- Patients were being treated in a caring and professional manner.

Safe and Effective Care

Overall summary:

We found the practice was meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice was well maintained and well equipped to deliver the services and treatments they are registered to deliver. All areas were clean and free from any visible hazards.

We recommended improvements to the patient records to ensure they are consistent in the recording of oral cancer screening; state of the patient's oral hygiene and diet; the patient's language preference; reason for attendance; consent and soft tissue examination.

This is what we recommend the service can improve:

- The daily checklist needs to be amended to enable staff to sign and date the tasks completed
- The emergency equipment should be added to the (emergency drug) checklist to ensure these items are regularly checked
- A smoking cessation audit should be completed.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- The practice had appropriate fire safety arrangements in place which were reviewed regularly to maintain a safe building for staff and visitors

Quality of Management and Leadership

Overall summary:

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

We found the practice was well organised and had policies and procedures in place that met the standards and regulations for private dental practices in Wales. Documentation relating to staff information was held securely and contained information necessary to ensure staff were fit to work at the practice.

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

This is what the service did well:

- Effective management and leadership from the principal dentist ensured that staff are aware of their professional responsibilities to ensure high quality care for patients
- Staff worked well as a team enabling the practice to run efficiently
- Practice policies and documentation were up to date and being reviewed regularly.

Details of the concerns for patient's 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 42 completed questionnaires. The majority of 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:

“Very friendly. My children enjoy the stickers”

“Always exceptional service. Wonderful with children”

“Always been very cheerful and willing to help. High standards of dental care”

Staying Healthy

Health Protection and Improvement

We observed changes within the practice to minimise the risk of COVID-19 transmission. These included keeping the main door locked, so patients had to press the bell to gain entrance. Alcohol gel dispensers were placed at strategic locations throughout the practice. We saw windows were open and air purifying systems were being used in the surgeries to further reduce transmission. Staff were wearing masks and patients were advised to do the same.

All but one of the patients who had completed a questionnaire felt it was very evident that the practice had COVID compliant procedures in place during their time at the practice.

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

All patients who had completed a questionnaire said that the dental team had talked to them about how to keep their mouth and teeth healthy.

Dignified care

Communicating effectively

All patients who had completed a HIW questionnaire stated they felt the staff at the practice treated them with dignity and respect. All but one of the respondents said they felt the dental team helped them to understand all of the available options for treatment when they needed it.

We were told that doors to surgeries were kept closed during treatments which also enabled private conversations to be held with patients.

We were told the practice had one Welsh speaking member of staff and one person who completed a HIW questionnaire confirmed that Welsh was their preferred language and had been offered the opportunity to speak Welsh.

We were told the practice did not have access to a translation service, but would endeavour to provide information to patients in their preferred language and/or format.

Patient information

There was some patient information available which included the practice's complaints procedure and posters reminding patients about COVID-19 symptoms and wearing face masks were seen. HIW registration certificates were also displayed.

The price lists for both private and NHS treatments are available on the practice's website. We were told that discussions with patients regarding costs take place before treatments start.

The name of the practice was visible from the outside. The names of the dentists, the practice opening hours and a telephone number were also clearly displayed.

Timely care

Timely access

We were told that the practice worked hard to ensure that patients were treated in a timely manner. We were told that appointments were made by telephone.

Of the 42 respondents to the questionnaire, 33 felt that it was 'very easy' to get an appointment when they needed it and nine said 'fairly easy'.

We were told the reception staff will inform patients of any delays.

We were told the practice has a number of appointments for any patient who requires an emergency appointment.

Of the patients that completed a questionnaire, 34 indicated they knew how to access the out of hours emergency dental service should they require it for an urgent dental problem.

Individual care

Planning care to promote independence

We reviewed the records of eight patients and found, where applicable, these had evidence of treatment planning and options for those patients.

42 patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

We noted that the practice had policies in place relating to equal opportunities and equality and diversity to ensure that patients' and staff human rights were upheld.

39 out of 42 patients who answered the question, indicated that they felt they could access the right healthcare at the right time.

We saw that the practice had one surgery situated on the first floor. The practice had a stairlift that patients could use to access this surgery.

Listening and learning from feedback

We saw the practice displayed a copy of their complaint's procedure next to the reception desk. The policy and procedure had the appropriate contents relating to timescales and escalation of complaints.

The practice had not received any complaints. However, we were told that if they did, a complaints log would be kept up to date and within a dedicated folder.

We were informed that feedback to the practice was welcomed via methods such as social media engagement and in person feedback provided to practice staff. Staff told us that any patient feedback was reviewed, and any themes identified would be discussed at team meetings.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

We found there were suitable arrangements in place to protect the safety and wellbeing of staff and visitors to the practice.

The building appeared well maintained both internally and externally. The reception and one surgery was on the first floor and access was via a staircase or stairlift.

All the areas were visibly clean, tidy and free from obvious hazards. We noted in the staff kitchen area that there was some damage to the worktop and cupboards and recommend this is fixed to ensure infection control standards are maintained.

The surgeries and decontamination room were in a good state of repair. All the rooms had the necessary equipment required to undertake the treatments and services offered by the practice.

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

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 serviced. A fire risk assessment had been completed in June 2022. We saw there were no issues identified and that an evaluation of risk was evident in the assessment. All information relating to fire safety was stored in a file and included evidence of fire drills and fire training for staff.

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 there were policies and procedures in place as well as a health and safety risk assessment to ensure the premises were safe and fit for purpose. We saw that the practice had a COVID-19 risk assessment in place and that all staff had undertaken individual COVID-19 risk assessments.

As required by the regulations, we saw the practice had in place a business continuity policy.

Infection prevention and control (IPC)

We saw there was an appropriate infection control policy in place, which included all the areas required by the regulations.

A contract with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste was in place. We found there were appropriate arrangements in place for the handling and disposal of waste and saw clinical waste being stored securely and separate from non-hazardous waste. We recommended a receipt is obtained from the pharmacy and kept on file to evidence when staff take unused/expired medicines and emergency drugs to be disposed of.

We noted there were appropriate arrangements in place for the handling of substances subject to COSHH.

We observed the designated decontamination room was in a functioning condition. We saw policies on the notice board and recommended these be laminated so they can be wiped clean on a regular basis.

We saw a daily checklist was in place but recommended this is amended to enable staff to sign and date the tasks that have been completed. In addition, we recommended an ultrasonic logbook is used and completed for checking the sterilisation equipment. We saw staff had access to appropriate PPE for working in this area.

The WHTM 01-05 audit was being completed annually, with any areas for improvement being completed.

The practice had a dedicated infection control lead and we saw certificates to evidence all clinical staff had undertaken infection control training.

We were told 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 dispensing of medicines to patients.

Resuscitation equipment was available for use. We found a number of items that were out of date. This was brought to the attention of the principal dentist. He immediately ordered the items required.

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 recommended the emergency equipment is also added to the checklist to ensure these items are regularly checked.

The practice had two first aiders who had up to date training. A first aid kit was available and all contents in date and checked regularly.

We saw prescription pads being kept securely. We advised that the prescription pads kept in each surgery are also locked away at the end of the day in a safe and locked drawer/cupboard.

Staff told us of the correct 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 all staff had completed training in adult and child safeguarding, level 1 and 2. The principal dentist was the safeguard lead and staff told us any concerns would be reported to him.

The practice had a safeguarding policy in place. The document included details of the local safeguarding team and had a flow chart for quick reference of the course of action that staff may be required to take.

We were told the practice uses the Wales Safeguarding Procedures website to ensure all their safeguarding information is up to date.

We saw that all staff had a DBS check on file which was undertaken prior to their employment and renewed every three years.

Medical devices, equipment and diagnostic systems

We observed the surgeries contained appropriate equipment for the safety of patients and the dental team. We found staff were adequately trained to use the equipment. This was evidenced by training certificates and staff mentoring others.

We reviewed the arrangements in place to ensure the safe use of radiographic equipment. We found this was compliant, with relevant documentation in place and information up to date.

We saw all clinical staff had undertaken training in Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 that had been completed within the last five years. We also saw evidence of a completed radiography audit demonstrating further compliance with IR(ME)R 2017 and quality assurance monitoring requirements.

Effective care

Safe and clinically effective care

We saw the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients.

Staff told us they were obtaining professional guidance and where applicable using this to update their own policies.

Quality improvement, research and innovation

The practice had a quality assurance policy in place. We were told the practice continuously strives to improve the service provided to patients. We saw audits had been completed in relation to antibiotic prescribing, clinical records and hygienist referral audit. We recommended a smoking cessation audit is completed.

We were told that the practice obtained the BDA good practice certification and saw certification to evidence this.

Regulation 23 of the Private Dentistry (Wales) Regulations 2017 requires the registered provider prepares a written report on the conduct of the practice. Therefore, we recommend that the responsible individual reviews the requirements of Regulation 23 and undertakes a visit at the earliest opportunity. The report produced should be submitted to HIW.

Information governance and communications technology

We found that the practice had a confidentiality policy in place and complied with the General Data Protection Regulation.

Patient dental records were stored electronically and securely and according to an appropriate information management policy.

Staff personal folders that held sensitive and confidential information, were also stored securely to prevent unauthorised access.

Record keeping

As part of the inspection, we reviewed eight sets of patient records. We concluded that the standard of record keeping was to a very good standard. Notes were clear and good quality.

All the records we reviewed had the patient's identifier, previous dental history and medical history. We saw treatment provided was documented as well as recall information.

We noted some areas were not being recorded consistently and recommended these areas are reviewed and improved. Specifically, the areas that required attention include oral cancer screening, state of oral hygiene and diet, the patient's language preference, reason for attendance, consent and soft tissue examination.

Quality of Management and Leadership

Governance, Leadership and Accountability

The principal dentist (the practice owner) has overall responsibility for the management of the practice and is the responsible individual. He is supported by another dentist, three dental nurses, one hygienist, three reception staff and a practice manager. 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 HIW on the day of the inspection.

We reviewed the statement of purpose and patient information leaflet which contained all the areas required by the Private Dentistry (Wales) Regulations 2017. The statement of purpose is available on the practice website.

We saw that the practice had a range of policies and procedures in place. These were reviewed regularly and were available to all staff.

The principal dentist ensures that any notifications, including any to HIW are submitted in the event of any serious injuries.

We were told that due to COVID-19, team meetings haven't been taking place in their traditional format. Instead, staff told us that verbal briefings are held with staff. Any key messages are communicated to any members of staff unable to attend the briefings.

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 reviewed staff files and found they contained contracts of employment, references, identity checks and Hepatitis B immunity.

We were told staff have yearly appraisals and saw evidence of these on some staff files.

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

We saw evidence that training records were being kept for each member of staff and that staff had attended training on a range of topics relevant to their roles to meet their CPD requirements.

4. Next steps

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

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

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B - Immediate improvement plan

Service: Cowbridge Dental Care

Date of inspection: 27 July 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
No immediate assurance issues were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Cowbridge Dental Care

Date of inspection: 27 July 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 daily checklist needs to be amended to enable staff to sign and date the tasks completed.	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1)(b) & (3)(b)</p> <p>Health & Care Standards - 2.1 managing risk & promoting health & safety</p>	The daily checklists have been amended and updated to enable staff to sign and date the tasks completed	Dr. J. R. Ayres	Completed

<p>We recommend that an ultrasonic logbook is used and completed for checking the sterilisation equipment.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13(1)(b) & (3)(b)</p> <p>Health & Care Standards - 2.1 managing risk & promoting health & safety</p>	<p>A log book has been created to allow staff to sign and date the tasks completed</p>	<p>Dr. J. R. Ayres</p>	<p>Completed</p>
<p>When disposing of unused and/or expired medication, a receipt should be obtained from the pharmacy and kept on file to evidence the transaction.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (4)(a)</p> <p>Health & Care Standards - 2.6 medicines management</p>	<p>This will be carried out from now on when unused/expired medication is next disposed of.</p>	<p>Dr. J. R. Ayres</p>	<p>Completed</p>
<p>The emergency equipment should be added to the (emergency drug)</p>	<p>The Private Dentistry</p>	<p>The checklists have been amended and updated to include</p>	<p>Dr. J. R. Ayres</p>	<p>Completed</p>

checklist to ensure these items are regularly checked.	(Wales) Regulations 2017 - Regulation 13 (2)(a) & 31(3)(b) Health & Care Standards - 2.9 medical devices, equipment & diagnostic systems	the emergency equipment to ensure they are regularly checked		
A smoking cessation audit should be completed.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1)(a)(b) Health & Care Standards - 3.3 Quality improvement, research & innovation	Application has been made to HEIW and we are in the process of carrying out the audit.	Dr. J. R. Ayres	Although we are in the process of carrying out the audit, due to the time required to complete the audit and the previously experienced response/feedback times from HEIW, it is expected to be completed within the next 3-4 months.
A Regulation 23 report needs to be completed, including all the areas	The Private Dentistry	Following discussions with the HIW inspector, a copy of the QAS	Dr. J. R. Ayres	Completed

required by the regulations and a copy submitted to HIW.	(Wales) Regulations 2017 - Regulation 23 (2)(a)(b)(c) (3) (4)(a)(b)(c) (5)(a)(b)(i)(ii) (6)	2021/22 has been uploaded to the Objective Connect portal to evidence compliance with Regulation 23.		
Patient records need to be reviewed and improved to ensure there is consistency in the following areas of reporting: oral cancer screening, state of oral hygiene and diet, the patients language preference, reason for attendance, consent and soft tissue examination.	The Private Dentistry (Wales) Regulations 2017 - Regulation 20(1)(a)(i)(ii) Health & Care Standards - 3.5 Record keeping	This has been reviewed and discussed, and records/templates have been amended/updated to ensure consistency.	Dr. J. R. Ayres	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): Dr. J. R. Ayres

Job role: Practice Owner

Date: 19/08/22