Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

West End Dental, Porthmadog

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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.

Contents

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 West End Dental, Porthmadog on 30 January 2024.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 20 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found that West End Dental Porthmadog was committed to providing a positive experience for patients.

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

We observed staff greeting patients in a polite and friendly manner, both in person and on the telephone.

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

This is what the service did well:

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

Delivery of Safe and Effective Care

Overall summary:
We found that West End Dental Porthmadog was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

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

All areas were clean and free from any visible hazards.

There were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely.

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

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

This is what we recommend the service can improve:

- Ensure all references for new members of staff are checked.

This is what the service did well:

- Surgeries were clean, well equipped and fit for purpose
- Dedicated decontamination room
- Fully compliant with mandatory training requirements for staff.

Quality of Management and Leadership

Overall summary:
We found that West End Dental Porthmadog to have very good leadership and clear lines of accountability.

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

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

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

This is what the service did well:

- We saw that all staff, both clinical and non clinical, worked very well together as part of a team
- Very well maintained staff files
- All clinical staff had attended training relevant to their roles and were meeting the Continuing Professional Development (CPD) requirements.

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

The majority of patients (15/19) who completed a HIW questionnaire rated the service provided by the dental practice as very good and four patients rated the service as good.

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

> *"All services not available at Porthmadog. Colwyn Bay location is not convenient to me but this location is also very satisfactory."*

> *"Recently appointments changed more than once - hopefully a temporary staffing problem will resolve."*

Person Centred

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

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

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

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

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

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

All patients stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it. All patients also told us

that things are always explained to them during their appointment in a way they can understand.

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

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

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

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

In response to the HIW questionnaire, all patients told us that they were given enough information to understand which treatment options were available, and that their medical history was checked before treatment.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options and that costs were made clear to them before treatment.

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

Timely

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

Majority of patients (19/20) who completed the questionnaire said it was very easy or easy to get an appointment when they needed one, with one patient stating it was not very easy.

Just over half of the patients (11/19) who completed the questionnaire said that they did not know how to access the out of hours dental service if they had an urgent dental problem. However, an emergency number was available should patients require urgent out of hours dental treatment. Contact information was

displayed by the main entrance, provided on the practice website, answer phone message and patient information leaflet.

Equitable

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

Most patients (13/20) who completed a questionnaire told us their preferred language was English with the remaining patients (7/20) telling us it was Welsh.

We noted that patients' language choice was not recorded within the clinical notes. We discussed this with the registered managers who immediately arranged, during the inspection, for patients' language choice to be captured as part of the clinical record.

We were told there were three Welsh speaking members of staff working at the practice and we saw the Iaith Gwaith poster displayed by reception. The Iaith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers. In addition, some staff working at the practice can also communicate with patients in Portuguese and Spanish.

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

Rights and Equality
There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service and one patient preferred not to say.

Around half of the patients (10/20) who completed the questionnaire confirmed the premises were accessible with six patients telling us the practice was partially accessible. The remaining four patients stated it was not or they were unsure. However, we found there was good access to the building. Wheelchair users and patients with mobility needs could access the reception, waiting area, toilet facility and two surgeries located on the ground floor.

Delivery of Safe and Effective Care

Safe

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

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

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

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

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

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

Infection, Prevention, Control (IPC) and Decontamination
The practice had a dedicated area for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05.

The facility was clean, well organised, well equipped and uncluttered.

The decontamination arrangements were good. Staff demonstrated the decontamination process and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- There was ample personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. However, we saw that there was no dedicated hand washing sink but one of the two sinks was allocated for hand washing and a separate bowl was in use for the rinsing of equipment. We were informed by the registered managers that plans are in place for a dedicated hand washing sink to be installed over the next two years.

Infection control audits had been completed using recognised audit tools, including the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. We saw evidence that the resulting improvement plan had been actioned.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclave start and end of the day safety checks.

Each surgery had a cleaning checklist, and we saw that these had been regularly completed.

There were no concerns expressed by patients over the cleanliness of the dental practice. All patients who completed the questionnaire felt that the dental practice was very clean.

All patients who completed the questionnaire told us that infection prevention and control measures were being followed.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

Medicines Management

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

The emergency drugs were stored securely, and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was an effective system in place to check the emergency drugs and equipment monthly to ensure they remained in date and ready for use. We informed the registered managers that the emergency drugs and equipment checks should be carried out weekly, in accordance with standards set out by the Resuscitation Council (UK). We received notification and evidence immediately following the inspection confirming that the emergency drugs and equipment are now checked weekly.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

Safeguarding of Children and Adults
There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults. Three members of staff had been trained in safeguarding level 3 and there was one member of staff nominated as safeguarding lead. Staff were able to discuss with us, in detail, the policies and procedures and various scenarios.

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

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

The operations manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a DBS check in place. However, we found one member of staff with no references on file. We were informed by the operations manager that a reference had been requested for this member of staff but not received. We recommended that the references should be chased and / or ask the member of staff to provide an alternative contact.

The registered managers must ensure all references are checked for all members of staff working at the practice.

Management of Medical Devices and Equipment

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

There was a Radiation Protection folder in place. We found that all X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment.

We saw evidence of up-to-date ionising radiation training for all clinical staff.

We found that the practice had undertaken quarterly X-ray equipment quality assurance audit and had used the HEIW's quality Improvement Tool for Ionising Radiation.

Effective

Effective Care

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

The practice did not have a policy in place detailing the Local Safety Standards for Invasive Procedures (LocSSIP's) to prevent the wrong site tooth extraction. We advised the registered managers that a LocSSIP's policy and flow chart should be developed, and a copy of the flow chart placed in every surgery. We received evidence immediately following the inspection confirming that a policy and flow chart is now in place.

Patient Records

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

All records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality. However, some gaps were identified, for example, not all full base charting were recorded (2/10), not all Basic Periodontal Examination (BPE) were recorded (4/10), no risk assessment recorded on cavities,

perio, tooth wear and oral cancer (1/10) and no frequency for taking an X-ray (1/10) were recorded.

We discussed our findings with the registered managers, and we were told that the above issues had already been identified during the last record keeping audit. We were informed that the audit and the resulting action plan had been discussed at the last clinical team meeting and arrangements had been made for a periodontal specialist to attend and deliver specific training to the clinical team. We recommend that the practice undertakes a further record card audit within 6 months.

The practice is required to undertake a further record keeping audit within 6 months of the date of inspection and provide HIW with a copy of the audit and resulting action plan.

Quality of Management and Leadership

Leadership

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

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

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

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

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

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

Workforce

Skilled and Enabled Workforce
All staff working at the practice had a contract of employment. We also saw that there was an induction programme in place, which covered training and relevant policies and procedures. We saw evidence that staff appraisals were undertaken, and it was positive to note that appraisals were up-to-date and comprehensive.

Staff files contained all the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. However, we found that the practice did not have a training matrix available. We

were told that training is monitored by the Operations Manager using their own calendar. We advised the registered managers to develop a training matrix where competency can be assessed and monitored by the senior leadership team. We received evidence immediately following the inspection to show that a training matrix had been developed and implemented.

The registered managers confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

Culture

People Engagement, Feedback and Learning

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

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

Learning, Improvement and Research

Quality Improvement Activities

It was very evident that staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of X-rays, infection prevention and control and decontamination (compliance with WHTM 01-05), patient records, patient waiting times, antimicrobials, hand hygiene and patient feedback. We noted that the practice had not used any of the Clinical Audit and Peer Review (CAPRO) integrating smoking cessation or antibiotic prescribing audits and had used their own in-house audits. We advised the practice to consider using the Health Education and Improvement Wales (HEIW) integrating smoking cessation toolkit and antibiotic prescribing audits for future quality improvement activities.

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

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service: West End Dental Porthmadog

Date of inspection: 30 January 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan was required for this inspection.					

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

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: West End Dental Porthmadog

Date of inspection: 30 January 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
Our findings show that not all references had been checked for all members of staff working at the practice.	The registered managers must ensure all references are checked for all members of staff working at the practice.	PDR 18 (e) (Part 1 of Schedule 3 / Section 3)	Contracts for new staff members have now been amended to include two referee contacts	Aaron Ferguson Anthea Goodman	Immediate effect
Several gaps were identified in patients' clinical records which could have an impact on patient care.	The practice is required to undertake a further record keeping audit within 6 months of the date of inspection and provide HIW with a copy of the audit and resulting action plan.	PDR 20 (1)	A clinicians meeting has recently been held and this topic was discussed in detail. An audit will be carried out in June and shared with HIW as requested	Aaron Ferguson Anthea Goodman	June 2024

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): Trevor Ferguson

Job role: Clinical Director

Date: 3rd April 2024