

General Dental Practice Inspection Report (Announced)

Porthkerry Dental Centre, Cardiff
and Vale University 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 Porthkerry Dental Centre, Cardiff and Vale University Health Board on 5 June 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors and a Dental Clinical 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 eight 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.

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:

Patients provided very positive feedback about the care and service provided by the dental practice, and we found that staff worked hard to treat their patients with kindness, dignity, and respect throughout the inspection.

A good supply of patient information leaflets was available for patients. Of note was the excellent provision of the Welsh Active Offer. Bilingual signage and leaflets were available, and the practice benefitted from several Welsh speaking members of staff.

We found further evidence of notable good practice in a recent health board initiative for new unregistered patients, allowing unregistered patients in the local area to access dental care.

This is what we recommend the service can improve:

- Review of practice statement of purpose and patient information leaflet to meet Welsh regulatory requirements
- Ensure that patients with mobility access requirements are aware of the location of toilet facilities.

This is what the service did well:

- Welsh Active Offer that included bilingual signage, information, and provision of Welsh language communication
- Text messaging cancellation service for patients available at short notice
- Participation in health board scheme for new unregistered patients
- Patients provided very positive feedback, rating the service as 'very good' or 'good'.

Delivery of Safe and Effective Care

Overall summary:

Our findings demonstrated a practice team who strived to provide their patients with safe and effective care.

The practice premises was well maintained, clean and tidy and in good decorative order. Infection prevention and control measures were appropriate and in line with the most recent guidance.

Dental records were detailed and easy to follow with only minor points for improvement.

Minor improvements were required within medicines management procedures including the checking of expiry dates of emergency drugs and temperature checks for medicines cupboards.

Immediate assurances:

HIW were not assured that the practice had in place suitably robust mechanisms to ensure safe use of the class 4 laser product at the practice. During the inspection, HIW found that the practice did not have in place a suitable Laser Protection Advisor (LPA) as required by the conditions of registration. Furthermore, the practice did not have an up-to-date set of local rules for the class 4 laser device and no recent risk assessment had been undertaken by a suitably qualified person. The laser operator had not updated their core of knowledge training for use of the laser.

During the inspection, we found that a vacuum autoclave present within a treatment room had not undergone inspection within the last 13 months and therefore were not assured that sterility could be achieved successfully.

We have since received satisfactory assurance of improvement in both areas.

This is what we recommend the service can improve:

- Re-sealing of the flooring within clinical rooms
- Accessible flowchart for action in the event of a sharps injury
- Consistent recording of oral cancer screening and patient language preference within dental records
- Temperature checks on medicines storage cupboard during warm weather
- Emergency drugs and equipment checklist to ensure weekly checks of expiry dates and presence of necessary equipment.

This is what the service did well:

- Good standard of record keeping that was detailed and easy to follow
- Robust safeguarding procedures
- Comprehensive policies and procedures that were recently reviewed and version controlled.

Quality of Management and Leadership

Overall summary:

The registered manager was visible, and we found clear reporting lines for staff and an efficiently run practice. Staff were found to be adequately supported within their roles.

Recruitment processes were robust for new staff with a detailed induction programme. Staff were provided with annual appraisals, and we found mandatory training compliance to be good. Recent training in Duty of Candour had been undertaken.

An effective audit schedule was in place and patient participation to drive improvements was encouraged. However, to further improve this, we recommend the practice implement a 'you said, we did' display.

We recommend that monthly staff meetings are recommenced to allow for shared learning and whole team discussion.

Immediate assurances:

HIW were not assured that the practice had in place a suitably robust process for ensuring the continued fitness and suitability of workers at the dental practice and that staff checks were repeated as required by the regulations to ensure their continued fitness to work at the dental practice.

During the inspection we found that several staff had not undertaken a formal DBS check. Furthermore, the clinic did not have arrangements in place to ensure that staff remained fit to work for the dental practice or could notify the registered manager of any change in status.

We have since received satisfactory assurance of improvement.

This is what we recommend the service can improve:

- Recommence monthly minuted staff meetings
- Implement a 'you said, we did' display.

This is what the service did well:

- Good compliance with mandatory training compliance
- Adherence to GDC professional standards
- Comprehensive induction programme and continued wellbeing support for staff.

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 13 completed questionnaires.

All respondents to the HIW questionnaire rated the service as 'very good'.

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

"I always receive excellent service."

"Staff were very friendly."

"Always running late."

"My dentist is fantastic, she explains everything clearly, she makes me feel comfortable and reassured. The receptionist is always so lovely and welcoming."

Person Centred

Health Promotion

We observed the changes made to the practice environment to protect patients, staff, and visitors from the risks of respiratory transmitted illness such as COVID-19 and influenza. We saw that the facemasks and hand sanitiser were available at the entrance to the practice. A Perspex screen had also been fitted to the reception desk and seating was wipeable.

The name of the practice was clearly visible from the exterior of the building and plaques were present on the wall of practice with the names and qualifications of the dentists that worked there. We saw that a telephone number was displayed in the window for patients requiring emergency out of hours treatment and advice as well as the practice opening hours.

We saw that General Dental Council (GDC) registration certificates of dental professionals were clearly displayed along with the GDC Standards for the dental team and HIW practice registration certificate.

Costs for dental treatment for NHS and private dental patients were on display within the waiting rooms.

The practice had a plentiful supply of information leaflets available for patients to take away with them. These were located throughout the practice and were available in a range of formats upon request.

The practice Statement of Purpose was written in line with the regulations for England and not Wales.

The practice must review the practice Statement of Purpose to ensure it is compliant with the Private Dentistry (Wales) Regulations (2017).

Dignified and Respectful Care

Of the respondents to the HIW patient questionnaire, all felt that they were treated with dignity and respect and were given enough information to understand the treatment options, including the risks and benefits.

Patient privacy and dignity was treated with the utmost importance. We were provided with a recently reviewed Privacy and Confidentiality Policy and observed that doors to treatment rooms were kept closed when in use. Privacy film was present on surgery windows.

Patients and staff could speak confidentially in a spare treatment room if one was free or in the practice meeting room present on the second floor of the practice. Alternatively, a dedicated buddy phone system allowed staff to take confidential telephone calls away from the main waiting room and reception areas.

Timely

Timely Care

Of the respondents to the patient questionnaire, all indicated that it was 'very easy' or 'fairly easy' to get an appointment when needed.

Patients could book appointments at the practice via telephone or in person. At the time of inspection, the practice did not have an online booking system in place.

To ensure that patients with the most urgent care needs were prioritised, the reception team would triage patients prior to booking an appointment. A triage form would be completed to ensure consistency in this approach.

We were advised that the typical wait for a routine appointment was up to five weeks depending upon the length of appointment needed. To mitigate this, the practice ran a cancellation list. This was an automated system that allowed for patients to be sent a text message should a suitable appointment become available at short notice. Responding to the text message would book that patient or allow them to remain on the list before moving to the next patient on the list for whom the appointment would be suitable.

Appointments with the dental hygienist were reported to have a longer wait, however as a Porthkerry Dental Centre was part of a group of three dental practices throughout the local area, patients were able to attend an appointment at one of the other two practices should they prefer not to wait.

On the day of our visit, we saw that clinicians strived to ensure that patients were treated in a prompt and timely manner. Should a dentist run late, a member of the nursing team would inform the patient and an offer to rebook would be made. For significant delays, patients would be telephoned by the reception team to inform them of this prior to arrival at the practice.

Patients requesting an emergency appointment would be accommodated between 2-2:30pm. The practice answerphone system provided instructions on how to access emergency treatment or advice out of practice opening hours.

Of notable practice was a recently established initiative with the local health board which enabled unregistered patients to access treatment. Named New Urgent Patients, the practice would see up to nine patients per week within a designated time slot, referred to them from the local health board.

Equitable

Communication and Language

The practice had in place good provisions for patients wishing to communicate through the medium of Welsh, and our discussions with senior staff reported that they felt appropriately supported by the local health board to provide the Active Offer.

The practice principal encouraged both staff and patients to speak Welsh and reported that they had a large number of Welsh speaking patients. A sign in the reception area asked patients to inform the reception team should they wish to

communicate through the medium of Welsh. This would then be added to the patient dental records and would create a reminder on-screen for staff.

Signs on doors were bilingual and the practice feedback form was also available bilingually for patients to complete. We saw that the practice displayed a bilingual version of the NHS Putting Things Right procedure.

Review of the practice website found use of the 'iaith Gwaith' logo to denote Welsh speaking members of staff and badges were available for staff to wear.

Training for staff was available to enable them to learn to speak Welsh and was actively encouraged by the registered manager and practice principal. At the time of our visit, we were told that courses were being sought for staff to enable them to advance their Welsh language training.

Rights and Equality

We spoke with staff at the practice to investigate how equality and diversity was promoted and to review how staff and patients were protected from discrimination.

We found that an Equality and Diversity and Human Rights Policy was available. An equality, Diversity and Inclusion training course formed part of the practice mandatory training.

Senior staff informed us that should a member of staff or patient feel they had been discriminated against, this should be raised with the registered manager in the first instance or the practice principal who would investigate. This was in line with the practice Discrimination Policy.

Patients disclosing transgender status were treated sensitively and in line with their human rights. Changes of names and pronouns would be recorded in dental records.

A recently completed Disability Access audit had been completed by the practice. The practice had a hearing loop system and access to a telephone translation service provided by the local health board. The practice benefitted from level access for patients with mobility access requirements as well as surgeries situated on the ground floor of the practice. Wide doorways and a modified reception layout provided ease of access for patients in wheelchairs.

As the practice was situated within a Victorian building, the accessible toilet was situated to the rear of the practice within the outside courtyard area. To access

this, patients were required to exit the practice and re-enter to the rear of the property.

We recommend that the location of the toilet is included within the practice statement of purpose and patient information leaflet.

Our review of the responses to the HIW patient questionnaire indicated that none had faced discrimination at the dental practice due to a protected characteristic.

Delivery of Safe and Effective Care

Safe

Risk Management

Porthkerry Dental Centre was located within a previously residential dwelling and situated across three floors. Patient areas were located on the ground and first floors of the building, with staff only areas on the second floor. These comprised of a kitchen and lounge area and staff office.

Our observations of the practice found it to be light and airy with adequate heating and ventilation. Treatment rooms were clean and tidy and did not contain unnecessary clutter.

Two waiting rooms were available for patient use, and both were of a suitable size and layout with appropriate seating.

We assessed the effectiveness of the telephone and internal communications system in use at the practice. Senior staff told us that external telephone lines had been recently upgraded in response to patient feedback, from one telephone line to three.

Senior staff informed us that clinical staff would change into and out of their uniforms within the shared kitchen and lounge area or alternatively could use either the toilet situated on the first floor or a designated shower and changing room to the rear of the building. Lockers were available for staff belongings within the joint kitchen and lounge area.

Observations of clinical rooms found dental equipment to be in good condition with a good supply to enable effective decontamination between uses. Single use items were available for use whenever possible.

Although the practice did not use a sharps safe local anaesthetic system, a risk assessment was in place that governed the use of clinical sharps and set out responsibility for safe disassembly.

We noted that a cupboard used for storing hazardous materials was present within treatment rooms without a warning sign attached. This was raised immediately with senior staff and rectified during the inspection.

The practice business continuity plan was provided to us. This was found to be comprehensive and contained relevant contact numbers should a problem arise. A

practice health and safety policy and risk assessment were in place that had been recently reviewed and updated. Both documents were located within a dedicated health and safety folder for staff to view.

A practice fire safety folder held documentation relating to the most recent fire safety drills and checks. The senior dental nurse was the designated fire marshal. Fire extinguishers were present throughout each floor in sufficient numbers for the size of the building, full fire drills were carried out regularly with all staff and fire alarm system testing had been recently carried out. All staff had recently completed fire safety training.

The practice fire risk assessment however, had not been repeated since 2010. We escalated this issue immediately to the practice registered manager and principal dentist and a risk assessment was completed during our visit. Multiple fire action notices were present throughout the practice and signs advising patients and visitors that smoking was not permitted within the building were seen.

A valid employer's liability insurance certificate was viewable within the reception area and a Health and Safety Executive poster providing advice to staff was present within the rear stock room of the practice.

Infection, Prevention, Control (IPC) and Decontamination

All respondents to the HIW patient questionnaire answered that they felt the setting was very clean and that infection prevention and control measures were evident. Patients told us:

“All surgery staff wore masks, aprons and gloves. Gloves were changed multiple times during the appointment. They donned the apron when I was in the room therefore, I know it was clean.”

The practice IPC lead was the senior dental nurse. We saw that a recently reviewed IPC policy and procedure was in place and an effective cleaning schedule was present within each treatment room. We were provided with the most recently completed IPC audit. This demonstrated good overall compliance with IPC guidelines.

Treatment rooms had additional ventilation fitted to further protect against the risks posed by respiratory transmitted illness and we saw that additional personal protective equipment (PPE) was available.

Flooring within clinical areas was of a suitable wipe clean design, however we noted that within surgery one, the sealant between the floor and wall had begun to deteriorate and required replacement.

We recommend that the floor sealant is changed.

We were assured that all staff followed the correct decontamination and sterilisation procedures and that these were logged appropriately.

Inspection certificates were not in place for all autoclaves in use at the practice. It is a mandatory requirement of Welsh Health Technical Memorandum (WHTM) 01-05 that autoclaves must be inspected within a maximum interval of 14 months to ensure that correct sterilisation parameters are reached to achieve sterility.

Due to the nature of the risk to patients and staff, this issue was dealt with under HIW's non-compliance procedure, whereby HIW wrote to the practice within 48 hours of the inspection requesting that the autoclave was removed from use until such time as a compliant inspection certificate could be provided to us. We have since received satisfactory assurance of autoclave inspection and compliance and a certificate has been provided to us as evidence of improvement.

The practice did not have a designated decontamination room. Senior staff informed us that this was due to the nature and layout of the building. Decontamination and sterilisation were instead undertaken within the treatment rooms.

While this was carried out safely, in line with Welsh Health Technical Memorandum (WHTM) 01-05 guidelines, we would urge the practice to consider implementing a decontamination room when it is appropriate for the practice to do so.

In the event of a sharps injury occurring, the practice policy indicated that staff should attend the occupational health department at the local hospital for support and advice.

We would advise the practice to have a flowchart present in each clinical area for the action to take following a sharps injury to prevent unnecessary delay in seeking medical treatment or advice.

Medicines Management

We saw that a suitable medicines management policy was in place. Medicines and prescription pads kept at the practice were stored within a locked cupboard.

We recommend that daily temperature checks are made to ensure that temperatures do not exceed safe parameters.

The practice did not have a logbook to keep track of medicines at the practice. We raised this with senior staff during the inspection and this was immediately rectified.

Our assessment of the arrangements in place to ensure the safe and effective management of medical emergencies found the practice to have a recently updated resuscitation policy in place that complied with the most recent national guidelines. Staff informed us that they were aware of how to access this policy. However, the policy was found to not contain sufficient detail relevant to the practice to ensure that staff would be aware of their roles in the event of a patient collapse or the locations of emergency drugs and equipment.

The practice must review the medical emergency policy to include additional detail to ensure that staff are aware of their roles in the event of a patient collapse as well as the locations of emergency drugs and equipment.

Our check of the emergency drugs and equipment available at the practice found that the practice did not have a weekly checklist that included the expiry dates of the contents of the emergency drugs kit. Further inspection of the emergency drugs found expired adrenalin injections and an EpiPen, along with expired needles and syringes present alongside in-date items within the emergency drugs box. This issue was raised immediately with the registered manager. These items were removed immediately from the emergency drugs box.

The practice must have in place a weekly checklist for the emergency drugs and equipment to include expiry dates of the contents.

Safeguarding of Children and Adults

Safeguarding of children and adults was overseen by the registered manager and practice principal who were also the safeguarding leads.

An appropriate safeguarding policy was in place and located within the practice safeguarding folder. This also contained the details of the office to contact should a safeguarding concern be identified and referred staff to the All-Wales National Safeguarding Procedures. Senior staff informed us that staff would shortly have access via a mobile phone application directly to the All-Wales National Safeguarding Procedures.

All staff had achieved satisfactory training in safeguarding to level two for children and adults.

The registered manager informed us that an additional prompt had been added to the practice record keeping software to remind clinical staff to raise a

safeguarding concern should one be identified during a consultation or during treatment.

Management of Medical Devices and Equipment

Clinical equipment in use at the practice was found to be in a good condition and safe for its intended use.

The practice benefitted from digital orthopantomogram (OPG) and Cone Beam Computed Tomography (CBCT) machines located on the ground floor of the practice. Additional X-ray machines were located within individual treatment rooms. A suitable back up system was in use for digital images. The use of ionising radiation was appropriately registered with the Health and Safety Executive and a nominated Radiation Protection Advisor was in place. An up-to-date inventory was available that contained all the required information.

We were provided with critical examination reports for each X-ray unit and an annual quality assurance report for the CBCT machine. However, there were no annual electro-mechanical reports available for all the intra-oral X-ray machines present at the practice.

The registered manager must ensure that annual electro-mechanical reports are prepared for each intra-oral X-ray machine.

All staff were compliant with training requirements for the use of ionising radiation within the last five years.

Patients undergoing X-ray examination were not permitted to have a carer or comforter in the room with them during the exposure. This was in line with the practice radiation policy. Senior staff informed us that this was not something that had been requested before. A lead apron however was available should the need arise to deviate from the policy as a reasonable adjustment.

The registered manager must ensure that carers and comforters are covered by the radiation policy to ensure that staff are aware of what to do should this situation arise.

The practice was registered with HIW to provide periodontal and soft tissue procedures, teeth whitening and bleaching services using a class 4 Biolase EpicX 940nm Dental laser. These services were only available to patients 18 years of age and above. As part of this inspection, we assessed compliance with the regulations for class 4 lasers.

The laser was kept in a secure location when not in use and required a pin code for operation. Signs would be placed on the door to the room when the laser was in use and eye protection in line with recommendations was available for the operator, assisting dental nurse and patient. These were assessed to be in good condition and regularly checked. A maintenance contract was in place to ensure the class 4 laser device continued to work correctly and calibration checks would be undertaken prior to use by the operator.

Medical protocols completed and signed by the operator and principal dentist had been recently reviewed. These were relevant to the laser device in use at the practice.

The practice did not have in place a Laser Protection Advisor. Review of documentation indicated that this had expired in 2021. Local Rules as required by the regulations had not been reviewed since 2018. A risk assessment required to be completed annually by a nominated LPA had last been undertaken in 2018.

While a treatment register was in place, this did not capture all the required information. This included the area treated, shot count and relevant parameters and details of any adverse effects that had occurred following treatment with the class 4 laser device.

The sole laser operator was the principal dentist. Although training had been completed in the safe and correct use of the Biolase EpicX 940nm laser, Core of Knowledge training had not been completed as required within the last three years.

Due to the nature of our findings in this area, these issues were dealt with under HIW's Non-Compliance procedure, whereby we write to the registered manager within 48 hours of our findings and require urgent assurance of improvements within one week. We have since received assurance of the necessary improvements from the practice.

Effective

Effective Care

Our assessment of the practice arrangements for the acceptance, assessment, diagnosis, and treatment of patients found this to be satisfactory. Our discussions with staff demonstrated a clear understanding of their responsibilities in this regard and we saw evidence that professional, regulatory, and statutory guidance was followed when appropriate, when treatment was provided.

We saw that Local Safety Standards for Invasive Procedures (LocSSIPs) checklists were used to prevent wrong site tooth extractions. Engagement with practice management support provided by the practices private payment plan provider (Denplan) provided evidence that staff obtained professional advice when required.

Clinical staff were found to be working within their clinical competence and scope of practice and were appropriately registered with the General Dental Council to do so. Indemnity insurance was in place for all staff working clinically.

Patient Records

The practice used an appropriate records management system to maintain patient dental records and a policy was in place to govern its use. Personal information including dental records was managed, stored, and protected in line with the Data Protection Act (1988) and General Data Protection Regulation (2016). Off site back up was in place to protect against data loss.

A practice consent policy was available that contained the process to follow to protect and uphold the rights of patients who lack capacity.

We reviewed a sample of ten dental records. These were of a high standard. However, we noted that of the records we reviewed, oral cancer screening and patient language preference was not routinely recorded. Indications for antibiotic prescribing was also not consistently recorded within the patient dental records that we reviewed.

As part of the business management support provided by the practices private payment plan company (Denplan), a record keeping audit was carried out within the last 18 months. While informative, this was however found to be lacking in sufficient detail to provide clinicians with enough information to ensure required improvement in record keeping were acted upon.

We recommend that the practice undertakes a more suitable record keeping audit. This should be repeated on an annual basis.

Efficient

Efficient

Senior staff told us of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care.

The practice benefitted from a dental hygienist and dental therapist. Qualified and registered dental nurses had undertaken further training in advanced clinical skills

such as fluoride varnish application. This ensured that appointments were utilised effectively alongside a good mix of clinical skills.

Referrals to secondary care were found to be logged appropriately. Patients with suspected oral cancer were contacted after the referral had been made to ensure they had received an appointment with the relevant team.

Our review of the appointment booking system found that clinical sessions were used efficiently with an appropriate mix of urgent appointments and routine pre-booked appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership

Porthkerry Dental Centre was owned by the principal dentist who was also the responsible individual. The registered manager was a registered dental nurse and was also the practice manager. Both the practice principal and registered manager were found to have the necessary knowledge, skills, experience, and integrity to ensure the practice was run smoothly and efficiently.

The practice had a clear management and leadership structure in place. Dental nurses and receptionists were overseen by a senior member of their own teams who in turn reported to the registered manager and practice principle as required.

Senior staff informed us that, until recently, whole staff meetings were undertaken monthly, however due to an increase in the practice workload, these had not taken place for some time. We saw that meetings would be minuted and would include discussion of any clinically significant topics. At the time of our visit, staff meetings were held on an informal and ad hoc basis and were not minuted.

The practice must recommence minuted staff meetings at a time appropriate to business need.

Workforce

Skilled and Enabled Workforce

To ensure the practice always had an appropriate mix of staff, staff rotas were prepared two months in advance by the registered manager. These would be provided for staff to view six weeks in advance. In the event of a shortage of staff, resource would be sourced from of the two nearby sister practices.

Compliance with GDC registration requirements was monitored by the registered manager and funded by the practice principal. Staff GDC correspondence was set to the practice to allow the registered manager to monitor compliance.

Should staff feel the need to raise a concern (whistle blow) they would be first required to raise this with the senior member of their team. If this was not

appropriate, concerns could be raised immediately with the registered manager or practice principal. A practice whistleblowing policy was available for staff to guide them should the need arise. On the day of our visit, we found that the practice principal and registered manager to be open and approachable to their staff.

Recruitment procedures followed the recruitment policy. All new starters at the practice would undergo an enhanced disclosure and barring service (DBS) check for child and adult workforce. Proof of Hepatitis B seroconversion following a successful course of immunisations would be required prior to working clinically and qualified staff would need to show valid professional registration and indemnity insurance in line with GDC requirements. Trainee dental nurses would be indemnified by the principal dentist prior to qualification. However, during our review of staff files, we found that long standing staff at the practice had not been required to undergo a suitable DBS check. Furthermore, we found that the practice did not have a suitable procedure in place to allow staff with a change in status to update this.

Due to the nature of our findings in this area, this was dealt with under HIW's non-compliance notice procedures, whereby we write to the practice within 48 hours of the inspection with our findings and require assurance of immediate improvement in this area. We have since received satisfactory assurance of improvement.

Nursing staff new to the practice were provided with a comprehensive induction. This would take place over the first two weeks of employment and included the need to familiarise themselves with practice policies and procedures. Staff not already appropriately vaccinated against Hepatitis B would be required to shadow a qualified dental nurse until the immunisation course was completed. Progress would be regularly reviewed.

Dentists working at the practice as part of their foundation training were always supported at the practice. The practice principal would also be available for guidance and advice if required five days per week.

Staff performance issues were addressed with senior practice staff. This would take place informally in the first instance and would also include a wellbeing check-in. If performance did not improve, further training would be offered if applicable along with reasonable adjustments subject to business need.

Staff wellbeing was valued by the practice. Team building events took place regularly throughout the year and the local health boards wellbeing support was also available to staff should they need it. We saw that the practice had

completed a stress risk assessment tool and had put a policy in place to protect staff.

Culture

People Engagement, Feedback and Learning

The practice had several ways for patients to feedback and make suggestions for improvement. Bilingual feedback forms were available for patients to complete. In addition, dental practice management support provided by the private dental payment company, also provided a patient feedback audit for the practice every 18 months. Patient feedback forms were available digitally via a QR code and hard copy for those without digital access.

The practice had a patient suggestion box as well as a tablet available for patients to use where suggestions could be made on a dedicated screen. The practice did not have a 'you said, we did' display to demonstrate to patients changes made as a result of suggestions made.

We would recommend that the practice has in place a 'you said, we did' display or similar.

The practice had a complaints policy and procedure as well as a folder containing details of the NHS Putting Things Right procedure. These were available to patients and a copy would be provided at the start of a complaint. The complaints policy included details of the process that would be followed in the event of a complaint, including timescales for response and sources of support and advocacy. These included HIW and Citizen's Voice Body, Llais (formerly the Community Health Council CHC). The registered manager or practice principal were responsible for investigating and handling complaints.

Informal or verbal concerns would be logged in the back of a practice meeting book. Verbal and formal complaints would be discussed with staff to investigate themes.

Information

Information Governance and Digital Technology

The practice had a system in place to record patient safety incidents. Significant events would be recorded and discussed at team meetings. Patient safety information would also be discussed at this time. Whole team discussion would inform and formulate action plans for improvement and implementation where necessary.

Learning, Improvement and Research

Quality Improvement Activities

Quality improvement and governance activities were covered by several policies that we found were in date and version controlled. These included a clinical governance policy as well as a clinical audit and peer review policy.

Whole practice quality improvement exercises included an audit undertaken on an 18-month basis by the dental practice management team provided by the private payment plan company (Denplan Excel). This allowed for different aspects of the practice to be audited and an action plan to be developed for any improvements that were identified following whole team discussion. Satisfactory completion of this granted the practice accredited status. Previously completed audits of this type included a record card audit and a radiation audit.

We saw that an IPC audit was also carried out and the practice had recently enrolled on an antimicrobial prescribing audit with Health Education and Improvement Wales (HEIW). An integrated Smoking cessation audit had been completed within the last year.

Patient complaints were assessed regularly to look for common themes and we saw evidence of a complaints file with actions identified for improvement where appropriate.

Staff views of the practice were gathered on an ad-hoc basis informally throughout the year. Annual appraisals were also used as a method to gain feedback from staff on their thoughts of working for the practice and any improvements or suggestions they would advise.

Whole Systems Approach

Partnership Working and Development

We assessed the arrangements in place for the practice to engage with external quality management systems to support improvements in providing a quality service. Senior staff informed us that the practice had a system in place to manage and assess whether they were reaching their NHS targets. This was reviewed weekly by the senior practice management team.

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
<p>Our review of the emergency drugs and equipment found several expired items present alongside in-date items in the emergency drugs box. These included:</p> <ul style="list-style-type: none"> • Adrenaline injections • EpiPen • Sterile needles • Sterile Syringes 	<p>This could lead to an adverse outcome in the event of a patient collapse as the necessary drugs and equipment would not be available.</p>	<p>We raised this immediately with senior staff.</p>	<p>The expired items were immediately removed from the emergency drugs box.</p>

<p>The practice had not carried out a fire risk assessment since 2010.</p>	<p>An assessment of fire safety risks allows for identification of improvements required in safety measures to protect patients, staff and visitors in the event of a fire. Failing to identify these risks could put the safety of service users and staff at risk.</p>	<p>We raised this immediately with senior staff.</p>	<p>Senior staff advised us that there had been no material changes to the practice premises since the last risk assessment undertaken. A new risk assessment was carried out by the practice owner during the inspection. Fire safety systems such as alarms and fire extinguishers had been serviced in line with recommendations and were assessed to be satisfactory.</p>
<p>The practice did not have a log book of medication kept on site.</p>	<p>A logbook allows for checks to take place to identify and prevent unauthorised use of medication.</p>	<p>We raised this issue immediately with senior staff</p>	<p>A practice medication log was immediately compiled during the inspection. A log was made of the medication currently kept on the premises.</p>
<p>COSHH cupboards within publicly accessible areas did not have suitable signage to warn of the risk of access</p>	<p>Patients and young children could open the cupboard and access materials or chemicals that could prove harmful</p>	<p>We raised this issue immediately with senior staff</p>	<p>A COSHH warning sign was immediately fixed to each cupboard within publicly accessible areas to warn of the risks if accessed.</p>

Appendix B - Immediate improvement plan

Service: Porthkerry Dental Centre

Date of inspection: 5 June 2023

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.

Description of non compliance / Action to be taken	Regulation	Service action	Responsible officer	Timescale
<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> Evidence is provided to HIW of a valid contract with a nominated certified LPA The local rules are reviewed annually in line with their conditions of registration with HIW. These must be signed by all persons operating the laser at the establishment. Failure to have a set of valid local rules in place would be a breach of regulations. 	<p>Section 24 of the Care Standards Act 2000</p> <p>Regulation 32 of The Private Dentistry (Wales) Regulations 2017</p>	<p>LPA has been contacted, we are awaiting a site visit to ensure no changes since their last review</p>	<p>Gemma Warren</p>	<p>ASAP - 3 year contract invoice has been paid, awaiting documents from provider (lasersafe)</p>

<ul style="list-style-type: none"> Ensure that a site visit report is completed by a certified LPA. 				
<p>The registered manager must ensure that the operator of the class 4 laser device holds up to date core of knowledge training. This must be renewed every three years.</p>	<p>Regulation 32 (3) (a-e) of The Private Dentistry (Wales) Regulations 2017.</p>	<p>This was completed by Owain Joynson on 08/06/2023</p>	<p>Owain Joynson</p>	<p>Completed - Awaiting certificate from course provider</p>
<p>The registered manager must arrange for all persons working for the dental practice to undertake a Disclosure and Barring Service check (enhanced for child and adult workforce).</p> <p>The registered person must also ensure that arrangements are in place to allow staff working for the dental practice to notify the registered manager of a change in circumstance. These arrangements should allow for</p>	<p>Regulation 18(1a) of The Private Dentistry (Wales) Regulations 2017.</p>	<p>I can confirm that the 2 Receptionists and 3 DCPs missing their DBS checks have now have applications sent off to be checked</p> <p>I have complied and carried out a Practice DBS Risk assessment for those who's certificates are older than 3 years. These will be updated annually and form part of staff appraisals</p>	<p>Gemma Warren</p>	<p>Completed - awaiting results for 2 out of 5 checks to come back</p>

regular fitness to work checks to be conducted by the registered manager.				
The registered manager must cease to use the melag vacuum autoclave present within surgery two of the practice on the day of inspection, until such time as an authorised engineer has provided documentation of satisfactory inspection and/or maintenance. This documentation must be provided to HIW.	Regulation 13(2a) and 13(3b) of The Private Dentistry (Wales) Regulations 2017		Gemma Warren	Inspection booked for 16/06/23. The autoclave has been removed from use until that date

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: Gemma Warren
Job role: Practice Manager
Date: 12th June 2023

Appendix C - Improvement plan

Service: Porthkerry Dental Centre

Date of inspection: 5 June 2023

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 registered persons must update the patient information leaflet and statement of purpose to ensure it meets the requirements of dental practices in Wales. Both documents should also advise patients of the access requirements for the toilets at the practice.	Regulation 5 & 6 - Statement of Purpose / Patient Information - The Private Dentistry (Wales) Regulations 2017.	The patient information leaflet and statement of purpose has been updated.	Gemma Warren	Completed
The registered persons must ensure that floor sealant within surgery one is repaired.	Regulation 22(2)(b) - Fitness of Premises - The Private Dentistry (Wales) Regulations (2017)	The area identified has been resealed.	Owain Joynson	Completed

<p>The registered persons must ensure that consideration is given to implementing a dedicated decontamination room at the practice when opportunity allows.</p>	<p>Regulation 13(3)(b) - Quality of Treatment and other service provisions - The Private Dentistry (Wales) Regulations (2017).</p>	<p>Consideration had previously been given and provisional plans were already in place.</p>	<p>Gemma Warren</p>	<p>Completed</p>
<p>The registered persons must ensure that flowcharts for action to take following a sharps or 'needlestick' injury are visible in clinical areas.</p>	<p>Regulation 13(5)(b) - Quality of Treatment and other service provisions - The Private Dentistry (Wales) Regulations (2017).</p>	<p>The flowcharts are now visible.</p>	<p>Gemma Warren</p>	<p>Completed</p>
<p>The registered persons must implement daily temperature checks on medicine cupboards and fridges.</p>	<p>Regulation 13(4)(b) - Quality of Treatment and other service provisions - The Private Dentistry (Wales) Regulations (2017).</p>	<p>New thermometers have been installed for daily checks.</p>	<p>Gemma Warren / Victoria Hembury</p>	<p>Completed</p>
<p>The registered persons must update the practice resuscitation policy to include the responsibilities of staff members and location of emergency drugs and equipment in the event of a patient collapse</p>	<p>Regulation 31(2)(b) - Resuscitation - The Private Dentistry (Wales) Regulations (2017).</p>	<p>The practice resuscitation policy has been updated.</p>	<p>Gemma Warren</p>	<p>Completed</p>

<p>The registered persons must develop, implement, and maintain a weekly checklist of the emergency drugs and equipment to include the expiry dates of items.</p>	<p>Regulation 31(3)(b) - Resuscitation - The Private Dentistry (Wales) Regulations (2017).</p>	<p>This was already present at the time of the inspection.</p>	<p>Gemma Warren</p>	<p>Completed</p>
<p>The registered persons must ensure that annual electro-mechanical reports are prepared for each intra-oral X-ray machine.</p>	<p>Regulation 13(2)(a) - The Private Dentistry (Wales) Regulations (2017)</p>	<p>Service Engineer Huw Thomas has completed the reports. All equipment was in good working order.</p>	<p>Owain Joynson</p>	<p>Completed</p>
<p>The registered persons must ensure that the radiation policy is updated to include a procedure for carers and comforters</p>	<p>Regulation 6(5)(d)(ii) The Ionising Radiation (Medical Exposure) Regulations 2000.</p>	<p>The radiation policy has been updated.</p>	<p>Gemma Warren</p>	<p>Completed</p>
<p>The registered persons must undertake a suitable record keeping audit. This must be repeated on a regular basis practice undertakes a more suitable record keeping audit.</p>	<p>Regulation 8(n) - Policies and Procedures - The Private Dentistry (Wales) Procedures (2017).</p>	<p>Already being done annually as part of the Dental Foundation training scheme and is now being extended.</p>	<p>Gemma Warren</p>	<p>Completed</p>

This should be repeated on an annual basis				
The registered persons must recommence minuted staff meetings at a time appropriate to business need.	Regulation 15 (3) (a-c) - Privacy, dignity and relationships - The Private Dentistry (Wales) Regulations (2017).	Minuted meetings recommenced in July 2023	Gemma Warren	Completed
The registered persons must implement a suitable system to show patients the action taken by the practice in response to their feedback	Regulation 16(2)(c) - Assessing and monitoring the quality-of-service provision including annual returns - The Private Dentistry (Wales) Regulations (2017).	We have implemented a 'You said, we did board'	Gemma Warren	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): Owain Joynson

Job role: Practice Owner

Date: 09/08/2023