

Inspection Summary Report

Porthkerry Dental Centre, Cardiff and Vale
University Health Board

Inspection date: 5 June 2023

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

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Patients provided very positive feedback regarding the service they had received at Porthkerry Dental Practice.

The practice premises was clean, tidy and well in good decorative order throughout and we found staff to be warm, caring and professional.

We found that an effective process was in place for the decontamination of reusable dental instruments and there was good adherence to infection prevention and control guidelines.

Suitable arrangements were in place to ensure safe use of the X-ray equipment at the practice.

We were assured of the efficient day to day running of the dental practice provided by a strong practice management team.

Staff were up to date on mandatory training requirements and were committed to providing good patient care.

We found compliance with the regulations for the use of the Class 4 Laser present at the practice required immediate improvement.



Immediate improvement was also required to practice processes ensuring that staff fitness to work checks were suitably robust and allowed for a change in status to be notified in a timely manner.

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



What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection 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.

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

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



Quality of Patient Experience



Overall Summary

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.

Where the service could 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

What we found this 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’.

Patients told us:

Patients provided us with the following comments:

"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."

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.

Where the service could improve

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.

- 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.

What we found this 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.

Patients told us:

Patients provided us with the following comments:

“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.”

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 encourage this, we recommend the practice implement a 'you said, we did' display.

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

Where the service could improve

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.

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

What we found this service did well

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

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

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

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

