

General Dental Practice Inspection Report (Announced)

Elegant Dental Care

Inspection date: 14 August 2024

Publication date: 28 November 2024



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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 Elegant Dental Care on 14 August 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 19 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 Elegant Dental Care provided a suitable experience for patients throughout their treatment journey. Patients told us they were treated with dignity and respect by professional and friendly staff. We saw robust arrangements were in place to uphold the rights of patients who were treated at this setting. All patient feedback we received was positive, and all patients rated the service as 'very good'.

Patients told us they found it easy to find an appointment when they needed one and that they were given the right of information about their care at the right time. We found the triage procedures for managing urgent appointments to be suitable, and the information available to patients was satisfactory.

This is what the service did well:

- All patient feedback we received was positive
- Supportive arrangements were in place for patients requiring reasonable adjustments.

Delivery of Safe and Effective Care

Overall summary:

We found the practice was maintained to a good standard, was clean and suitable for the safe treatment of patients. However, the practice had recently experienced a water leak, which caused damage to one surgery and some storage areas. We required the setting to make some changes during the inspection to improve these areas immediately. Other areas around the practice were appropriately sized and equipped to meet the needs of their patients.

We found the general cleanliness of the patient-facing areas to be sufficient. However, we noted temporary decontamination arrangements were in place which required amendments to meet the requirements set out in the Welsh Health Technical Memorandum (WHTM) 01-05. We required the setting to provide evidence to HIW that WHTM 01-05 is being adhered to, once current building work is completed.

We saw medicines were managed correctly and suitable arrangements were in place for the safe and effective oversight of emergency equipment. Radiographic equipment was used appropriately and managed robustly. Patient records were

broadly a complete record of the care provided to patients. However, we identified some areas to improve in relation to the recording of Basic Periodontal Examinations and smoking cessation guidance.

This is what we recommend the service can improve:

- The registered manager must ensure all areas of the practice are kept clean, tidy and free of hazards
- The registered manager must ensure routine electrical installation inspections take place every five years.

This is what the service did well:

- Medical devices were all clean, safe and staff were trained to decontaminate them correctly.

Quality of Management and Leadership

Overall summary:

The leadership and management arrangements in place were satisfactory. Appropriate lines of responsibility helped staff understand their individual roles and provide better care for patients. Clear and comprehensive policies were in place to provide guidance for staff, including training and complaints policies. However, we did not see evidence team development activity having taken place.

We found the practice took a proactive approach to quality improvement. However, some areas of training and pre-employment checks were missing from the staff records we reviewed.

This is what we recommend the service can improve:

- The registered manager must ensure all employees receive annual fire safety training
- The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk assessment in place relating to missing pre-employment check records.

This is what the service did well:

- The arrangements in place for capturing patient feedback were satisfactory
- We observed strong working relationships between staff and noted a positive working environment at the practice.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care provided by Elegant Dental Care. In total, we received 19 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 19 responses. Overall, the responses were positive. All respondents who answered agreed the service provided was ‘very good’.

Patient comments included:

“I have been here for almost 20 years. I wouldn't go anywhere else as I am a very nervous patient - from reception to dentist I am dealt with in a person-centred way.”

“Fantastic service and staff. Friendly and kind.”

“Very welcoming, puts nervous patients at ease. Friendly staff.”

Person-centred

Health promotion and patient information

Satisfactory information was available to promote good oral health, including advice on paediatric dental health and oral cancer. The practice statement of purpose and patient information leaflet were both available at reception. We observed the fees for private services were clearly displayed at reception. The General Dental Council (GDC) numbers of all clinical staff were also noted on arrival into the practice. We saw the opening hours and emergency contact details displayed on the exterior of the practice.

All respondents to the HIW patient questionnaire stated their oral health was explained to them in a manner they could understand. All patients agreed they were given clear aftercare instructions on how to maintain good oral health.

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their time at Elegant Dental Care. The reception area was connected to the waiting area, however, reception staff informed us that no private patient

information was repeated over the telephone. We were told that private conversations between reception staff and patients would be held where they could not be overheard. Each staff member had a signed confidentiality agreement in place, which outlined how they would ensure the privacy of patient information.

The practice had solid surgery doors, which were kept closed during appointments. We saw all treatment room windows were frosted to protect patient privacy in the surgeries. We noted the Nine-Principles prepared by the GDC were on display at reception.

All of the patients who completed the HIW questionnaire said they felt listened to by staff during their appointment and that staff treated them with dignity and respect.

Individualised care

All respondents to the HIW questionnaire stated they were given enough information to understand which treatment options were available, including information on the risks and benefits. Patients also said they were involved as much as they wanted to be in the decisions about their treatment.

The majority of patients (18/19) also agreed they were given suitable guidance on what to do in the event of an infection or emergency. All patients stated they were given information on how the setting would resolve any post-treatment concerns.

Patients told us:

“Always put at ease, being very scared at previous dentists. The team here are fantastic.”

“Staff are always welcoming and explain procedures in a way that is calming.”

Timely

Timely care

We found appropriate arrangements in place to utilise the time of practitioners through the effective management of appointments. Patients could make appointments over the telephone or in person. Where appointments extended beyond their scheduled time, we were told that nurses would telephone reception or meet patients to explain the reasons for delays.

We saw emergency appointments were planned into the practice schedule during the day. Any patient in need of urgent care was advised to phone prior to 10am to arrange an emergency appointment. Patients were triaged over the telephone, including the use of a pain scale, with reception staff consulting the dentist where necessary. We were told that no patient would wait over 24 hours to be seen in the event of an emergency.

Staff told us patient wait times depended upon the treatment, but average wait times were usually four weeks for patients to be seen. Appointments were arranged in accordance with patient availability wherever possible.

Respondents to the HIW patient questionnaire indicated they found it 'very easy' (17/19) or 'fairly easy' (2/19) to get an appointment when they needed one.

Respondents also said they would know how to access out of hours dental care if they had an urgent dental problem.

Equitable

Communication and language

We found satisfactory arrangements in place to enable effective communication between clinicians and patients. Staff told us that due to their proximity to an international port, they frequently treated non-English speakers. In these instances, patients could be accompanied by an interpreter or online translation tools were used.

Large print documents were routinely available for patients, and we were also informed that documents would be made available in different formats upon request. We heard examples of good practice where staff had assisted patients with sight difficulties to read documents. Staff told us they recognised the importance of ensuring treatments were available in the preferred language of patients.

Rights and equality

We saw a suitable equality and diversity policy as well as a patient acceptance policy, both of which promoted the equal access to treatment for all patients. Within each staff folder, we saw a signed zero-tolerance statement outlining the approach taken to any form of harassment or discrimination towards staff or patients.

We found the rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records. All of the patients who responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service.

We saw a suitable means to support patients and staff with any reasonable adjustments required. This included a new telephone system being implemented to assist a staff member who required the use of a hearing aid. The practice also had a ramp to assist those with mobility difficulties, where needed. The majority of patients who responded to our questionnaire (17/19) confirmed the building was accessible, with one saying it was partially accessible and one other patient saying they did not know. Patients told us:

“Not sure how easy it would be to get a wheelchair through the front door and turn the corner into the waiting room.”

“Was helpful when I broke my ankle. Ramp was made available.”

“When I broke my leg they put a ramp out for my wheelchair.”

Delivery of Safe and Effective Care

Safe

Risk management

Overall, the practice was maintained to a good standard, was clean and suitable for the safe treatment of patients. However, we did note the practice had recently seen a water leak cause damage to a toilet and made one surgery unusable. We saw work was progressing to resolve these issues but identified some of the issues could impact on the delivery of safe and effective care should they be allowed to continue.

Due to the work taking place to recover from the water leak, we saw non-patient facing areas used as storage were untidy and unkempt. These areas included a downstairs storage room which had items discarded on the floor, items placed precariously on top of one another, and boxes stored on the stairwell. These issues were resolved on the day of the inspection. However, we advised staff that the practice should ensure these areas are included in their routine cleaning schedule so that they are routinely kept clean, tidy and free of any hazards.

The registered manager must ensure all areas of the practice are kept clean, tidy and free of hazards.

The practice was set over one level with three suitably sized surgeries. We saw only one surgery was in operation, which had been recently refurbished to a high standard. One surgery was being used as a temporary decontamination room and the other was not being used, due to the water leak repairs. The reception area was appropriately sized to support the number of patients.

We heard telephone lines in working order and saw suitable staff changing areas with lockers available for staff. We saw the toilets for patients and staff were properly equipped and clean. The patient toilet was not suitable for wheelchair users, however, this was made clear to new and existing patients.

We saw dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We noted single use items were used where appropriate, and needle re-sheathing equipment was also used to promote safe and effective care.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Recent risk assessments for fire safety and health

and safety had been conducted, with suitable policies for business continuity and emergency management also in place.

Portable Appliance Testing had recently taken place on all electrical equipment at the practice. However, we did not find evidence that an electrical installation inspection had taken place within the last five years. This meant there was an increased risk of an electrical fault going unnoticed. We engaged with staff regarding this matter and an appointment was arranged for an electrical safety test to be undertaken prior to the conclusion of our inspection

The registered manager must ensure routine electrical installation inspections take place every five years.

We found appropriate contracts in place to manage the fire safety equipment and all records pertaining to fire safety were comprehensive. The practice employer liability insurance certificate and the Health and Safety Executive poster were both displayed.

Infection prevention and control (IPC) and decontamination

We found suitable infection control policies and procedures in place to ensure standards of infection control were maintained. Staff had sufficient access to Personal Protective Equipment to support the safe care provided to patients. Hand hygiene signage was also comprehensive. However, as mentioned previously in this report, the setting had recently experienced water damage, meaning temporary arrangements were in place throughout the practice. These arrangements included a temporary decontamination room set up in one of the out-of-use surgeries. Upon inspection, the layout of the room was not in line with the expectations set out in Welsh Health Technical Memorandum (WHTM) 01-05. Due to the manner in which the room was set up, the workflow between the 'dirty' and 'clean' areas was unsuitable. There was no dedicated handwashing sink on the 'dirty' side of the workflow and no countertop on the 'clean' side to wrap instruments. This meant effective handwashing prior to the decontamination process could not take place and posed a risk that newly cleaned instruments could become contaminated.

We also found that the containers to transport 'dirty' and 'clean' instruments were not labelled and did not have locking handles. This risked the 'clean' instruments being mistakenly transported in 'dirty' containers.

Due to the potential impact on patient safety, these concerns were resolved during the inspection. Further information on the actions taken by the service in respect of this matter are outlined in Annex A.

The unused surgery where decontamination was taking place had older cabinets which had signs of rust and deteriorating flooring which risked being unable to be effectively cleaned. These were temporary arrangements while building work was being completed and no patient-facing work involving the cabinets was taking place. However, we required the setting to provide evidence to HIW, once the required work has taken place, that WHTM 01-05 is being adhered to in all in-use surgeries and within the new decontamination space.

The registered manager must provide HIW with assurance that the expectations set out in the Welsh Health Technical Memorandum (WHTM) 01-05 are being adhered to once the building work is completed.

Other than the issues identified above, we found the general cleanliness of the patient-facing areas to be sufficient. Maintenance and cycle records for both the autoclave and ultrasonic bath were both complete, along with comprehensive twice-daily checks and testing.

All of the patients who responded to the HIW questionnaire said they felt the practice was very clean. All of the respondents also agreed that IPC measures were being appropriately followed. One patient told us:

“Premises very clean at all times.”

The training records we reviewed confirmed all staff had received appropriate training for IPC and the decontamination of equipment. The staff we spoke with were clear about their individual responsibilities in relation to infection control measures.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory, with the details collated in a comprehensive COSHH folder. We saw that all waste was stored and disposed of correctly through a suitable waste disposal contract.

Medicines management

We saw the arrangements in place for the management of medicines were appropriate. We noted a suitable policy for the safe handling, storage, use and disposal of medicines. We also saw the practice prescription pad was stored securely. The fridge designated for the storage of medicines was correctly managed, with temperature checks suitably logged.

We found comprehensive arrangements in place to ensure medical emergencies were safely and effectively managed. On inspection of the emergency equipment, we found all items were present, easily accessible and within their expiry dates.

We noted routine checks took place on all emergency equipment. Staff records evidenced there was one qualified first aider and all except one staff member were trained in cardiopulmonary resuscitation. We highlighted this issue to staff and the training for this staff member was booked prior to end of the inspection.

The registered manager must ensure all staff are fully trained in cardiopulmonary resuscitation to support patient safety.

Safeguarding of children and adults

Comprehensive and up-to-date safeguarding procedures were in place to support patient safety. The procedures included contact details for local support services, identified an appointed safeguarding lead and referenced the All-Wales Safeguarding Procedures. The procedures and contact details were also on display in the staff-only areas for ease of access.

The staff training records we reviewed indicated staff were suitably trained in the safeguarding of children and adults. The staff we spoke with during the inspection demonstrated a satisfactory understanding of safeguarding procedures and said they would feel supported if they were to raise a concern.

Management of medical devices and equipment

The clinical equipment we saw was safe, in good condition and fit for purpose. Reusable dental equipment was used in manner to promote the safe and effective care of patients. The staff we spoke with were confident in using the equipment and the training records we inspected confirmed they had received suitable training for their roles.

We saw robust arrangements were in place for the management of radiographic treatments. The practice radiation protection folder was up to date and comprehensive. On review of patient records, we found the clinical notes for radiographic treatments to be fully complete. Clinicians indicated patients were suitably informed of the risks and benefits of radiation and we saw that radiation exposures were correctly captured within patient records. We noted the local rules were easily locatable in each surgery. The staff training records indicated all staff were trained to an appropriate level in radiography.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patients. The patient records we viewed evidenced that treatments were being provided according to clinical need and following professional, regulatory and statutory guidance.

The clinical staff we spoke with demonstrated clear understanding of their responsibilities while being aware of where to seek relevant professional advice, where needed.

We found suitable processes in place to record patient understanding and consent to surgical procedures. We saw appropriate use of clinical checklists to prevent wrong tooth site extractions.

Patient records

We reviewed a total of 10 patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations. Overall, these records formed a contemporaneous and complete record of the care provided to patients. However, there were two areas which required improvement, including:

- Smoking cessation leaflets were provided to all patients identified as smokers, however, a note of this was not kept in any of the applicable records we reviewed
- Basic Periodontal Examinations were not recorded in one of the records we reviewed.

The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

Due to the manner in which the practice patient record system was programmed, we found there was no option to capture medical history counter signatures by clinicians, nor the means to record patient language preferences. However, since the inspection, the setting has provided evidence to HIW that these options are now included and are being routinely recorded within patient records.

Patient referrals to other parts of the health service were suitable and monitored appropriately by practice staff. One patient told us:

“Was referred for urgent [redacted] earlier this year. Dentist was competent and reassuring giving me the reasons.”

Patients who responded to the HIW questionnaire confirmed their medical history was checked prior to any appointment taking place. All patients agreed they provided informed consent, and their treatments were explained in a manner which they could understand.

Quality of Management and Leadership

Leadership

Governance and leadership

We found a robust management structure in place to support the effective running of the practice. Formal staff meetings were held regularly and attended by all staff, while more informal discussions also occurred frequently. On review of staff meeting minutes, we noted suitable discussions around clinical equipment, radiography, training and professional development.

Staff told us they had confidence in their managers and would know who to speak to if they needed help or support. The practice manager explained they had the correct support and training to undertake their leadership role effectively. The staff we spoke to were knowledgeable, acted professionally and supported one another.

We saw the practice was an accredited member of their dental group, which supported them to monitor quality assurance. However, we did not see evidence any team development activity had taken place.

The registered manager should undertake team development activity, utilising the support available to them.

Workforce

Skilled and enabled workforce

We noted a positive working environment at the practice and observed good working relationships between staff. Patients told us:

“Very friendly, helpful and professional team.”

“Always very helpful.”

“All staff are helpful and pleasant.”

We found appropriate systems in place to ensure a suitable number of qualified staff were working at any one time. We also found supportive arrangements in place to ensure all staff remained trained to an appropriate level for their roles. A suitable recruitment policy was in place to manage inductions and continued learning. We reviewed all four staff records and found compliance with all mandatory training requirements. However, two staff members had not received

their annual fire safety training as recommended by HIW. There were no immediate concerns for patient safety as two out of the four staff were trained to a higher level than expected. We received confirmation following the inspection that all employees are trained to the appropriate level in fire safety.

The registered manager must ensure fire safety training is completed annually by all staff.

From the records we reviewed and the staff we spoke with, we were assured staff were provided with time and support to complete training.

The staff we spoke with during the inspection explained they would know what to do and who to speak to in the event of a concern over service delivery, treatment or management. We saw the practice whistleblowing policy was also satisfactory.

Suitable arrangements were in place to monitor and maintain the professional obligations of staff working at the practice from the commencement of their employment. All of the staff records we reviewed were complete, including up to date GDC registrations and Disclosure and Barring Service (DBS) Enhanced checks. However, no staff member had suitable reference checks on file. The risks to patients were mitigated by regular Enhanced DBS checks being completed and this being a small family-run business.

The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk assessment in place relating to missing pre-employment check records.

Culture

People engagement, feedback and learning

We saw a suitable system in place for the collection and review of feedback. We saw patients were sent customer service reviews to complete online post-treatment. Feedback was routinely reviewed by managers and discussed in every team meeting to learn from findings and improve services for patients. Any suggested improvements received through patient feedback would be shared on the wall in reception.

The complaints procedure was available for patients to view at reception. There was a clearly defined timescale for an acknowledgement and a response to a complaint, along with other means to raise a complaint. The details of HIW were included in the practice complaints leaflet for patients. However, there was no information on the support or advocacy arrangements available to patients in

Wales within the complaints procedure. The practice was advised at the next annual review of this procedure to ensure these details were up to date.

Complaints were overseen by the practice manager and collated using a suitable system. Verbal complaints were escalated to the practice manager and then recorded in the practice complaints log. There were no complaints for us to review during the inspection but we were assured by the processes in place and outlined by staff.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, antimicrobial prescribing, healthcare waste and infection prevention and control audits. The practice also audited other non-mandatory areas to enable shared learning and improve service delivery.

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>The layout of the temporary decontamination room was not in line with the expectations set out in Welsh Health Technical Memorandum (WHTM) 01-05.</p> <p>Due to the manner in which the room was set up, the workflow between the 'dirty' and 'clean' areas was unsuitable. There was no dedicated handwashing sink on the 'dirty' side of the workflow and no countertop on the 'clean' side to wrap instruments.</p>	<p>Effective handwashing prior to the decontamination process could not take place and newly cleaned instruments could become contaminated. This posed a potential risk to staff and patient safety.</p>	<p>This was discussed with staff during the inspection. Potential layout changes were discussed with the setting and advice regarding WHTM 01-05 was given.</p>	<p>The setting provided photographic evidence of the changes made to the layout of the room in line with WHTM 01-05 shortly after the inspection.</p>

<p>Due to the work taking place to recover from the water leak, we saw non-patient facing areas used as storage were untidy and unkempt. These areas included a downstairs storage room which had items discarded on the floor, items placed precariously on top of one another, and boxes stored on the stairwell.</p>	<p>Staff members could come to harm from the hazards in these non-patient facing areas.</p>	<p>Staff were made aware of these concerns.</p>	<p>The areas mentioned were tidied and cleared of any hazards.</p> <p>An improvement has been made for staff to ensure these areas are included in their routine cleaning schedule so that they are kept routinely clean, tidy and free of any hazards.</p>
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Appendix B - Immediate improvement plan

Service: Elegant Dental Care

Date of inspection: 14 August 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
1. There were no further immediate assurance issues identified.					

Appendix C - Improvement plan

Service: Elegant Dental Care

Date of inspection: 14 August 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
1. Due to the work taking place to recover from the water leak, we saw non-patient facing areas used as storage were untidy and unkempt. These areas included a downstairs storage room which had items discarded on the floor, items placed precariously on top of one another, and boxes stored on the stairwell. These issues were resolved	The registered manager must ensure all areas of the practice are kept clean, tidy and free of hazards.	The Private Dentistry (Wales) Regulations 2017, Section 22 (2)	Improved our storage room.	Jayne Williams	6 Weeks

	on the day of the inspection. However, we advised staff that the practice should ensure these areas are included in their routine cleaning schedule so that they are routinely kept clean, tidy and free of any hazards.				
2.	We did not find evidence that an electrical installation inspection had taken place within the last five years. This meant there was an increased risk of an electrical fault going unnoticed.	The registered manager must ensure routine electrical installation inspections take place every five years.	Section 22 (2) (b)	Booked Electrician to complete	Sarah Chamberlain January 2025
3.	An unused surgery where decontamination took place had older cabinets which had signs of rust and deteriorating flooring	The registered manager must provide HIW with assurance that the expectations set out in the Welsh Health Technical Memorandum (WHTM) 01-05 are being adhered to once	Section 22 (2)	A new purpose built Decontamination room is planned for completion Summer 2025	Sarah Chamberlain Summer 2025

	<p>which risked being unable to be effectively cleaned. These were temporary arrangements while building work was being completed and no patient-facing work involving the cabinets was taking place. However, we required the setting to provide evidence to HIW, once the required work has taken place, that WHTM 01-05 is being adhered to in all in-use surgeries and within the new decontamination space.</p>	<p>the building work is completed.</p>				
4.	<p>All except one staff member were trained in cardiopulmonary resuscitation. We highlighted this issue to staff and the training for this staff</p>	<p>The registered manager must ensure all staff are fully trained in cardiopulmonary resuscitation to support patient safety.</p>	<p>Section 31 (3) (a)</p>	<p>Booked for November 2024</p>	<p>Sarah Chamberlain</p>	<p>November 2024</p>

	member was booked prior to end of the inspection.				
5.	<p>There were two areas of patient records which required improvement, including:</p> <p>Smoking cessation leaflets were provided to all patients identified as smokers, however, a note of this was not kept in any of the applicable records we reviewed</p> <p>Basic Periodontal Examinations were not recorded in one of the records we reviewed.</p>	The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.	Section 20 (1) (a)	Adjustments made to records to include this.	Jayne Williams October 2024
6.	We did not see evidence any team development activity had taken place.	The registered manager should undertake team development activity, utilising the support available to them	Section 16 (1) (a)	Adjustments made to have a day of team development activity every month	Jayne Williams September 2024

7.	Two staff members had not received their annual fire safety training as recommended by HIW. Staff explained they had two staff members were trained to a higher level than the requirement expected by HIW, who acted as designated fire marshals within the practice. The staff told us they were not aware of the training expectation HIW recommends. We later received confirmation that all employees have since been trained in fire safety prior to the drafting of this report.	The registered manager must ensure fire safety training is completed annually by all staff.	Section 22 (4) (c)	Already completed. Certificates already shown as evidence. The requirement for future training has been added to the training checklist.	Jayne Williams	September 2024
8.	No staff member had suitable reference checks on file. The risks to patients were	The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk	Section 18 (2)	Risk assessments have been completed and will be reviewed routinely.	Jayne Williams	Completed

mitigated by regular Enhanced DBS checks being completed and this being a small family-run business.

assessment in place relating to missing pre-employment check records.

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): Jayne Williams

Job role: Practice Manager

Date: 31/10/2024