

Quality Check Summary

Court Road Dental

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Court Road Dental as part of its programme of assurance work. This dental practice is based in Bridgend and offers both NHS and private treatments and services.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (and other relevant regulations). Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the registered manager on 04/05/2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How has the practice and the services it provides adapted during this period of COVID-19?
- How do you ensure that equality and a rights based approach are embedded across the service?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- Environmental risk assessment.

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

We reviewed the key documents listed above and confirmed all were adequately completed and dated.

The practice manager informed us of the changes made to minimise the risk of COVID-19 transmission in the practice communal areas and treatment rooms. The practice currently keeps the front door locked to prevent anyone without an appointment entering the practice. Appointments are longer to allow for additional cleaning in between patients, and the waiting area contains fewer chairs to enable social distancing.

We were also told that signs are displayed throughout the practice to encourage patients to wear masks to their appointment and utilise the hand sanitizer stations throughout the practice. All surgeries have installed extractor fans, and protective screens around the reception desk

The practice manager informed us that all appointments are booked over the phone and the reception staff provide patients with all the relevant COVID- 19 information when booking their appointment.

The practice manager also told us of the processes put in place during the pandemic to safely treat COVID positive or suspected positive patients. Staff would direct the patient to the rear fire exit, used to both enter and exit the building. Staff wearing full personal protective equipment (PPE) then direct the patient through to the designated surgery, closest to the door, to avoid the patient having to go through the waiting area. If a high-risk patient needs to book an appointment, we were told that staff will try to book morning appointments, to avoid cross over with other patients.

We were told that the practice doesn't currently have any patients who have requested to communicate in Welsh. There are bilingual posters throughout the practice and the practice

manager informed us that they have engaged a Welsh translation company to make more information available bilingually across the practice. The practice also has access to a translation service if required.

All surgeries are equipped for AGP¹ procedures and we were informed that they have been all fitted with air extraction units to ensure adequate air changes per hour for each surgery. All staff don and doff² PPE before entering the surgeries and a buddy nurse system is used to accompany patients out after their appointment. The buddy nurse will also retrieve any additional equipment required during procedures.

No areas for improvements were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Surgery cleaning scheduled for the last week
- Copy of cleaning policy
- Copy of the most recent WHTM01-05 decontamination audit
- Copies of the daily checks records for each autoclave (last two weeks)
- Copy of full manual cleaning procedure

The following positive evidence was received:

We were provided with various documents regarding the prevention and control of infection. We also saw evidence of practice cleaning schedules and a cleaning policy, as well as records for the decontamination of instruments and surgery equipment and a copy of the completed WHTM01-05 decontamination audit. All of these were complete.

¹ An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route

² Donning - putting on personal protective equipment; Doffing - taking off personal protective equipment

The registered manager informed us of the systems in place to ensure all staff were aware of their responsibilities for preventing and controlling infection. Staff have all undertaken in-house training around the correct use of FFP3 masks and donning and doffing. Training has also been provided on hand washing and how to deal with patients remotely. We were also told that staff have access to an online training portal and have all completed their safeguarding refresher training virtually.

Any changes to IPC policies are communicated to staff through meetings with the practice manager, with physical copies of policies and procedures printed for staff to sign and date once read.

We were informed that the practice initially found it difficult to access PPE stock at the start of the pandemic and that prices increased significantly, however, the local health board began providing stock more frequently. The registered manager also told us that they had good links with other dental practices in the area, who they could swap and share PPE stock with when needed.

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- Copy of latest Statement of Purpose
- Copy of latest Patient Information Leaflet
- Copy of the latest annual report prepared under Regulation 16
- IR(ME)R audit
- Record card audit
- Informed consent policy / procedure
- Copy of latest COVID-19 policy
- Business continuity plan for the practice
- Mandatory training record for all staff

The following positive evidence was received:

We saw evidence of training records, which showed that all staff were up to date and compliant with mandatory training. We also saw evidence of a complete patient information leaflet, as well as up to date COVID-19 and informed consent policies.

We were told that staff were aware of their roles and responsibilities in reporting incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW). Any updated guidance for healthcare professionals is delivered to staff via the practice manager during team meetings.

The registered manager confirmed that the emergency drugs and equipment are stored securely and in a location making them immediately available in a medical emergency (patient collapse). The registered manager told us that a system is in place, whereby the practice manager checks the emergency equipment and drugs on a weekly basis to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we advised the practice to check the oxygen cylinder and the defibrillator on a daily basis. The registered manager confirmed they would speak with the practice manager and ensure these checks were conducted daily going forward.

We reviewed the statement of purpose³ which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

No areas for improvements were identified.

³ “Statement of purpose” (“datganiad o ddiben”) means the statement compiled in accordance with regulation 5(1) of the Private Dentistry (Wales) Regulations and Schedule

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.