

Quality Check Summary

Service name: Dental Excellence

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Dental Excellence as part of its programme of assurance work. Dental Excellence provides both NHS and private dental services to patients in Pembroke within Hywel Dda University Health Board area.

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 Private Dentistry (Wales) Regulations 2017.

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 to 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 practice manager and registered manager on 9 June 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 the most recent 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 were told by the registered manager about changes to the environment to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms were described. These included social distancing measures, a one-way system for patients and staff and the closure of the waiting rooms.

Other measures were introduced such as reception staff arranging follow-up appointments and taking payments over the telephone. These reduced the amount of time people spent at the practice and helped to protect patients and staff.

Patients who needed to see the dentist attended the practice by invitation and pre-booked appointments only. We were informed that staff wore appropriate personal protective equipment (PPE). The practice manager explained that patients were contacted by telephone prior to their appointment and asked a series of questions to determine whether they were at risk of transmitting COVID-19. This information was also confirmed on arrival for their appointment.

We were told that all six surgeries were equipped to perform aerosol generating procedures (AGPs)¹ and mechanical ventilation and extraction units were installed in all the surgeries to facilitate the removal of contaminated air. The practice manager described the use of an egg timer on the door of each surgery following AGPs to ensure that the correct amount of fallow time² was observed between patients and cleaning.

We were told that the changes described had not impacted on the ability of the practice to deliver registered activities. The practice offered remote triage³, telephone advice and

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 After an AGP treatment has been performed, appropriate fallow time is required. Fallow time is the time where the empty surgery is left undisturbed for aerosols to settle in the surgery before cleaning can commence and the next appointment is due.

³ The assignment of degrees of urgency to decide the order of treatment of a number of patients.

signposting during COVID 19 restrictions. This ensured patient care could be delivered according to their needs.

The following areas for improvement were identified:

Whilst we were provided with an environmental risk assessment, this was not signed, dated or version controlled. The registered manager is required to perform a full environmental risk assessment and to ensure that a regular assessment programme is established in relation to environment risks with action plans that are implemented, dated, updated, and reviewed.

We asked the registered manager to describe the facilities for patients wishing to communicate through the medium of Welsh. We were told that information was not routinely available in Welsh. The registered manager must ensure that information is displayed encouraging patients to communicate through the medium of Welsh should they wish and to ensure that patients can access information through the medium of Welsh.

Infection prevention and control (IPC)

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:

- A copy of the most recent Welsh Health Technical Memorandum (WHTM) 01-05⁴ action plan and certificate.
- Records of daily checks of ultrasonic bath and manual cleaning procedures
- Records of daily checks of autoclaves
- All Wales COVID-19 workforce risk assessment.

The following positive evidence was received:

We were provided with some documents relating to IPC prior to the quality check, these included a cleaning policy, details of manual cleaning processes dated April 2022 and records for the decontamination of instruments and dental equipment covering the last 2 weeks.

We were told that PPE training, including donning and doffing⁵ of PPE had been delivered to all

⁴ WHTM 01-05 includes information on an audit of compliance with decontamination. The audit has been developed by dentists in Wales and is supported by the Dental Section, HEIW.

⁵ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

staff and that separate donning of doffing rooms were used in the practice to minimise the cross infection. We were told that all clinical staff wore PPE hoods rather than masks. The principal dentist told us of the measures put in place to make sure staff were confident and competent at using (PPE). In addition to training, there were also donning and doffing posters in the surgery.

The practice manager described how they had increased the number of surgeries from four to six surgeries and that this had increased practice capacity to see patients safely during the pandemic. We were told that when AGPs were conducted, the mechanical ventilation system helped reduced the amount of fallow time between each patient. We were informed that all instruments had been removed from the surgeries. Individual patient packs of sterilised instruments were made up in advance of appointments and only one pack of sterilised instruments per procedure were taken into the surgery.

If a patient, with COVID-19 signs and symptoms, required emergency treatment, appointments would be arranged for the patient to be seen at the end of the day. If treatment was not deemed urgent, the treatment would be delayed until they did not have signs or symptoms of COVID-19.

We were told that there had not been issues in sourcing PPE during the pandemic. The health board also supported the practice in providing supplies of PPE. To ensure that there were sufficient stock levels of PPE maintained at the practice, we were told that the practice manager checked the stock levels on a regular basis and bought in bulk when needed.

We were told that staff were informed of the changes to dental guidance, processes and procedures during the pandemic issued by Public Health Wales and the Chief Dental Officer for Wales.

We were provided with copies of the surgery cleaning schedules for the previous week, which showed that staff followed the cleaning policy. The full manual cleaning procedure showed the separation and pre-sterilisation cleaning of instruments using manual cleaning. The copies of the daily checks for the autoclave provided were in order.

The following areas for improvement were identified:

We were provided with a WHTM 01-05 summary action plan and certificate dated May 2018. However, we noted that the full infection control and decontamination audit was missing and regular infection control and decontamination audits had not been documented since 2018. The registered manager is required to perform a full infection control and decontamination audit and to ensure that a regular infection control audit schedule is established with action plans that are implemented, dated, updated and reviewed.

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:

- The Regulation 23 (Responsible Individual visit) report or where the Responsible Individual is also the Registered Manager, a copy of the latest annual report prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017
- Business continuity plans
- Mandatory training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety
- Record card audit
- Copy of the latest statement of purpose⁶
- Copy of the latest patient information leaflet⁷.

The following positive evidence was received:

We were informed by the registered manager that the practice remained open throughout the pandemic. In the initial stages of the pandemic, clinical remote triage was undertaken via telephone before patients were offered an onsite appointment. This was to ensure that only those patients that needed an in-person appointment were invited into the practice premises. Other patients were offered advice over the telephone or were signposted to other appropriate services.

We were advised that staff absences did not impact on the delivery of the services. The practice operated a reciprocal system with 15 local practices to support each other in the event of temporary closure due to staff absence.

We were told that in the absence of face-to-face training, staff used an online training package. The training certificates would be printed off and kept in continuous professional development files. The practice was also able to provide staff with face-to-face basic life

⁶ The statement of purpose is the information required in accordance with Schedule 1 to the Private Dentistry (Wales) Regulations. This includes the practice aims and objectives and the names and qualifications of the dentists and dental staff. Additionally it should list the kinds of treatment, facilities and all other services provided in or for the purposes of the private dental practice, including details of the range of needs which those services are intended to meet.

⁷ The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations. The information included a summary of the statement of purpose, arrangements seeking patients' views, access to the premises and keeping appointments.

support and first aid training in March 2022.

The registered manager informed us that there was a system in place to keep staff up to date with any changes to guidance, policies and procedures within the practice. We were told that information was available for staff and that any changes or updates would also be sent out to staff. We were told that regular staff meetings were then held to discuss any changes to procedures and to ensure full understanding.

We were told that there were regular checks of emergency equipment and medicines. There were weekly checks documented of emergency drugs and other ancillary equipment, these checks and expiry dates were documented in the patient appointment diary as well as a checklist being visible on the wall.

We were informed that some audit processes in place had remained the same throughout the pandemic and we saw evidence of audits covering x-rays and record keeping.

The practice stated that they had ensured that everyone was treated equally. There were accessible surgeries on the ground floor. We were told that staff used language line for patients whose first language was not English.

We were provided with an up to date statement of purpose and patient information leaflet, which contained relevant information about the services offered by the practice.

We saw a copy of the annual report, prepared in accordance with regulation 16(3) of the Private Dentistry Regulations (Wales) 2017.

The following areas for improvement were identified:

We were provided with copies of various policies and procedures including the cleaning policy, consent policy and business continuity plan. However, we noted that several of these documents were not signed or dated or did not include a review date. The registered manager is required to ensure that all documentation at the practice is signed, dated, with a review date, to ensure the policies are up to date.

What next?

Where we have identified areas for improvements and immediate concerns during our quality check and require the service to take action, these are detailed in the following ways within the appendices of this report:

- Appendix A: 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 B: Includes any other improvements identified during the quality check where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

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.

Appendix A - Immediate improvement plan

Setting: Dental Excellence

Date of activity: 9 June 2022

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

Immediate Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
No immediate Improvements required.				

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

Service representative:

Name (print):

Job role:

Date:

Appendix B: Improvement plan

Setting: Dental Excellence

Date of activity: 9 June 2022

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

Please note, all actions are expected to be complete within three months of the quality check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
The registered manager is required to perform a full environmental risk assessment and to ensure that a regular assessment programme is established in relation to environment risks with action plans that are implemented, dated, updated and reviewed.	Private Dentistry Regulations (Wales) 2017 Section 8(1)			
The registered manager must ensure that Information is displayed encouraging patients to communicate through the	Welsh Language Standards (No.7) 2018			

<p>medium of Welsh should they wish and to ensure that patients can access information through the medium of Welsh.</p>	<p>Health and Care Standards 3.1 Safe and Clinically Effective Care</p>			
<p>The registered manager is required to perform a full infection control and decontamination audit and to ensure that a regular infection control and decontamination audit schedule is established, annually with action plans that are implemented, dated, updated and reviewed.</p>	<p>Private Dentistry Regulations (Wales) 2017 Section 8(1)</p>			
<p>The registered manager is required to ensure that all documentation at the practice is signed, dated, with a review date, to ensure the policies are up to date.</p>	<p>Private Dentistry Regulations (Wales) 2017 Section 8(6)</p>			

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

Service representative:

Name (print):

Job role:

Date: