

Quality Check Summary

Rumney Hill Dental Surgery

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Rumney Hill Dental Surgery as part of its programme of assurance work. The practice offers a range of NHS and private dental treatments.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 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 settings. 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 inspections can be found [here](#).

We spoke to the registered manager and business manager on 12 April 2021 who provided us with information and evidence about their setting. 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 has the practice and the services it provides adapted during this period of COVID-19?

Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients and staff. We reviewed recent risk assessments and incident reviews and questioned the setting 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 of the changes that had been made to the practice environment as a result of the pandemic. Personal Protective Equipment (PPE) for staff and patients is available as well as hand sanitizing stations throughout the practice. Cleaning schedules had been amended to enable more frequent cleaning. We were told that the practice were updating their own Standard Operating Procedure (SOP) in line with updates and advice from external bodies. This included the guidance issued within the Standard Operating Procedure for the dental management of non-COVID-19 patients in Wales. We were told that where possible, staff teams would remain consistent to minimise unnecessary contact between other staff members to help maintain services.

We were told of the changes made to the environment to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms. These included social distancing measures and only patients with pre-arranged appointments could visit the practice. Furniture and seating had been removed from the waiting areas. Treatment rooms had been cleared of all unnecessary items. One waiting area had been converted into a staff administration space and another was the designated area for donning and doffing¹ PPE.

We were told that patients are asked to attend their appointments on time and not arrive earlier due to the lack of patient waiting areas. The doors to the practice remain closed until a member of staff instructs a patient to enter. On entering the practice, staff undertake temperature checks which are recorded, a new face mask is provided (if required) and hand sanitizer given. A dedicated member of staff escorts all patients to and from the surgeries. Staff use walkie talkies to communicate to others the whereabouts of patients and staff to ensure walkways stay clear and social distancing is maintained.

We were told that COVID-19 risk assessments had been completed for all staff. Depending on the outcome of the assessment, the practice would determine if the staff member needed to shield² or undertake a different role within the practice.

We were told that all five surgeries were equipped to perform Aerosol Generating Procedures

¹ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

² This word is used to describe how people at high-risk should protect themselves by not leaving their homes and minimising all face-to-face contact.

(AGP)³. Mechanical ventilation had been installed to facilitate the removal of contaminated air. Where possible, patients requiring AGP treatments were given appointments near lunchtime and the end of the day so that additional cleaning could be carried out with minimal disruptions to appointment times.

In order to allow adequate time to disinfect the surgery between patients, a reduced amount of appointments were available. Staff stated that this had not had any impact on the patient experience or the care that patients received. The registered manager and business manager stated that they felt staff worked and adapted well within the restrictions and guidelines.

We saw evidence of a COVID-19 specific risk assessment which had been completed in January 2020 and an environment risk assessment that had been updated in January 2021. Existing controls or action required are documented within the assessment.

No improvements were identified.

Infection prevention and control

During the quality check, we considered how the practice has responded to the challenges presented by COVID-19. We considered how well the practice manages and controls the risk of infection to help keep patients and staff safe. We reviewed infection control policies, infection rates and risk assessments.

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included their Updated Standard Operating Procedure (SOP), Protocols and Risk Assessments for Working With The Coronavirus Pandemic 18 February 2021. We saw evidence of an Infection Prevention and Control (IPC) audit, together with practice cleaning schedules and records for the decontamination of instruments and dental equipment.

We were told about the systems that are in place to ensure all staff were aware of, and discharged their responsibilities for preventing and controlling infection. This was evidenced in the practice's SOP document which set out the actions and responsibilities of management and staff in order to prevent the spread of the virus. In addition, we were told that PPE training, including mask training and donning and doffing of PPE had been delivered to all staff.

We were told that when AGP procedures are being carried out, the surgery is organised before the patient arrives, to ensure the necessary equipment is available. This is prepared in advance to minimise staff entering or leaving the surgery during the procedure. Staff told us

³ 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.

that a runner nurse is on duty to escort patients to and from the surgery. These practises ensure that infection risk is minimised during procedures.

We were told that staff at the practice had received COVID-19 vaccinations, with nearly all staff having received both the doses required.

Staff explained that patients were contacted prior to their appointment and asked a series of questions to determine whether they were at risk of transmitting the virus. On arrival at the practice, patients have their temperature taken and follow the procedure set out in the SOP for ensuring staff and patient safety when entering the practice. Patients who were displaying symptoms or were awaiting results of a COVID-19 test were instructed to stay home and not attend the practice.

The practice stated they had sufficient stock of PPE and that regular stock checks are undertaken. We were told dental nurses are responsible for ensuring sufficient PPE is available within their surgery and this is obtained from the central stock store. A member of staff oversees the central stocks and orders are placed via an ordering book once or twice a month.

The following areas for improvement were identified:

We were provided with copies of cleaning logs for clinical areas. We noted some had the wrong year recorded, specifically on records for January 2021. Some cleaning logs were dated 2020 when they should be 2021.

In addition, a review of the data recorded on the cleaning logs highlighted some gaps. One log dated 6 January 2020 for surgery AB had the equipment cleaned box ticked once, although there was a full day of appointments recorded.

Also, some logs had the floor cleaned box ticked once, when the practice's SOP states "All clinical area floors must be cleaned at least 2 times a day (At the beginning of the session (if not done the night after end of last session), lunchtime and end of day)." Furthermore, the cleaning log for DF Room dated 2 February 2021 had three afternoon appointments recorded. There was no other data captured to confirm if those appointments took place.

We recommend that the registered manager review the logs and determine if the data being recorded is accurate and reflects the practice's SOP. We also recommend that logs are checked on a regular basis to ensure data is being recorded accurately.

Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff available to provide safe and effective

care.

We reviewed staffing and patient levels, staff training and absences, management structures, practice functions and capacity, incidents and a variety of policies.

The following positive evidence was received:

We saw evidence of training records, which showed compliance with mandatory training. Staff also explained the process for ensuring training was up to date. Staff continued to use e-learning⁴ packages for Continued Professional Development (CPD). In addition, small group face to face training has taken place for staff to ensure skills and knowledge remain up to date.

We were told that the practice did not close during the initial stages of the pandemic. Throughout the pandemic the practice has maintained a system of taking calls for remote triage⁵ by a clinician. This ensures patient care can be delivered according to their needs.

The practice has maintained their processes for the reporting of any incidents, with the principal dentist and business manager having an oversight of any incidents. 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 was delivered in regular staff meetings, via their social media group, emails and video calls.

The process of checking emergency equipment and medicines was explained. One member of staff has responsibility for performing the checks and recording the findings in the appropriate logs. A written protocol is in place for visiting external contractors and includes the same triage process used for all staff and patients when entering the practice.

We reviewed the Patient Information Leaflet⁶, which contained all the required information and is available on the practice's website.

The following areas for improvement were identified:

Regulation 23⁷ of the Private Dentistry (Wales) Regulations 2017 requires the registered provider to visit the practice and prepare a written report on the conduct of the practice. The report provided was not dated and did not include the areas required. Therefore we recommend that the responsible individual reviews the requirements of Regulation 23 and undertakes a visit at the earliest opportunity. The report produced following the visit should be submitted to HIW and the other persons identified in Regulation 23.

⁴ Learning conducted via electronic media, typically on the internet.

⁵ The assignment of degrees of urgency to decide the order of treatment of a number of patients.

⁶ Information as required by Schedule 2 of the above regulations.

⁷ Regulation 23 from the Private Dentistry (Wales) Regulations 2017 requires visits by the registered provider to private dental practice

The practice submitted a statement of purpose⁸. However, the document submitted did not contain all the areas required by the Regulations. During our discussions, we confirmed that a statement of purpose was submitted to HIW in December 2017 as part of the registration process. It was recommended that the practice review the document submitted to HIW in December 2017, as required by the regulations, and update the content. The updated copy should be sent to HIW and also made available on the practice's website.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it 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 Quality Check.

As a result of the findings from this quality check, 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.

⁸ "Statement of purpose" ("*datganiad o ddiben*") means the statement compiled in accordance with regulation 5(1) of the Private Dentistry (Wales) Regulations and Schedule 1.

Improvement plan

Setting: Rumney Hill Dental Surgery

Date of activity: 12 April 2021

The table below includes improvements identified during the Tier 1 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.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The registered manager must review the cleaning logs and ensure the data being recorded is accurate and reflects the actions stated in the Standard Operating Procedure. The cleaning logs should be reviewed on a regular basis to ensure standards are maintained.	The Health & Care Standards - Standard 3.5 Record Keeping The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a)	The clerical errors have been noted. We were pleased to see those lapses were infrequent. Staff have been reminded of the importance of always completing the logs following cleaning. The SOP protocol is being diligently complied with, and floors are always cleaned at the end of each clinical session, although (as pointed out in the report), sometimes staff may decide to clean more frequently, depending on circumstances. Logs will be checked for completion, weekly, by the	Dr P.Bartley	21.4.2021 Actioned and Completed.

			practice manager.		
2	The registered manager must review the Regulation 23 report and update it to include all the areas required by the regulation. A copy needs to be sent to HIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 23 (4) (a), (b) & (c)	Unfortunately, we were unaware of the need for this report since our last inspection 7 years ago. However, we are very happy to oblige, and the report has been compiled and forwarded to HIW.	Dr P. Bartley	21.4.2021 Completed and submitted
3	The registered manager must review the statement of purpose; update the content where applicable, send a copy to HIW and ensure a copy can be obtained via the practice's website.	The Private Dentistry (Wales) Regulations 2017 - Regulation 5 (1) including Schedule 1 & (2)	Statement of purpose will be reviewed, amended and submitted.	Dr P. Bartley	22.4.2021 Completed and submitted.

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.

Name: Dr P Bartley

Date: 22/04/2021