

# Quality Check Summary

## Deintyddfa Cybi Dental Practice

Activity date: 26 April 2021

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In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: [hiw@gov.wales](mailto:hiw@gov.wales)

Website: [www.hiw.org.uk](http://www.hiw.org.uk)

# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Deintyddfa Cybi Dental Practice 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, Private Dentistry (Wales) Regulations 2017 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 on 26 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.

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**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. Where possible, a dentist and dental nurse work together in the same surgery to avoid unnecessary contact between staff and to keep teams the same to maintain services. 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 following the guidance issued within the Standard Operating Procedure (SOP) for the dental management of non-COVID-19 patients in Wales.

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. Waiting areas have been closed off and treatment rooms decluttered of all unnecessary items.

When patients arrive for appointments they are asked to wait outside until a member of staff instructs them to enter. Temperature checks are taken and hand sanitizer given upon entry into the practice. We were told that a buddy nurse escorts all patients to and from the surgeries to ensure walkways stay clear and patients have minimal contact with door handles and other surfaces.

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 shield<sup>1</sup> or undertake a different role within the practice.

We were told that all three surgeries were equipped to perform Aerosol Generating Procedures (AGP)<sup>2</sup>. Mechanical ventilation had been installed in the surgeries to facilitate the removal of contaminated air.

In order to allow for adequate disinfecting time 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 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 updated in April 2021. Areas of concern have action points to mitigate the issues raised.

**No improvements were identified.**

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<sup>1</sup> 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.

<sup>2</sup> 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.

## 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 the policies and procedures in place for the prevention and control of infection, which included COVID-19. We saw evidence of Infection Prevention and Control (IPC) audits, together with practice cleaning schedules and records for the decontamination of instruments and dental equipment.

We were told of the systems in place to ensure all staff were aware of, and discharged their responsibilities for preventing and controlling infection. This was evidenced in a number of policies 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<sup>3</sup> 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 that a buddy 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 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 a book is kept to evidence stock orders.

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<sup>3</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

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**The following areas for improvement were identified:**

We saw evidence of a number of AGP cleaning checklists. A review of these identified that the majority did not have the surgery documented on the checklist. We recommend that checklists clearly state which surgery they relate to. This will enable easy identification should any issues arise.

## 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 highlighted some expired training. See the section below. We were told that staff continued to use e-learning<sup>4</sup> 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 triage<sup>5</sup> 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 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 to staff via emails and staff meetings.

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.

We reviewed the Patient Information Leaflet<sup>6</sup>, which contained all the required information.

**The following areas for improvement were identified:**

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<sup>4</sup> Learning conducted via electronic media, typically on the internet.

<sup>5</sup> The assignment of degrees of urgency to decide the order of treatment of a number of patients.

<sup>6</sup> Information as required by Schedule 2 of the above regulations.

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We saw evidence of core CPD courses taken for all staff. These lists highlighted that safeguarding training had elapsed for some staff in 2016 and 2017.

To monitor this, the practice submitted core CPD required for each member of staff. These lists showed the training each individual needs to complete. Therefore we recommend that the required training lists are reviewed and training booked as soon as possible to ensure staff have up to date skills and knowledge.

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## 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.

## Improvement plan

Setting: Deintyddfa Cybi Dental Practice

Date of activity: 26 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 ensure that checklists clearly document which surgery they relate to, specifically the AGP cleaning checklists.	Health & Care Standards - Standard 3.5 record keeping  The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a)	Space to note which surgery used added to AGP cleaning checklists so that staff can note when completing	Iolo Jones	Immediate already completed
2	The registered manager must review staff training and ensure skills and knowledge are updated as soon as possible; specifically safeguarding training	Health & Care Standards - Standard 7.1 workforce  The Private	Staff in question have completed safeguarding training or are already booked on to an upcoming course	Iolo Jones/nursing staff	End of June 21



		Dentistry (Wales) Regulations 2017 - Regulation 14 (1) (a) & (b) and regulation 17 (1) (a)			
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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: Gruffydd Iolo Jones Registered Manager

Date: 16/05/2021