

Quality Check Summary

Hilltop View Dental Practice

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Hilltop View Dental Practice, Blackwood as part of its programme of assurance work. Hilltop View Dental Practice provides services to patients in the Monmouthshire area. The practice offers a range of private general and cosmetic dentistry services. Children and young people up to the age of 18, are treated free of charge under the NHS. The practice forms part of the dental services provided within the area served by Aneurin Bevan University Health Board.

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 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 manager¹ and principal dentist / owner on 29 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?

¹ registered manager” means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

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 found that the service has conducted some risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

The practice manager and principal dentist informed us that they actively monitor the practice environment on a daily basis to ensure the environment is safe, clean and clutter free.

We were told of the changes that had been made to the practice environment as a result of the pandemic. In order to protect staff and patients at the clinic, the principal dentist told us that the front door is locked at all times to prevent members of the public from entering the practice unattended and without an appointment. We were told that appropriate notices and signs are on display at the practice. Personal Protective Equipment (PPE) for staff and patients is available as well as hand sanitizing stations throughout the practice.

Any patients who needed to see the dentist, or the hygienist, attend the practice by pre-booked appointment only. We were informed that staff admitting patients onto the premises wear appropriate PPE, and that all patients who require treatment are screened for symptoms of COVID-19. The registered manager also confirmed that temperature checks are taken and hand sanitizer given upon entry into the practice. We were informed that a one way system is in place for any patients who require an Aerosol Generating Procedure² (AGP).

The registered manager confirmed that the emergency drugs and equipment are stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. The registered manager confirmed that a system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

The following areas for improvement were identified:

The self-assessment form, completed by the principal dentist in advance of the quality check,

² AGPs are defined as any medical or patient care procedure that results in the production of airborne particles - known as aerosols. In dentistry these are chiefly generated by high-speed instruments working in the mouth, for example dental drills - known as turbines, mechanised scalers and air tooth polishers.

confirmed that the practice's environmental risk assessment had been reviewed within the last 12 months. We were also provided with a copy of the practice environmental sustainability policy statement. However, we were not provided with any completed environmental risk assessments.

The registered manager must provide HIW with a copy of the completed environmental risk assessments to evidence that these have been reviewed.

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:

The principal dentist confirmed that all staff have a clear understanding of the latest Standard Operating Procedure³ guidance for the dental management of non COVID-19 patients. The guidance is intended for use by all dental care settings in Wales. It was evident throughout our discussions that the principal dentist had a clear understanding of the Standard Operating Procedure guidance. We also saw evidence that the practice had developed their own policies for AGP and non AGP procedures which had been developed in line with the latest Standard Operating Procedure guidance.

The principal dentist confirmed that all staff have received a detailed COVID-19 risk assessment⁴ to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic. The principal dentist also informed us that all staff at the practice had received their COVID-19 vaccinations.

The principal dentist informed us that patients are contacted by telephone prior to their appointment and asked a series of questions to determine whether they were at risk of transmitting the virus. Any patients who would display any symptoms, or were awaiting results of a COVID-19 test, were instructed to stay home and not attend the practice.

The principal dentist confirmed that staff have received regular COVID-19 updates via email and any new guidance and procedures are discussed with staff immediately. The registered

³ <https://gov.wales/dental-management-non-covid-19-patients>

⁴ 'This Risk Assessment Tool has been developed to help people working in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus.'

manager also told us that a dedicated COVID-19 file has been developed for staff which contains all the latest COVID-19 guidance and procedures. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

The principal dentist verbally confirmed that all staff have received various internal training / guidance on topics such as recognising COVID-19 symptoms, the management of patients with COVID-19 symptoms, hand hygiene, correct use of PPE, including the donning, doffing and safe disposal of used equipment during the COVID-19 pandemic.

The principal dentist confirmed that the practice uses reusable Filtering Face Piece 3 (FFP3)⁵ masks. We were told that all staff who are currently using FFP3 masks, have been fit tested to ensure the mask fits properly and will adequately protect them.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a weekly basis by the registered manager.

The following areas for improvement were identified:

We saw evidence that a combined decontamination and infection control audit had been completed on 6 January 2021. However, we noted that the audit had been based on England's Department of Health Infection Prevention Society self-assessment document. We recommend that the practice completes the Health Education and Improvement Wales⁶ audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance⁷. This will ensure that any differences between the standards in England and Wales are identified.

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 were provided with a sample of policies and procedures the practice had in place. We saw that these had been reviewed during the year and we also saw that they contained a review

⁵ FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

⁶ Health Education and Improvement Wales (HEIW) is dedicated to transforming the workforce for a healthier Wales. They are a Special Health Authority within NHS Wales and sit alongside Health Boards and Trusts.

⁷ 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.

date. The registered manager verbally confirmed that all policies and procedures contain review dates and / or are version controlled and are reviewed annually.

The registered manager confirmed that all clinical staff had renewed their training online on a range of topics relevant to their roles in order to meet the Continuing Professional Development (CPD) requirements. We were informed by the registered manager that all staff are due to renew their cardiopulmonary resuscitation (CPR) training and this has been arranged for early June. The registered manager explained that they had not been able to arrange renewal training sooner due to the pandemic restrictions.

The following areas for improvement were identified:

The owner / principal dentist of Hilltop View Dental Practice is the the nominated responsible individual⁸. The principal dentist informed us that they have not formally assessed and monitored the quality of service provision as required by The Private Dentistry (Wales) Regulations 2017. The registered manager and responsible individual should arrange to assess and monitor the quality of service at the practice and provide HIW with a copy of the subsequent report.

We noted from the staff training records that staff had not received any fire training. The registered manager confirmed this during the quality check. The registered manager should arrange for all staff at the practice to receive fire training. The registered manager should also ensure a system is put in place for fire training to be renewed annually.

We were provided with a copy of the statement of purpose which included relevant information about the services being offered. However, we found that the statement of purpose contained incorrect staffing details. The registered manager immediately arranged for the statement of purpose to be updated and we were provided with a copy.

We were also provided with a copy of the patient information leaflet. We found that the leaflet did not contain all the information required under The Private Dentistry (Wales) Regulations 2017. The leaflet did not contain details of the arrangement for seeking patients' views or the arrangements for the development and training for staff. The registered manager should arrange for the patient information leaflet to be updated and forward a copy to HIW.

The registered manager must also ensure that both the statement of purpose and patient information leaflet are reviewed at least once every twelve months and that both documents are published on their website in order to fully comply with the regulations.

From discussions with the principal dentist, it was evident that the practice was seeking to continuously improve the service provided to patients. We were provided with copies of

⁸ "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

relevant audits that had recently been completed such as cross infection, clinical notes and X-rays. However, we found that some of the audits were not clearly dated and did not contain details of who undertook the audit. The principal dentist must ensure that all audits are clearly dated and record the name of the member of staff who undertook the audit.

We reviewed the record keeping audit results and found that information was generally recorded consistently. We noted from the audit that some improvements had been identified. The audit had highlighted some gaps in recording written and verbal consent, and notes of discussions with patients needed to be more consistently. We noted that the audit was completed in November 2020, with a review date of 12 months. However, the guidance included on the audit stated that the audit must be repeated every six to nine months if any improvements have been identified. We recommend that the principal dentist repeats the record keeping audit within six to nine months, from the date of the last audit, in order to monitor whether improvements to record keeping have been made and are being maintained.

We were told that annual staff appraisals were not conducted at the practice. This means there was no formal monitoring of the quality and safety of the care that staff provided to patients or of staff individual development needs. The principal dentist informed us that they are a small established team and that the team regularly meet informally to discuss issues. We discussed the importance of conducting annual staff appraisal and the principal dentist agreed that arrangements will be made for all staff to receive an appraisal. The principal dentist should ensure that a formal monitoring system is put in place to ensure appraisals are undertaken and recorded annually. We would also encourage the principal dentist to ensure all team meetings are minuted and recorded.

As mentioned above, we were provided with a sample of policies and procedures and we found that they contained review dates and / or were version controlled. The principal dentist confirmed that all staff have read and understood the policies and procedures. However, the principal dentist could not provide any evidence to support this. The registered manager must ensure that a system is put in place to evidence that staff have read and understood the practice policies and procedures.

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: Hilltop View Dental Practice

Date of activity: 29 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 provide HIW with a copy of the completed environmental risk assessments to evidence that these have been reviewed.	Regulation 22, Fitness of premises	Environmental risk assessment has been sent.	Lisa White	completed
2	We recommend that the practice completes the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.	(WHTM) 01-05 guidance	I have applied to Heiw to do the audit I am waiting for a reply.	Lisa White	In progress

3	The registered manager and responsible individual should arrange to assess and monitor the quality of service at the practice and provide HIW with a copy of the subsequent report.	Regulation 16, Assessing and monitoring the quality of service provision including annual returns	A copy has been sent	Lisa White	Completed
4	The registered manager should arrange for all staff at the practice to receive fire training. The registered manager should ensure a system is put in place for fire training to be renewed annually.	Regulation 22, Fitness of premises	We have completed fire training would you like me to send certificates	Lisa White	Completed
5	The registered manager should arrange for the patient information leaflet to be updated and forward a copy to HIW.	Regulation 6, Patient information	It has been updated and a copy has been sent	Lisa White	completed
6	The registered manager must ensure that the statement of purpose and patient information leaflet are reviewed at least once every twelve months and that both documents are published on the practice website.	Regulation 5, Statement of purpose, Regulation 6 Patient information, and Regulation 7, Review of the statement of purpose and patient information leaflet	Statement of purpose is now on our website	Lisa White	completed
7	The principal dentist must ensure that all audits are clearly dated	Regulation 16 Assessing and monitoring	Audit's have now been dated	Simon Rice	completed

	and record the name of the member of staff who undertook the audit.	the quality of service provision including annual returns			
8	The principal dentist must repeats the record keeping audit within six to nine months, from the date of the last audit, in order to monitor whether improvements to record keeping have been made and are being maintained.	Regulation 16 Assessing and monitoring the quality of service provision including annual returns	Record keeping Audit will be repeated 6 to 9 months after last completed in November 2020	Simon Rice	By August 2021
9	The principal dentist should ensure that a formal monitoring system is put in place to ensure appraisals are undertaken and recorded annually.	Regulation 17, Staffing	Appraisals will be undertaken annually and recorded	Simon Rice	Aim to be completed by end of July
10	The registered manager must ensure that a system is put in place to evidence that staff have read and understood the practice policies and procedures.	Regulation 8, Policies and procedures	Policies are to be signed by all staff.	Lisa White	completed

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: Lisa White

Date: 20/5/21