

Quality Check Summary

{My}dentist, Whitland

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of {My}dentist, Whitland as part of its programme of assurance work. {My}dentist, Whitland provides services to patients in the Carmarthenshire area. The practice forms part of Integrated Dental Holdings (IDH Group), known as ‘{My}dentist’, which has a network of dental practices across the UK. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board. The practice provides a range of NHS and private general dental 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 manager¹ and the regulatory officer for {My}dentist on 11 May 2021, 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 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 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 practice risk assessment for COVID-19 resuming dental services
- most recent fire risk assessments action plan
- most recent health and safety risk assessment action plan

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

We saw that the practice had undertaken a detailed COVID-19 risk assessment which included assessments of the environment, patient journey and the health, safety and wellbeing of staff and patients visiting the practice. We saw evidence showing staff had signed the risk assessment to confirm they had read and understood it. We also noted that the risk assessment contained a review date and was version controlled.

In order to protect staff and patients at the clinic, the registered manager 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.

Any patients who needed to see the dentist attend the practice by invitation and pre-booked appointment only. We were informed that staff admitting patients onto the premises wear appropriate personal protective equipment (PPE), and that all patients who require treatment are screened for symptoms of COVID-19.

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 registered manager spoke highly of the practice staff in how they have responded to the needs of the practice, the patients and in supporting each other during the COVID-19 pandemic. The registered manager also told us that the practice has been fully supported by the central corporate team of IDH Group.

No 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:

- COVID-19 policy
- the most recent Welsh Health Technical Manual (WHTM) 01-05² decontamination audit and the action plan to address any areas for improvement
- surgery cleaning schedules
- records of daily checks of autoclaves
- records of daily checks of ultrasonic bath and washer disinfectant

The following positive evidence was received:

The registered manager confirmed that all staff have a clear understanding of the latest Standard Operating Procedure³ for the management of non COVID-19 patients. The guidance is intended for use by all dental care settings in Wales.

The registered manager confirmed that staff have received regular COVID-19 updates via a dedicated WhatsApp⁴ group and by email. Any new guidance and procedures are discussed at formal team meetings, which are recorded. The registered manager told us that, since the beginning of the COVID-19 pandemic, all team meetings have been conducted face to face as ample room for safe social distancing is available at the practice. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

The registered manager confirmed that all staff have received various internal training or

² 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.

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

⁴ WhatsApp Messenger is a cross-platform instant messaging application that allows iPhone, BlackBerry, Android, Windows Phone and Nokia smartphone users to exchange text, image, video and audio messages for free. In addition to basic messaging, WhatsApp provides group chat and location sharing options.

guidance on topics such as recognising COVID-19 symptoms, the management of patients with COVID-19 symptoms, correct use of PPE, including the donning, doffing and safe disposal of used equipment and medical emergencies during the COVID-19 pandemic.

The registered manager also confirmed that all staff who are currently using FFP3⁵ masks have been fit tested to ensure the mask fits properly and will adequately protect staff.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a weekly basis by a member of the dental nursing team.

We saw evidence that an infection control audit has been completed using recognised audit tools, including the Health Education and Improvement Wales⁶ audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. We saw evidence that the resulting action plan was in place and being monitored.

We saw evidence that cleaning schedules for the surgeries had been increased and were being maintained.

We saw evidence that the practice had a daily maintenance programme for checking the sterilisation and the washer disinfectant equipment. A logbook was in place for the autoclave⁷ and the ultrasonic bath⁸ evidencing that the start and end of the day safety checks were taking place.

The following areas for improvement were identified:

The registered manager confirmed that all surgery floors are cleaned at the end of the morning and afternoon session. Furthermore, the registered manager informed us that, if time allows, the surgery floors are cleaned after each treatment / patient visit and we recognised this as good practice. We were also informed that each surgery has its own dedicated mop and bucket. However, the registered manager confirmed that the mop heads are not disposable. In order to be fully compliant, the registered manager should ensure that disposable mop heads are used as detailed in the Standard Operating Procedure for the dental management of non COVID-19 patients.

The self-assessment form, completed by the registered manager in advance of the quality

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 Autoclaves are items of equipment that are used in dental practices to sterilize all of the instruments and all of the materials used in professional procedures.

⁸ Ultrasonic cleaner removes bioburden by using sound waves generated by electrical energy. As the sound waves move through the liquid cleaning solution, they cause the formation and bursting of millions of small bubbles.

check, confirmed that a practice specific risk assessment was in place and confirmed there were no vulnerable staff or any Black, Asian and minority ethnic (BAME) assessments needed at the practice. During the quality check, we asked the registered manager if all staff have received a detailed COVID-19 risk assessment⁹ to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic. The registered manager informed us that all staff at the practice had received an assessment, however, this had not been documented. The registered manager assured us that arrangements would be made for the COVID-19 risk assessment to be repeated with all staff. We were provided, after the quality check, with a copies of the risk assessments to evidence these had been completed.

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:

- Statement of Purpose
- Patient Information Leaflet
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Record card audit
- Informed consent policies / procedures
- COVID-19 policy
- Business continuity plan
- Mandatory training completion rates for all staff

The following positive evidence was received:

The practice manager of {My}dentist, Lomead is the registered manager.

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

From discussions with the registered manager, it was evident that the practice was seeking to

⁹ '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.'

continuously improve the service provided to patients. We were provided with copies of relevant audits that had recently been completed by the practice manager, such as cross infection, clinical notes and X-rays. All audits had been completed and, where required, an action plan developed and maintained.

We were provided with a sample of policies and procedures in place at the practice. We saw that these had been reviewed during the year and we also saw that they contained a review date. The registered manager verbally confirmed that all policies and procedures contain review dates and / or are version controlled and are reviewed annually.

We were told that there are no current staff sicknesses and there are no current vacancies at the practice.

The following areas for improvement were identified:

Prior to the quality check we were provided with mandatory training statistics for the clinical team which showed an overall compliance rate of 80%. We found that all the dental nurses had renewed their mandatory training. However, we found that some of the training for the dentists was due to be renewed. The registered manager told us that, since the practice provided us with the training statistics prior to the quality check, some of the dentists have now renewed their training. We were provided with updated training statistics after the quality check which showed an overall compliance rate of 93%. The registered manager informed us that plans are in place for the remaining dentists to complete all training during May 2021. We were also told that arrangements have now been put in place by the registered manager to ensure that mandatory training data is reviewed monthly at team meetings to ensure all staff members renew their training in a timely way.

The registered manager must provide HIW with updates in relation to the mandatory training completion rates within three months of this quality check.

We were informed that the registered provider had not been able to physically visit the practice due to national restrictions during the COVID-19 pandemic, consequently, a copy of the responsible individual report was not available. We were told that arrangements are now in place for the registered provider to visit the practice during May 2021, as required by The Private Dentistry (Wales) Regulations 2017.

The registered provider must provide HIW with a copy of the report to evidence the way the quality of the service provided is being managed and assessed to ensure that they meet the requirements of the regulations and relevant standards.

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.

Improvement plan

Setting: {My}dentist, Whitland

Date of activity: 11 May 2021

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.

Reference Number	Improvement needed	Standard/Regulation	Service Action	Responsible Officer	Timescale
1	The registered manager should ensure that disposable mop heads are used at the practice	Standard Operating Procedure for the dental management of non COVID-19 patients.	Single use mops implemented after guidance received from HIW Inspector. The internal SOP was also updated on the company intranet	Practice Manager	Completed
2	The registered manager must provide HIW with updates in relation to the mandatory training completion rates within three months of this quality check.	The Private Dentistry (Wales) Regulations 2017, Section 17	A list of outstanding mandatory training has been given to the remaining Dentist who has not completed all mandatory training with a deadline date also given. Clinical support manager will support the practice manager should the deadline not be met	Practice Manager	31/05/2021

3	The registered provider must provide HIW with a copy of the responsible individual report.	The Private Dentistry (Wales) Regulations 2017, Section 23	Provider visit completed 18/05/2021. Report to be finalised and issued to the practice manager by 31/05/2021. Earlier visit not able to be completed due to Covid-19 restrictions	Regulatory Officer	31/05/2021
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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: Anneliese Phillips

Date: 24/05/2021