

Quality Check Summary

Service name: Blackwood Dental
Centre

Activity date: 11 June 2021

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Blackwood Dental Centre as part of its programme of assurance work. Blackwood Dental Centre provides general dentistry services for both NHS and private patients.

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 manager/principal dentist and the responsible individual/principal dentist on 11 June 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?

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:

- Health and safety risk assessment
- Fire safety risk assessment and fire log book
- Disability risk assessment
- Legionella risk assessment
- COVID-19 All Wales COVID 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 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 a buddy nurse will escort patients to and from the surgery. This helps minimise unnecessary contact between other staff members, which helps 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. Screens have been fitted to the reception desk and the surgeries had been decluttered of all unnecessary items. There are four surgeries in total, but only three surgeries currently provide care and treatments to patients.

Prior to an appointment, staff will telephone the patient and complete their medical history and COVID-19 questionnaire. The patient journey is also explained. These measures help reduce the amount of time a patient spends at the surgery.

When patients arrive for appointments they are asked to wait in their cars or outside until a member of staff instructs them to enter. Temperature checks are taken and hand sanitizer given upon entry into the practice. A member of staff then escorts patients to the surgery for their treatment.

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 shield¹ or undertake a different role within the practice.

We were told that all surgeries are equipped to perform Aerosol Generating Procedures (AGP)². Ventilation and extraction units are installed in the surgeries to facilitate the removal of contaminated air.

The number of appointments has been reduced to enable sufficient fallow time³ and to allow for adequate time to disinfect the surgery between patients. 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 number of risk assessments (see list above) that had been completed by external bodies within the last 12 months. Any recommendations are listed in the report to mitigate the issues raised.

No areas for 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:

- A copy of the most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement
- Standard operating procedures for Blackwood Dental Centre
- Aerosol generating and non-aerosol generating procedure policies and Covid-19 specific policies
- Cleaning schedules
- Daily check records for each autoclave
- Daily check records for the ultrasonic bath and manual cleaning procedure

¹ 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.

² 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.

³ Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place.

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included their SOP. We saw evidence of the 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 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 doffing⁴ of PPE had been delivered to all staff.

We were told that when AGPs are being carried out, the triage⁵ call helps identify the equipment that will be required. 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 at all times. They escort patients to and from the surgery and ensure routes to and from treatment areas remain clear. These practises ensure that infection risk is minimised during AGP procedures.

Staff 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 the virus. Patients who were displaying symptoms or were awaiting results of a COVID-19 test were instructed to stay home and not attend the practice.

We were told the practice had sufficient stock of PPE and that weekly stock checks are undertaken and any supplies required are ordered.

No areas for improvements were identified.

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:

- A copy of the latest annual report prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017

⁴ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

⁵ Triage is the prioritisation of patient care based on illness/injury, severity, prognosis and resource availability

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- Informed consent policy
 - Business continuity and disaster recovery policy
 - Mandatory training records for all staff
 - Record card audit
 - IR(ME)R audit
 - Copy of the latest statement of purpose
 - Copy of the latest patient information leaflet

The following positive evidence was received:

We saw evidence of training records, which showed compliance with mandatory training. However, the training information provided highlighted expired training in medical emergencies for the dental care professional (DCP)⁶ staff (see section below). The registered manager explained the process for ensuring training was up to date, with staff continuing to use e-learning⁷ packages for Continued Professional Development (CPD).

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 triage⁸. 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 registered manager and practice 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. Staff have the responsibility for performing the weekly checks and recording the findings in the appropriate logs.

We reviewed the statement of purpose⁹ and patient information leaflet¹⁰, which contained all required information.

The following areas for improvement were identified:

We saw evidence of core CPD courses taken for all staff. The list highlighted that medical

⁶ DCP - A person qualified to practice a certain aspects of dental care that is registered with the GDC to work in the UK. The term covers a range of professions including dental nurse, dental technician, dental hygienist. (See gdc-uk.org)

⁷ Learning conducted via electronic media, typically on the internet.

⁸ The assignment of degrees of urgency to decide the order of treatment of a number of patients.

⁹ "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.

¹⁰ Information as required by Schedule 2 of the above regulations.

emergencies training had elapsed for some staff in 2020.

The lapse in this training is an unfortunate result of the pandemic which resulted in face to face courses being cancelled. We were told there is currently some difficulty to book onto medical emergency training due to a backlog of staff/organisations requiring this training. However, we were told that an appropriate course will be booked as soon as possible. Therefore we recommend that the required training is booked as soon as possible to ensure staff have up to date skills and knowledge with this aspect of their continued professional development.

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: Blackwood Dental Surgery

Date of activity: 11 June 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 must ensure staff with expired medical emergencies training are booked onto a course as soon as possible to ensure skills and knowledge are updated	Health & Care Standards - Standard 7.1 workforce The Private Dentistry (Wales) Regulations 2017 - Regulation 17 (1) (a)	Medical Emergencies with Lubas Medical will be booked within the next two weeks. Obviously there is a back log but we will accept their earliest date. We are hoping this will be in the next 3 months but obviously it depends on the waiting list for other professionals wanting to similarly complete their medical emergencies, an issue which unfortunately out of our control.	Zoe Clarke and Lisa Rees	To book onto a course within the next 2 weeks (if courses are available and not fully booked as they have been when we have previously tried). With the aim of completion being 3 months

				(again dependent upon the availability of booking)
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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: Zoe Clarke

Date: 30th
June 2021