

# Quality Check Summary

## Llandeilo Road Dental Surgery

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# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Llandeilo Road Dental Surgery as part of its programme of assurance work. Llandeilo Road Dental Surgery is owned by Cross Hands Dental Care Ltd and provides private and NHS services, for patients of all age groups, within the area served by Hywel Dda University Health Board.

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 lead dentist, who is also the responsible Individual<sup>1</sup> and registered manager<sup>2</sup> for the practice, on Wednesday 16 June 2021, who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- What changes have been implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How is the service 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?

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<sup>1</sup> "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).

<sup>2</sup> "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:

- General health and safety risk assessment
- Daily checklist for each surgery

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 necessary risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We saw that a detailed general risk assessment had been undertaken which included assessments of the environment, equipment and the health, safety and wellbeing of staff and patients visiting the practice. We noted that the risk assessment contained a review date.

The registered manager told us that, in order to protect staff and patients, any patients who need to attend the practice do so by pre-booked appointment only and are checked in over the phone. We were told that all patients are screened for symptoms of COVID-19 through the patient portal, whilst they update their medical history. They are also screened before being allowed into the practice on the day of their appointment. Patients who are unable to use the patient portal are screened when they book their appointments so that they are aware of what symptoms would prevent them being allowed into the practice on the day.

We were told that one of the surgeries is accessible directly from the outside through a fire escape door, and that the other three surgeries are accessible through the main entrance. We were told that all four surgeries are spacious, thus allowing for social distancing. We were also told that care is taken to limit the number of patients attending at the same time and that staff admitting patients onto the premises wear appropriate personal protective equipment (PPE). Follow-up appointments are booked by the dentist whilst the patient remains in the surgery to avoid them having to do this at reception, thus reducing the risk of cross-infection. The registered manager told us that they intend to continue with this arrangement indefinitely as it gives the clinical staff more control over their workload.

The registered manager confirmed that the emergency drugs and equipment are stored

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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 one of the dental nurses has delegated responsibility for checking the emergency equipment, drugs oxygen and the fire alarm system on a weekly basis. In the absence of this nurse, the senior dental nurse would delegate the task to one of the other staff members.

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.

**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 Standard Operating Procedure and policy statement
- COVID-19 risk assessment
- The most recent Welsh Health Technical Manual (WHTM) 01-05<sup>3</sup> decontamination audit and the action plan to address any areas for improvement highlighted
- Surgery cleaning schedules
- Records of daily checks of autoclaves
- Ultrasonic bath records
- Dental instruments manual cleaning procedure
- Standard Operating Procedure for de-escalation period of COVID-19

**The following positive evidence was received:**

The registered manager confirmed that all staff have a clear understanding of the latest Standard Operating Procedure<sup>4</sup> for the dental management of non COVID-19 patients. The guidance is intended for use by all dental care settings in Wales. Changes to the Standard Operating Procedure were communicated to staff by means of on-line meetings initially and more recently through face to face discussions.

The registered manager confirmed that staff have received regular COVID-19 updates. Any new guidance and procedures are discussed with staff to ensure that they understand the

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<sup>3</sup> 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.

<sup>4</sup> <https://gov.wales/dental-management-non-covid-19-patients>

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implications of the changes on their work.

The registered manager told us that staff have received various internal training to include infection prevention and control and the correct use of PPE i.e the donning, doffing and safe disposal of used equipment.

The registered manager confirmed that staff who use the FFP3<sup>5</sup> face masks have been fit tested to ensure the masks fit properly and offer adequate protection.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a regular basis. The registered manager did not foresee any issues with sourcing PPE in the future.

We saw that an infection control audit was conducted by the registered manager in May 2021, using the Health Education and Improvement Wales<sup>6</sup> audit tool, which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. This considered as good practice due to the comprehensive scope of the audit. We saw that an action plan had been drawn up to address any issues highlighted during the audit. The registered manager told us that they intend to undertake this audit every six months to ensure that standards are maintained.

Documented evidence presented showed that all surgeries are being thoroughly cleaned on a daily basis. We also saw evidence to show that the autoclaves<sup>7</sup> and the ultrasonic bath<sup>8</sup> are being checked on a daily basis to ensure that they are working correctly.

The registered manager told us that they have not, to date, had to provide treatment to patients displaying COVID-19 symptoms or awaiting a COVID-19 test result and should the need arise, such patients would be seen at the end of the working day. Staff would wear full PPE and the surgery, and any other areas within the practice that the patient came in to contact with, would be thoroughly cleaned.

**No improvements were identified.**

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

<sup>6</sup> 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.

<sup>7</sup> 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.

<sup>8</sup> 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.

## Governance

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
- Disaster Planning and Emergencies procedure
- Personnel records to include staff training
- Clinical audit records
- Consent policy
- Quality and Standards report 2020
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit

**The following positive evidence was received:**

The practice provides services to a high number of Welsh speaking patients and it is positive to note that the majority of the staff are Welsh speaking. The practice has a bilingual (Welsh/English) website which provides useful information for patients. We were provided with a copy of the statement of purpose and patient information leaflet which also included relevant information about the services being offered. These documents are currently only available in English. However, the registered manager stated that they would give consideration to translating these in to Welsh when the documents are next reviewed and updated.

The registered manager told us that they continuously strive to improve the service provided to patients. This was evidenced in the audit documentation provided with the self-assessment, i.e infection control audit, clinical notes audit, X-Ray quality and safety audit, patients' record card audit, disability access audit and COVID-19 specific audit.

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 confirmed that they were aware of incident reporting processes and knew how to contact HIW, the Health and Safety Executive and the health board to report incidents or to seek advice.

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

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the practice. We were also told that agency staff are very rarely used.

We saw evidence of staff training records, which showed high compliance with mandatory training. The registered manager told us that further infection prevention and control, safeguarding and first aid training had been booked for the near future and that training would be facilitated remotely through Zoom<sup>9</sup> where appropriate.

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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.

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<sup>9</sup> Zoom is an online audio and web conferencing platform. People use it to make phone calls or to participate in video conference meetings or training.



# Improvement plan

Setting: Llandeilo Road Dental Surgery

Date of activity: 16 June 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	No improvements needed				

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:

Date: