

Quality Check Summary

{my}dentist, Welshpool

Activity date: 29 June 2021

Publication date: 3 August 2021



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

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

Website: www.hiw.org.uk

Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of {my}dentist (Welshpool) as part of its programme of assurance work. The practice provides a range of NHS and private treatment and forms part of the dental services provided within the area serviced by Powys Teaching 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 Private Dentistry (Wales) Regulations 2017 (and other relevant regulations and standards). 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 regulatory officer on 29 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 do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How has the practice and the services it provides adapted during this period of COVID-19?
- How do you ensure that equality and a rights based approach are embedded across the service?

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 most recent environment health and safety risk assessment
- The most recent fire safety 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:

The registered manager provided details of the changes that have been made to the practice environment to allow for patients to be seen throughout the pandemic. In order to protect staff and patients within the practice, we were informed that the front door is locked to prevent individuals from entering the building unattended and/ or without an appointment. All patients must pre-book an appointment with a dentist before attending the practice.

Patients are asked to attend their appointments alone wherever possible. However, appointments are arranged accordingly for vulnerable patients identified during telephone triage.

We were informed that clear plastic barriers have been installed within the reception area to protect staff and patients. On arrival, patients are welcomed into the practice by a staff member and they are then escorted to the relevant waiting area. The waiting areas within the practice have been reorganised to allow for social distancing, a one-way system has been implemented within the building and clear markers setting out social distancing requirements are displayed. Following the appointment, patients are escorted out of the building via a different door.

We were informed that hand hygiene facilities are available in all toilets, surgeries and the decontamination room. Additionally, hand sanitiser stations have been installed throughout the practice.

The registered manager confirmed that following the booking of an appointment, information is emailed to the patient to ensure that they are fully aware of what to expect when they arrive, in regards to the arrangements in place. Additionally, we were informed that regular updates have also been sent out to all patients via email, to keep them up to date with the relevant procedures in place and to ensure they know how to access the service if required.

The following areas for improvement were identified:

We were provided with copies of the practice's health and safety risk assessment and fire safety risk assessment documentation. Following review of these documents it was highlighted that the most recent assessments were completed in October 2019, with no evidence to confirm that subsequent reviews had taken place. Additionally, evidence reviewed did not provide assurance that the required remedial actions had been taken to address the issues identified in the risk assessments.

As a result of these concerns and the associated risks to patients and staff, a non-compliance notice was sent to the registered provider to request assurance in relation to the actions that have been or will be taken, to address the concerns highlighted and to ensure patient and staff safety is protected. Subsequently, a response was received from the practice within the set deadline, which provided assurance and set out the actions that will be taken to address the issues highlighted.

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.
- Generic infection control policies and Covid-19 specific policies
- Most recent infection control risk assessments / audits
- Cleaning schedules including autoclave and ultrasonic checks.

The following positive evidence was received:

The registered manager described the processes in place to minimise the infection risks to staff and patients when aerosol generating procedures (AGP)² were being carried out within the practice. These arrangements were also set out in the Standard Operating Procedure (SOP). The registered manager confirmed that mechanical air filtration units have been installed which means that the practice has been able to reduce the fallow time³ following AGP procedures to 10 minutes.

We saw evidence of a COVID-19 risk assessment in place, which set out the risks and control

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.

measures in place for relevant areas throughout the practice. The registered manager confirmed that this assessment was reviewed on a six monthly basis which correlated with the detail included on the document.

The process followed to ensure that patients were routinely screened for COVID-19 symptoms prior to their appointment was discussed. We were informed that prior to any patient appointment a telephone triage is undertaken 24 hours before. We were told that relevant staff have received training in regards to triaging patients and instructions were detailed within the SOP. Additionally, the registered manager confirmed that on arrival at the practice for the appointment, the patient is also asked further triage questions to check for any COVID-19 symptoms. The information obtained as part of this triage process is recorded within the relevant patients' health record.

The registered manager confirmed that should patients notify staff that they have tested positive or they are awaiting results of a COVID-19 test, they would be signposted to one of the health board's Urgent Dental Clinics (UDC).

We were told that regular temperature checks are completed for staff and there were plans to obtain lateral flow tests for staff to routinely complete.

Evidence of the completed Welsh Health Technical Memorandum (WHTM) 01-05⁴ decontamination audit and action plan to address any areas for improvement was provided. Additionally, copies of the cleaning policy and completed surgery cleaning checklists were provided, as well as daily check records for each autoclave and ultrasonic bath.

We were informed that all relevant staff members have been fit tested for the required personal protective equipment (PPE) with the exception of one member of staff who recently joined the practice. We were told that plans were in place to action this. The registered manager also confirmed that a PPE 'donning and doffing'⁵ room has been set for staff within the practice.

The registered manager confirmed that all staff are required to complete mandatory IPC training and additional training and guidance has been provided staff to ensure that they felt confident and competent about PPE requirements. We were informed that arrangements were in place to ensure that there were no issues with the provision of PPE for staff; weekly stock checks are completed and the practice has access to the health board stock when required.

No areas for improvements were identified.

⁴ Scope, status and structure of WHTM 01-05 Welsh Health Technical Memorandum (WHTM) 01-05 is intended to progressively raise the quality of decontamination work in primary care dental services by covering the decontamination of reusable instruments within dental facilities.

⁵ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

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:

- Informed consent policies / procedures
- Escalation policies
- Business continuity plans
- Mandatory training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety
- Record card information
- IR(ME)R audit
- Copy of the latest statement of purpose⁶
- Copy of the latest patient information leaflet⁷.

The following positive evidence was received:

We were informed that the practice remained open throughout the pandemic. However, in the early stages, clinical remote triage was undertaken with each patient before an onsite appointment was scheduled. This was to ensure that the patient needed to be seen at the practice or if other options could be considered.

We were provided with a copy of the statement of purpose and patient information leaflet which included relevant information about the services being offered. Additionally, we were provided with a sample of policies and procedures. We were informed that all policies are managed centrally within the organisation; they are drafted by the head of the relevant department and then circulated to each practice. There is a system in place to monitor and provide notifications in regards to scheduled review dates for all policies and procedures in place.

We were informed that arrangements are in place to ensure that staff have been routinely

⁶ The statement of purpose is the information required in accordance with Schedule 1 to the Private Dentistry (Wales) Regulations. This includes the practice aims and objectives and the names and qualifications of the dentists and dental staff. Additionally it should list the kinds of treatment, facilities and all other services provided in or for the purposes of the private dental practice, including details of the range of needs which those services are intended to meet.

⁷ The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations. The information included a summary of the statement of purpose, arrangements seeking patients' views, access to the premises and keeping appointments.

kept up to date with the relevant changes to guidance and the procedures in place within the practice. Team meetings are held on a monthly basis currently, with ad-hoc meetings held when required. The registered manager confirmed that during the early onset of the pandemic meetings were being held on a daily/weekly basis to ensure that staff were fully aware of the guidance and requirements to follow. Information is also detailed on the company intranet site and regular email updates are also circulated to staff outlining any changes to guidance, policies and procedures.

The registered manager confirmed that translation service support is available for patients wishing to converse in Welsh. We were also informed that written information could be provided in Welsh when required.

We were informed that audit processes in place have remained the same throughout the pandemic, with additional COVID-19 audits implemented for the environmental cleaning and COVID-19 triaging into the record card audit. Each completed audit is logged onto the company governance system to ensure that adequate compliance levels are achieved. Clinical audits are required to be above 80 percent, failure to achieve this results in a review from the clinical support manager.

The regulatory officer confirmed that the practice's responsible individual is scheduled to undertake a visit on 30 July 2021. This visit relates to the regulation 23 within The Private Dentistry (Wales) Regulations 2017, to assess the quality of service being provided against regulations and relevant standards. Following completion of the visit, a report is generated which must subsequently be submitted to the registered manager and HIW.

The following areas for improvement were identified:

The registered manager confirmed that mandatory training compliance is regularly monitored to ensure that staff are compliant with relevant training requirements. A copy of the mandatory training compliance document was provided as evidence which detailed that the majority of staff had completed the training required. However, there were some gaps highlighted, which indicated that not all staff members had completed the required training. Therefore, the registered provided is required to ensure that all staff are fully compliant with all relevant mandatory training.

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 Welshpool

Service: Dental

Date of activity: Quality Check

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 Provider must take appropriate action to ensure that there are no outstanding actions associated with the health and safety risk assessment completed in October 2019.	Regulations 8(1)(c)(e)(k)(o) of the Private Dentistry (Wales) Regulations Health and Care Standards, Standard 2.1	A full review of the existing action is currently taking place by the registered manager and will be completed by the 16 th July 2021 which was accepted on the initial immediate improvement plan	Practice manager	16/07/2021

		Managing Risk and Promoting Health and Safety			
2	The Registered Provider must take appropriate action to ensure that an updated health and safety risk assessment is undertaken as soon as possible.	Regulations 8(1)(c)(e)(k)(o) of the Private Dentistry (Wales) Regulations Health and Care Standards, Standard 2.1 Managing Risk and Promoting Health and Safety	A member of the Health & Safety team attended practice 14/07/2021 to carry out a new Health & Safety risk assessment. A risk assessment will be generated and issued to the practice with the action plan uploaded to the internal works tracker with task appropriate deadline dates to review and complete the outstanding actions. Any building work actions will be immediately reported to the facilities help desk to arrange for a contractor to attend site for the completion of any outstanding work	Practice Manager Health & Safety team	31/08/2021
3	The Registered Provider must take appropriate action to ensure that there are no outstanding actions associated with the fire safety risk assessment completed in October 2019.	Regulation 22(4)(f) of the Private Dentistry (Wales) Regulations Health and Care	A full review of the existing action is currently taking place by the registered manager and will be completed by the 16th July 2021 which was accepted on the initial immediate improvement plan	Practice Manager	16/07/2021

		Standards, Standard 2.1 Managing Risk and Promoting Health and Safety			
4	The Registered Provider must take appropriate action to ensure that an updated fire safety risk assessment is undertaken as soon as possible.	Regulation 22(4)(f) of the Private Dentistry (Wales) Regulations Health and Care Standards, Standard 2.1 Managing Risk and Promoting Health and Safety	A member of the Health & Safety team attended practice 14/07/2021 to carry out a new Health & Safety risk assessment. A risk assessment will be generated and issued to the practice with the action plan uploaded to the internal works tracker with task appropriate deadline dates to review and complete the outstanding actions. Any building work actions will be immediately reported to the facilities help desk to arrange for a contractor to attend site for the completion of any outstanding work	Practice Manager Health & Safety team	31/08/2021
5	The registered provided is required to ensure that all staff are fully compliant with all relevant mandatory training.	Private Dentistry Regulations (Wales) 2017 17(3)(a)	All staff have been given a deadline of 30 th July 2021 to complete all mandatory training.	Practice Manager	30/07/2021

		Health and Care Standards, Standard 7.1 Workforce			
--	--	---	--	--	--

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:
Corryne
McNeil

Date:
14/07/2021