

Quality Check Summary

{my}dentist, Newtown

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of {my}dentist (Newtown) 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 two regulatory officers on 14 July 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, 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.

We were informed that clear plastic screens 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 then escorted to the waiting area or if possible straight to the relevant surgery. The waiting area has been reorganised to allow for social distancing and now only contains two chairs for patients. No more than two patients are permitted to wait inside the surgery at one time. Additionally, a one-way system has been implemented within the building and we were told that arrow signs 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. The registered manager also confirmed that hand sanitiser stations have been installed throughout the practice.

The registered manager explained that following the booking of an appointment, information is shared with the patient regarding the arrangements in place at the practice, to ensure that they know what to expect when they arrive. Additionally, we were informed that efforts have been made to ensure that all patients have been routinely updated on the changes which have been implemented in the practice as a result of COVID-19. Emails and letters have been sent out to provide updates on the relevant procedures in place and to ensure that patients know how to access the service if required.

We were provided with copies of the practice's health and safety and fire safety risk

assessment documentation. These documents listed various risks, control measures and precautions that were in place to mitigate the highlighted risks. We were informed that reviews of the assessments and associated action plans take place on an annual basis. Additionally, we were told that required remedial actions are inserted onto an internal works tracker to monitor progress. The registered manager confirmed that all required actions had been completed to address the issues identified in the risk assessments.

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
- 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 risk 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 an extractor fan and air conditioning is available in the designated surgery room, which means that fallow time³ following treatment is 10 minutes. We were also informed that a “runner nurse” has been introduced to assist with AGP procedures. The nurse is available to escort the patient to and from the surgery, kept free to provide assistance when required and also helps with the required cleaning of the room following the procedure.

We saw evidence of a COVID-19 risk assessment in place, which set out the risks and control measures in place for relevant areas throughout the practice. The registered manager confirmed that this assessment is reviewed on a six monthly basis, or on an ad-hoc basis as and when required.

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 process followed to ensure that patients were routinely screened for COVID-19 symptoms prior to their appointment was discussed. We were informed that a telephone triage is undertaken 24 hours prior to any appointment. We were told that relevant staff have received training and guidance in regards to triaging patients, and instructions were also detailed within the SOP. The registered manager confirmed that on arrival at the practice for their appointment, the patient's temperature is taken, they are given hand sanitiser and a disposable mask if required. The patient is also asked further triage questions, to check for any COVID-19 symptoms. We were informed that that information obtained as part of the 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 also told that regular temperature checks are completed for staff working in the practice.

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.

The registered manager confirmed that the lead nurse for the practice is the IPC lead and responsible for ensuring that regular audits are being completed, and IPC requirements are being adhered to by staff.

We were informed that all staff are required to complete mandatory IPC training. Training and guidance information has also been provided to ensure that staff are confident and competent in regards to personal protective equipment (PPE) requirements, including 'donning and doffing'⁵. The registered manager confirmed that all relevant staff members have been fit tested for the required PPE. Additionally, 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
- Ionising Radiation (Medical Exposures) Regulations (IR(ME)R) audit
- Copy of the latest statement of purpose⁶
- Copy of the latest patient information leaflet⁷.

The following positive evidence was received:

The registered manager confirmed that the practice remained open throughout the pandemic. However, since there outbreak there have only been two surgeries operating, whereas prior to the pandemic there were three.

We were provided with a copy of the statement of purpose and patient information leaflet which included relevant information about the services being offered. The registered manager confirmed that the statement of purpose is reviewed on an annual basis. However, this did not reflect the review date information detailed on the document. This was discussed and we were informed that the document would be updated accordingly.

A sample of policies and procedures in place were provided. We were informed that all policies are managed centrally within the organisation; they are drafted by the head of the relevant department

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.

and then circulated to each practice. We were told that on the occasions where any key changes have been made to a policy or procedure, awareness sessions have been undertaken to ensure that staff are fully informed. Arrangements are in place to monitor and provide notifications in regards to scheduled review dates for all policies and procedures in current operation.

We were informed that arrangements were in place to ensure that staff have been routinely kept up to date with changes to guidance and the procedures in place. Team meetings have been held on a weekly basis to discuss any changes or issues. Additionally, we were told that information has also been circulated via email and detailed on the company intranet site. The registered manager stated that the corporate team within the organisation has been very good at ensuring key information has routinely been shared with the practice, as and when required throughout the pandemic.

The registered manager confirmed that translation service support is available for patients wishing to converse in Welsh via the health board. We were also informed that written forms and leaflets were available in Welsh.

We were told that regular audits and management spot checks are completed to ensure compliance with the relevant policies and procedures in place. Each completed audit is logged onto the company governance system to ensure that adequate compliance levels are achieved. We were informed that for any audit result below 80 percent, the registered manager is required to contact the clinical support manager for further guidance and support to be made available.

The registered manager confirmed that arrangements were in place to ensure that regular checks of the emergency equipment and medication took place. We were also informed that expiry dates of medication are monitored via the company internal governance system.

The registered manager confirmed that the practice responsible individual completed their visit on 8 July 2021 and was in the process of completing the associated report. 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 the completion of the report, it must subsequently be submitted to the registered manager and HIW.

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. With the exception of a few anomalies in the training record for one member of staff, the information detailed within this document demonstrated that all other staff were fully compliant with mandatory training requirements.

No areas for improvements were identified.

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.