

Quality Check Summary

{my}dentist, Llangefni

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of {my}dentist, Llangefni as part of its programme of assurance work. The practice forms part of Integrated Dental Holdings (IDH Group), which has a network of dental practices across the UK. {my}dentist, Llangefni provides private and NHS services, for patients of all age groups, within the area served by Betsi Cadwaladr University 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.

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 practice manager, who is also the registered manager¹, and one of {my}dentist's regulatory officers on Wednesday 11 August 2021, who provided us with information and evidence about their service. 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 practice ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How is the practice meeting the needs of Welsh speaking patients when accessing healthcare services through the medium of Welsh?
- How has the practice and the services it provides adapted during this period of COVID-19?
- How does the practice 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 environmental risk assessments and action plan
- Environmental cleaning and maintenance policy
- Fire safety risk assessment and 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 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 health and safety 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. We were told that all patients are screened for symptoms of COVID-19 24 hours before they attend the surgery. They are also screened before being allowed into the practice on the day of their appointment.

We were told that the practice has two surgeries and that both surgeries are spacious and well ventilated, thus allowing for social distancing and good air circulation. 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).

The registered manager confirmed that the emergency drugs and equipment are checked on a daily basis by two members of staff. The practice manager then reports the findings, on a monthly basis, to the {my}dentist head office.

The registered manager spoke highly of the 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 commented positively on the support and guidance offered by the {my}dentist management team.

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:

- The most recent Welsh Health Technical Manual (WHTM) 01-052 decontamination audit and the action plan to address any areas for improvement highlighted by the audit
- Generic infection control policies and COVID-19 specific policies
- Most recent infection control risk assessments / audits
- Cleaning schedules
- Records of daily checks of autoclaves
- Ultrasonic bath records

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 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 are communicated to staff by means of regular huddle meeting, team meetings and through the WhatsApp social media platform. The registered manager added that the team is comparatively small and that this has aided communication.

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 implications of the changes on their work.

The registered manager told us that staff have received various internal training sessions 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 FFP3⁴ face masks have been fit

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 FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might

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 through the {my}dentist head office 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 and decontamination audit had been undertaken using the Welsh Health Technical Memorandum (WHTM) 01-05 audit tool. This is considered 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.

Documented evidence presented showed that both surgeries are thoroughly cleaned on a daily basis. We also saw evidence to show that the autoclaves⁵ and the ultrasonic bath⁶ are 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. Should the need arise then guidance would be sought from {my}dentist's health and safety team.

We were informed that the responsible individual⁷ 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 week commencing 16 August 2021, as required by The Private Dentistry (Wales) Regulations 2017. We were assured that a copy of the report on the responsible individual's visit would be forwarded to HIW in due course.

The registered manager explained that there are robust auditing systems in place which are monitored by the {my}dentist senior management team. The registered manager also told us that the {my}dentist area manager visits the practice regularly to offer support and to monitor the quality of the service provided.

No areas for improvements were identified.

contain viruses.

⁵ 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.

⁶ 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.

⁷ "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)

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:

- Patient information leaflet
- Statement of Purpose
- Record card audits
- Standard Operating Procedure
- Consent policy
- Business continuity plans
- Mandatory training records for all staff
- The current percentage completion rates for mandatory training
- 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.

We were provided with a copy of the statement of purpose and patient information leaflet which include relevant information about the services being offered. We were told that these documents can be made available in Welsh if requested.

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, e.g. infection control 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 the practice. We were also told that agency staff are not routinely used to cover absences.

We saw evidence of staff training records, which showed high compliance with mandatory training.

The registered manager explained that due consideration is given to equality and patients' rights. We were told that the practice has an equality and rights policy in place and that staff have undertaken training on equality and diversity, mental capacity act, information governance and managing complaints. We saw evidence of the training completed by staff in the information provided.

We were provided with a copy of the practice's consent policy. The registered manager told us that clinicians take time to explain treatment plans to patients.

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.