

Quality Check Summary

Malpas Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Malpas Dental Practice as part of its programme of assurance work. The practice offers a wide range of private and NHS treatments and services.

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 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 registered manager and safety and quality manager on 16 August 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?

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 & safety risk assessment
- COVID-19 practice risk assessment
- Cleaning Policy
- Portman¹ standard operating procedures

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 policies and procedures 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 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 unnecessary chairs, magazines and posters have been removed from the waiting area. Designated PPE donning and doffing² areas are in place for staff and the surgeries have been decluttered of all unnecessary items.

Prior to an appointment, staff will telephone the patient and complete a COVID-19 screening questionnaire. We were told that an email appointment reminder is sent to all patients. This includes information about COVID-19 and the patient journey. These measures help reduce the amount of time a patient spends at the surgery.

When patients arrive for appointments they are asked if they have any symptoms of COVID-

¹ Portman Dental Care Practices are made up of a network of dental practices, most of which have independent identities, all sitting within the Portman Dental Care family. This local approach offers patients the benefits of a more personal, locally managed practice with the security of being supported by a leading national dental group.

² Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

19. Hand sanitizer is given upon entry into the practice. Face masks must be worn until the patient is seated in the surgery, unless they are exempt. One waiting chair per surgery is available for patients to use until they are asked to enter the surgery.

We were told the practice had very few patients whose first language was not English. However, the practice does have Welsh speaking staff and if required, access to a translation service.

We were told that all surgeries are equipped to perform Aerosol Generating Procedures (AGP)³. 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 time⁴ 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 COVID-19 specific risk assessment which had been completed in July 2021. Actions were documented as complete or in progress. In addition, we saw the practice environmental risk assessment which was completed in 2018. Actions identified had been completed in 2018.

The following areas for improvement were identified:

We were told that Portmans undertake the environmental risk assessment for the dental practice. Due to COVID-19, the scheduled assessment for 2019 was cancelled. We were told that a new assessment is due to take place in 2021. It is recommended that this takes place as soon as possible. It is suggested that the previous assessment is used by the practice manager to undertake a temporary assessment until the official assessment can take place. This will ensure that up to date measures and controls are documented to prioritise any identified risks and hazards at the practice.

³ 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.

⁴ Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place.

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
- Cleaning policy
- Surgery Cleaning schedules
- Autoclave Daily checks
- Washer disinfectant daily checks

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included their cleaning guidance. 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 standard operating procedure for Portman dental care practices. In addition, we were told that PPE training, including mask training and donning and doffing⁵ of PPE had been delivered to all staff.

We were told that when AGPs are being carried out, the triage⁶ 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 runner nurse is available should something be required. 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 by the registered manager.

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

⁶ Triage is the prioritisation of patient care based on illness/injury, severity, prognosis and resource availability

The following areas for improvement were identified:

The cleaning guidance that was submitted confirms that Malpas Dental Practice should have their own cleaning policy, which we have not received. Therefore we requested during the quality call that the registered manager send a copy to HIW.

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:

- Registered manager's annual report (prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017)
- Consent policy
- Business continuity plan
- 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. Some staff had Mental Capacity Act training that had expired. We were told that all staff have access to an online system that shows individuals what training they need to complete. 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 all incidents are recorded and shared with staff at Portman's head office. The registered manager has an oversight of any incidents, but is supported by head office regarding the completion of any paperwork. Incidents are used as a tool to improve practises and these are shared with staff via team meetings. 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 to staff via team meetings, emails and their messaging app group.

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

We were told that the practice continuously strives to improve the service provided to patients. This was evidenced in the audit documentation provided with the self-assessment, which included clinical records audit, X-Ray quality and safety audit and a WHTM 01-05 decontamination audit.

We were provided with a sample of policies and procedures in place at the practice. All policies are generated at Portman's head office and include a document control sheet that evidences the latest version and what changes have been made.

The process of checking emergency equipment and medicines was explained. Staff have the responsibility for performing the weekly checks, recording the findings and ordering stock as required.

We reviewed the statement of purpose⁸ which contained all required information. The patient information leaflet⁹, required updating.

The following areas for improvement were identified:

The patient information leaflet submitted did not contain all the sections of information that are required by the dental regulations. Therefore we asked the registered manager to review and update the document and submit an updated version to HIW.

The registered manager's annual report did not contain all the areas that need to be covered as per the dental regulations. Therefore we recommend that the registered manager undertakes a further assessment of the service and ensures that all areas required by Regulation 16(3) are covered.

We were not provided with any evidence to show that the registered provider had visited the service in accordance with Regulation 23. These visits are required annually and the report arising from the visit should be sent to HIW.

⁸ "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.

⁹ Information as required by Schedule 2 of the above regulations.

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: Malpas Dental Practice

Date of activity: 16 August 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 provider must ensure that an up to date health and safety risk assessment is carried out as soon as possible. This will ensure that up to date measures and controls are documented to prioritise any identified risks and hazards at the practice.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1) (b) & 16 (1) (a) (b) Health & Care Standards - Standard 2.1 managing risk & promoting health & safety			

2	The registered manager must send a copy of the practices' cleaning policy to HIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 8 (1) (m) Health & Care Standards - Standard 2.4 infection prevention & control (IPC) & decontamination			
3	The registered provider must update the patient information leaflet and ensure that all the areas required by the regulation are included. A copy of the updated document must be sent to HIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 5 (1) & (2)			
4	The registered manager must undertake a further assessment of the service and ensures that all areas required by Regulation 16(3) are covered.	The Private Dentistry (Wales) Regulations 2017 - Regulation 23			
5	The registered provider must visit the service in accordance with Regulation 23. These visits are required annually and the report arising from the visit should be sent to HIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 23			

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: