Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
{my}dentist, Colwyn Bay
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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

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of {my}dentist, Colwyn Bay as part of its programme of assurance work. The practice offers a range of NHS and private treatments and has three dentists and a dental therapist[1]/hygienist. The practice forms part of the dental services provided within the area serviced 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 Registered Manager[2] and Regulatory Officer on 19th 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?

[1] "Dental Therapist" means a person qualified to treat both adults and children providing periodontal and restorative work and some minor oral surgery procedures on children under the referral of a dentist.
[2] "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 / audits
- Fire safety policies/procedures, including 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 had been made to the practice environment that allowed patients to be seen during the COVID-19 pandemic. In order to protect patients and staff we were informed that the front door of the practice was locked, ensuring only those patients with pre-booked appointments could enter the practice. Patients were asked to wear a mask and sanitise their hands. Prior to their appointment, we were told that patients would be telephoned to undergo a COVID-19 screening questionnaire. Their responses were then uploaded into the patient's electronic file by the reception team. Any patients displaying symptoms of COVID-19 would be told to re-book their appointment.

We were informed that screens had been installed at reception to protect the staff and stickers were placed in prominent positions to remind patients to maintain social distancing. Unnecessary toys and magazines had been removed from the waiting area.

We asked what measures were in place to keep patients informed about safety procedures relating to COVID-19. We were told that patients received text messages reminding them of COVID-19 safety procedures, prior to their appointments. The registered manager also told us that information was regularly sent out via email to patients to keep them updated.

We saw evidence of a recently updated Environmental and Cleaning Policy that took into account increased measures for COVID-19 and an up-to-date practice risk assessment. These were version controlled and had been signed. In addition, we were informed that cleaning activities were being carried out more frequently since the pandemic with particular attention being paid to the wiping of door handles and bannisters.

The following areas for improvement were identified:

The practice Fire Risk Assessment and Action Plan and Health and Safety Assessment and Action Plan were not updated to confirm that identified actions had been completed. Therefore it was difficult to see at a glance whether issues identified in the action plans had

been completed or remained outstanding.

The practice must ensure that the Health and Safety and Fire Risk Assessment Action Plans are updated so that outstanding issues can be easily identified and rectified.

The practice currently has only one full time and one part time fire marshal with the latter being based in a nearby practice for part of the week. The Fire Risk Assessment identified that there should be two trained fire marshals present in the practice.

The practice is to ensure that there are two trained fire marshals appointed at all times within the practice.

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

The following positive evidence was received:

The registered manager confirmed that all staff were kept informed of the latest standard operating procedure (SOP) issued by the Welsh Government's Chief Dental Officer. Staff were emailed the SOP and regular video calls allowed staff to raise any questions. We were told by the registered manager that the practice risk assessment had also been updated to include COVID-19 control measures. This was read and signed by all staff to confirm their understanding. We were told that there was a dedicated mobile messenger application group for staff to maintain contact and to keep up to date with the latest COVID-19 guidance.

The registered manager confirmed that all staff had completed individual COVID-19 risk assessments. Staff were also up to date with personal protective equipment (PPE) training, including the correct donning and doffing[3] of PPE. We were told that new training videos on the dedicated {my}dentist academy webpages, had recently been added, to include donning and doffing PPE, and the correct cleaning of air filtration units[4].

[3] Donning – putting on personal protective equipment (PPE); Doffing – taking off personal protective equipment (PPE)

[4] to reduce and capture contaminants from the air or air stream

In addition, the registered manager informed us that all staff had regular one to one training sessions to ensure full understanding of new policies and procedures surrounding COVID-19 in order to raise any questions they may have.

We were told that increased monitoring of the cleaning schedule was carried out by an appointed member of staff and floors were cleaned twice daily. In addition, we were told that fixed air filtration units had been installed into the surgeries and waiting room areas which enabled the practice to operate with the minimum fallow time[5] of 10 minutes following an aerosol generating procedure (AGP)[6].

The registered manager informed us that staff wore the correct PPE including FFP3[7] masks, which had been fit-tested, gowns, aprons and visors. Patients were provided with a large apron and safety goggles. Rubber dam[8] would be used where possible to lessen the risk of airborne particles (aerosols)[9] alongside high volume suction[10]. We were informed that the practice had not experienced any issues with sourcing sufficient PPE during the pandemic. A dedicated member of reception staff was appointed to complete weekly stock checks via a centrally held database and procurement team to ensure items remained adequately stocked.

We saw evidence of recently completed infection control audits, daily checklists for decontamination and sterilisation equipment and cleaning schedules covering the last two weeks.

The following areas for improvement were identified:

Automatic Control Tests[11] necessary to ensure the correct calibration and validation of the autoclave to ensure sterilisation, were not completed, as the stopwatch required to complete them had broken and was no longer available.

The practice must replace the stopwatch and ensure the Automatic Control Test is completed each day for the autoclave.

[5] Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place which allows any droplets to settle before cleaning and decontamination takes place

[6] 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.

[7] The need for FFP3 Mask (oral nasal disposable mask respiratory protection) to be worn is identified through clinical risk assessment. The mask is used to protect against respiratory borne pathogens. To use these masks, relevant staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

[8] A rubber dam or dental dam is a thin sheet of latex or latex-free material. It is used to isolate teeth from the rest of the mouth during a dental procedure to improve the success of tooth repairs.

[9] Dental aerosols can carry viruses and transmit infection.

[10] A **High Volume Evacuator** (HVE) is a suction device that draws a large volume of air over a period of time.

[11] Automatic Control Tests are a record of minimum and maximum temperatures and pressure achieved by an autoclave during the sterilisation part of the cycle. The timing of the sterilisation cycle is also recorded.

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:

- The regulation 23 (responsible individual[12] visit) report
- Informed consent policies / procedures
- Escalation policies
- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Business continuity plans
- Mandatory training records for all staff
- The current percentage completion rates for mandatory training
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety
- Copy of the latest statement of purpose[13]
- Copy of the latest patient information leaflet[14]
- Key audits covering Ionising Radiation (Medical Exposure) Regulations (2017) and patient records.

The following positive evidence was received:

We were informed by the registered manager that the practice remained open throughout the pandemic. In the early stages of the pandemic, clinical remote triage was undertaken via telephone, before patients were offered an onsite appointment. This was to ensure that only those patients that needed an in-person appointment were invited into the practice premises. Other patients were offered advice over the telephone or were signposted to other appropriate services.

We were provided with an up-to-date statement of purpose and patient information leaflet, which contained relevant information about the services offered by the practice. In addition we were provided with a sample of policies and procedures which were all up to date, version controlled and signed.

[12] "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.

[13] 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 is 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.

[14] 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.

The registered manager informed us that there was a system in place to keep staff up-to-date with any changes to guidance, policies and procedures within the practice. We were told that information was also available for staff on the company intranet and any changes would also be emailed to staff. We were told that regular staff meetings were held by video call to discuss any changes to procedures and to ensure full understanding.

When asked about information and support available through the medium of Welsh, we were informed that information leaflets and posters were on order and would soon be available for patients who spoke Welsh. We were told that the practice was able to access translation services, or employ the use of a member of staff who spoke Welsh from a nearby practice. Support was also available from {my}dentist head office for patients who spoke other languages.

We were told that the practice had a ramp for patients and their carers with accessibility difficulties and we saw evidence that the practice had a hearing loop for patients who had hearing difficulties.

We were informed that the audit processes continued throughout the pandemic and we saw evidence of audits covering radiography and record keeping.

We asked the registered manager to describe the procedures in place for the checking of emergency drugs and equipment. We were told that emergency drugs were checked daily by two members of staff, one of which was a General Dental Council[15] (GDC) registered dental nurse. Emergency equipment would also be checked to ensure it was present and in date. Once per month, the registered manager would then check the daily log sheet to ensure compliance with this task. The registered manager confirmed to us that one drug, which would normally be kept in the fridge, was kept in a room with the other emergency equipment and drugs. This was done to ensure there was no delay in finding it, should it be needed. We were told that expiry dates for this drug had been altered to take into account this change in storage requirement, in line with British Dental Association (BDA) guidelines.

The regulatory officer confirmed that they, as the practice's responsible individual, undertook a visit on 17 August 2021. This visit related to 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:

We saw evidence of comprehensive patient record card audits and we were told these were completed every six months. However, compliance against the standards set by the practice

[15] The GDC work to protect dental patient safety and maintain public confidence in dental services.

were low in some areas in the most recent audit. These included not always taking details of: consent, oral cancer risk factors and the patient's general practitioner. Where these issues are identified and improvement actions suggested, it is recommended to re-audit on a more frequent basis, than wait the six months to the next audit. This will ensure that improvements are acted on promptly and are monitored to ensure that they are sustained.

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, Colwyn Bay

Date of activity: 19th 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 practice must ensure that there are two fire marshals appointed at all times within the practice.	The Private Dentistry (Wales) Regulations 2017 Reg 22(4)(a)(f)	Two full time team members are booked onto the fire Marshall course, one on 20th September and one 22nd October. In the interim a part time staff member who is a fire marshal will continue to complete all fire checks and other health and safety checks are completed by the practice manager. The manager has taken	Practice Manager	Fire Drill completed 2/9/21 with an updated evacuation process shared with team. A full-time team member will have attended the Fire Marshal training course on 20th September, by 22nd October there will also be a second full time fire Marshall and one part time

			advice from our health and safety team and practice team have discussed and reviewed the evacuation process and completed a fire drill to ensure that staff know they have designated areas to sweep in the event of an evacuation		Marshall
2	The practice must ensure that the Health and Safety and Fire Risk Assessment Action plans are updated to show which actions are completed and which remain outstanding to ensure that outstanding issues are easily identified and rectified.	The Private Dentistry (Wales) Regulations 2017 Reg 22(4)(a)(f)	Mydentist have an electronic system for updating risk assessments. Each risk assessment action is uploaded to 'works tracker'. The process for this is that each action is set a deadline for completion where the practice manager has to open each task and individually review each one and complete electronically to confirm the actions have been completed for which they are given a reference number when completed. Following the risk assessment these actions are reset annually for the manager to review and	Practice Manager	Final completion of actions from July review once fire Marshalls appointed 20th September and 22nd October

			update status, Th last full review was in April 2021 and all actions were signed off electronically as completed at that time, a further review was completed in July/August. 2 new actions were identified and actions have been undertaken		
3	The practice must replace the stopwatch and ensure the Automatic Control Test is completed each day for the autoclave.	The Private Dentistry (Wales) Regulations 2017 Reg 13 (4)(6)(a) WHTM01-05 4.18	The stopwatch has been replaced and the automatic control tests are now being recorded daily into the log books for both machines. In addition, a data logger has been installed onto the machine which previously had no electronic data collection	Practice Manager	Stopwatch was received and automatic control tests resumed being recorded in log books from 18/8/21. Data logger was fitted to the machine on 1/9/21
4	The practice must re-audit clinical records on a more frequent basis until such a time that they are assured that improvements, required from the previous audit, have been made and sustained.	The Private Dentistry (Wales) Regulations 2017 Reg 20(1)(a)(i)(ii)	The clinical support manager is attending the practice on 2nd September to review and discuss the clinical record card audits and action plans with each clinician via face to face meeting or by video	Practice Manager and Clinical Support manager	2nd September review and ongoing audit review periods as defined by clinical support manager based on audit findings

			call. Audit review periods will be set reflective of the findings of each audit and re-audited at appropriate intervals based on audit outcome		

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: Sarah Griffiths and Rachel Jamieson
Date: 2nd September 2021