Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
MyDentist, Thomas Street, Llanelli
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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 MyDentist, Llanelli as part of its programme of assurance work. The practice offers a range of NHS and private dental treatments.

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 practice manager and regional manager on 08 September 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:

- The most recent environmental risk assessment
- Standard Operating Procedure
- Practice risk assessment for resuming dental services
- Fire risk assessment
- Health and 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:

We were told about the changes that had been made to the practice environment as a result of the pandemic. Personal Protective Equipment (PPE) for staff 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 management team had updated the Standard Operating Procedure (SOP) in line with updates. This included the guidance issued within the Standard Operating Procedure for the dental management of non-COVID-19 patients in Wales. We were told that staff had volunteered to work staggered hours to allow the practice to see patients, whilst minimising unnecessary contact between other staff members and members of the public.

We were told about 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. The doors to the practice remain closed to patients currently, and are only admitted when safe to do so. Furniture and seating had been removed from the waiting areas to limit patient numbers to two. Treatment rooms had been cleared of all unnecessary items.

We were told that COVID-19 risk assessments had been completed for all staff. Depending on the outcome of the assessment, the practice would determine if the staff member needed any adjustments within the practice.

We were told that all surgeries were equipped to perform Aerosol Generating Procedures (AGP)[1]. Mechanical ventilation had been installed to facilitate the removal of contaminated

[1] An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne

air. Surgeries were subject to fallow time[2] following AGP procedures in line with their ventilation system.

In order to allow adequate time to disinfect the surgery between patients, a reduced amount of appointments were available. The practice manager told us that this had impacted the availability of appointments, but this was being managed effectively to ensure patients could still access the care that they needed.

We saw evidence of a COVID-19 specific risk assessment which was regularly reviewed, and an environmental risk assessment that had been updated in 2021. Existing controls or action required were documented within the assessments, along with the actions taken to address these risks.

We saw evidence that an appropriate fire risk assessment was in place.

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:

- Surgery cleaning schedules
- Copy of cleaning policy
- Copy of the most recent WHTM01-05 decontamination audit and the accompanying action plan
- Daily checks records for each autoclave
- Daily checks for the ultrasonic bath and washer disinfector

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included Protocols and Risk Assessments for working during the Coronavirus Pandemic. We saw evidence of an Infection Prevention and Control (IPC) audit, together with practice cleaning schedules and records for the decontamination of instruments and dental equipment.

We were told about the systems that are in place to ensure all staff were aware of, and

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.

[2] Fallow time refers to the time required following an AGP to allow the air to be circulated and infection causing particles to be removed from the surgery

discharged their responsibilities for preventing and controlling infection. This was evidenced in the practice's SOP document which set out the actions and responsibilities of management and staff in order to prevent the spread of the virus. In addition, we were told that PPE training, including donning and doffing of PPE had been delivered to all staff.

During the height of the pandemic, there were daily practice manager meetings available to ensure up to date guidance, protocols and information was disseminated quickly to all of the practices. We were told this was followed by staff meetings to share the information. These meetings were continuing fortnightly, and weekly dentist meetings were now being undertaken.

We were told that a "runner nurse" was in place to ensure all surgeries could access equipment as needed, without staff leaving the surgeries.

Staff explained that patients were contacted prior to their appointment and asked a series of questions to determine whether they were at risk of transmitting the virus. On arrival at the practice, patients would be screened again in line with the SOP. Patients who were displaying symptoms or were awaiting results of a COVID-19 test were instructed to stay home and not attend the practice.

The practice stated they had sufficient stock of PPE and that weekly stock checks are undertaken. We were told that the central team manages the stock and orders are placed via the regional mangers on a weekly basis.

No areas for improvements were identified.

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 visit) report
- Informed consent policy
- Business continuity plan
- Mandatory training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety

The following positive evidence was received:

We saw evidence of training records, which showed compliance with mandatory training. Staff continued to use e-learning[3] packages for Continued Professional Development (CPD), and this was made available to staff outside of the practice environment so these could be completed at home or when on furlough.

Throughout the pandemic the practice has maintained a service to continue to see emergency patients, following screening for COVID-19. For patients exhibiting symptoms of COVID-19 who needed urgent dental care, there was a service in place with the health board which the practice could refer patients to. This ensures patient care can be delivered according to their needs.

We were told about the arrangements and actions taken to date when staff members needed to self-isolate or tested positive for COVID-19. We were provided with a detailed account of the procedure by the practice manager. We were satisfied that these procedures minimised the risk of spreading COVID-19 to staff and patients.

The practice has maintained their processes for the reporting of any incidents, with the regional management team having an oversight of any events which pose a risk to staff and patients. We were told that staff were aware of their roles and responsibilities in reporting incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW), and this process was explained in detail. Any updated guidance for healthcare professionals was delivered in regular staff meetings and emails.

The process of checking emergency equipment and medicines was explained. Two members of staff had responsibility for performing the checks daily on emergency equipment, and logs are kept of expiry dates and serial numbers. This process allowed the practice manager and regional manager to audit when items were coming to the end of their shelf life, providing the practice with a second layer of protection.

We were told that there was a Welsh speaking member of staff in the practice, to give patients the opportunity to speak in their preferred language. All documentation is available bi-lingually, and the central marketing team ensures that all communication meets the requirements set out by the relevant legislation.

We reviewed the patient information leaflet[4] and statement of purpose[5], which contained all the required information and are available from the practice upon request.

No areas for improvements were identified.

[3] Learning conducted via electronic media, typically on the internet.
[4] Information as required by Schedule 2 of the Private Dentistry (Wales) Regulations and Schedule 1.
[5] "Statement of purpose" means the statement compiled in accordance with regulation 5(1) of the Private Dentistry (Wales) Regulations and Schedule 1.

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.