

Quality Check Summary

Ardent Dental Care

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ardent Dental Care Limited, Pontypridd as part of its programme of assurance work. Ardent Dental Care provides services to patients in the Pontypridd area. The practice forms part of dental services provided within the area served by Cwm Taf Morgannwg University Health Board. The practice provides a range of NHS and private general dental 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 the Private Dentistry (Wales) Regulations 2017 (and other relevant regulations). 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 both principal dentists who are the practice owners on 7 October 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 does the practice 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 does the practice 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 practice premises risk assessment
- COVID-19 practice 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.

We found that the service has conducted relevant risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We were told that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed to aid and improve infection control. We were told that some areas of the practice had been refurbished and that the following changes were made:

- Implemented clear desk procedures and unnecessary items were removed from the surgeries, reception and waiting area
- An additional waiting room for patients was designed and put in place on the first floor
- Carpets were removed and replaced with washable flooring in the communal areas
- Fabric chairs were removed and replaced with washable plastic chairs
- Social distancing signage was displayed
- Hand sanitiser dispensers were wall mounted at various locations and outside each surgery
- A dedicated glass notice board was installed
- Window blinds were removed and replaced with frosted glass
- Implemented the use of clinipads¹.

In order to protect staff and patients at the practice, the registered manager told us that

¹ Clinipads are digital interfaces that are used to fill out medical history forms, consent forms, view estimates and make signatures without the need for pens and paper.

the front door is locked at all times to prevent members of the public from entering the practice unattended and without an appointment. We were told that appropriate notices and signs are on display at the practice.

Any patients who needed to see the dentist attend the practice by invitation and pre-booked appointment only. We were informed that staff admitting patients onto the premises wear appropriate personal protective equipment (PPE), and that all patients who require treatment are screened for symptoms of COVID-19.

The registered manager confirmed that the emergency drugs and equipment are stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. The registered manager confirmed that a system was in place to check the equipment and emergency drugs on a weekly basis to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we advised the practice to check the oxygen cylinder and the defibrillator on a daily basis. We received confirmation immediately following our quality check that both the checking of the oxygen cylinder and the defibrillator had been added to the practice's daily checklist.

We noted that all staff had completed cardiopulmonary resuscitation (CPR) training and the practice had one qualified first aider. We were also informed by the registered manager that arrangements are in place for more staff to be trained as first aiders.

The registered manager confirmed that the majority of leaflets and signs displayed at the practice are bilingual. The practice are currently liaising with the health board for all correspondence, such as appointment letters to be translated and made available bilingually. We were told that the practice have one full time dental nurse who is a fluent Welsh speaker, which helps to meet the needs of Welsh speaking patients who wish to communicate in their preferred language. We were informed that the dental nurse identifies herself as a Welsh speaker by wearing the laith Gwaith badge. The laith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers. We were also informed that the practice has access to an interpreter / translation services. However, we were told that these services are not being promoted. The registered manager informed us that arrangements will be made for these services to be promoted at the practice. Furthermore, we were also told that one staff member can also communicate with patients in Urdu, Hindi and Gujarati.

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:

- COVID-19 policy
- Records of daily checks of ultrasonic bath and manual cleaning procedures
- Records of daily checks of autoclaves
- Surgery daily maintenance schedules
- The most recent Welsh Health Technical Manual (WHTM) 01-05² decontamination audit and the action plan to address any areas for improvement
- Decontamination of surgery equipment and surgery environment policy
- Decontamination and sterilisation process for cleaning instruments.

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 general dental care settings in Wales.

The registered manager confirmed that staff have received regular COVID-19 updates via a dedicated WhatsApp⁴ group, face to face (social distanced) and by email. Any new guidance and procedures are discussed at formal team meetings, which are recorded. The registered manager told us that all team meetings are now conducted face to face as ample room for safe social distancing is available in the ground floor waiting area. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

The registered manager confirmed that all staff have received various internal training or guidance on topics such as recognising COVID-19 symptoms, the management of patients with COVID-19 symptoms, correct use of PPE, including the donning, doffing and safe disposal of used equipment and medical emergencies during the COVID-19 pandemic.

The registered manager also confirmed that all staff using FFP3⁵ masks have been fit tested to ensure the mask fits properly and will offer adequate protection.

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 WhatsApp Messenger is a cross-platform instant messaging application that allows iPhone, BlackBerry, Android, Windows Phone and Nokia smartphone users to exchange text, image, video and audio messages for free. In addition to basic messaging, WhatsApp provides group chat and location sharing options.

⁵ FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

The registered manager confirmed that all staff have received a detailed COVID-19 risk assessment⁶ to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a weekly basis by a member of the dental nursing team.

We saw evidence that an infection control audit has been completed using recognised audit tools, including the Health Education and Improvement Wales⁷ audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. We saw evidence that the resulting action plan was in place and being monitored. We also noted that all staff had completed infection prevention and control training.

We saw evidence that the practice has a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave⁸ and the ultrasonic bath⁹ evidencing that the start and end of the day safety checks were taking place.

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:

- Statement of Purpose
- Patient Information Leaflet
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Record card audit
- Informed consent policies / procedures
- COVID-19 policy

⁶ 'This Risk Assessment Tool has been developed to help people in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus.

⁷ Health Education and Improvement Wales (HEIW) is dedicated to transforming the workforce for a healthier Wales. They are a Special Health Authority within NHS Wales and sit alongside Health Boards and Trusts.

⁸ 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.

⁹ 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.

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- Business continuity plan
 - Mandatory training completion rates for all staff

The following positive evidence was received:

One of the owners / principal dentists of Ardent Dental Care Ltd is the registered manager¹⁰ and the nominated responsible individual¹¹.

We were provided with a copy of the statement of purpose and patient information leaflet which included relevant information about the services being offered. We also noted that the patient information leaflet was also available bilingually.

It was evident that the practice was seeking to continuously improve the service provided to patients. We were provided with copies of relevant audits that had recently been completed, such as cross infection, clinical notes and X-rays. All audits had been completed and, where required, an action plan developed and maintained.

We were provided with a sample of the practice's policies and procedures. We saw that these had been reviewed during the year and we also saw that they contained a review date.

We saw that the practice had recently reviewed their business continuity plan to ensure continuity of service provision and safe care to patients during the pandemic.

We were provided with the most recent responsible individual report, as required by The Private Dentistry (Wales) Regulations 2017. The report evidenced the way the quality of the service provided is being monitored and assessed to ensure that the practice is meeting the requirements of the regulations and relevant standards.

The following areas for improvement were identified:

We were provided with mandatory training statistics for the clinical team which showed an overall compliance rate of 83%. However, we found that some of the training for staff was due to be renewed. The registered manager informed us that plans will be put in place for staff to renew any outstanding training over the next two months. We were told that there was no current system in place to monitor overall training compliance. The registered manager confirmed that arrangements will be put in place to ensure that mandatory training data is reviewed regularly to ensure all staff members renew their training in a timely way.

The registered manager must provide HIW with updates in relation to the mandatory training

¹⁰ "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

¹¹ "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)

completion rates within three months of this quality check. The registered manager must also ensure that a system is put in place to monitor staff training requirements.

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: Ardent Dental Care Ltd

Date of activity: 7 October 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 manager must provide HIW with updates in relation to the mandatory training completion rates within three months of this quality check. The registered manager must also ensure that a system is put in place to monitor staff training requirements.	Regulation 17	Each staff member has been detailed with a list of any training that has lapsed or is due to lapse soon. Staff members already have access to online cpd and training platform (paid for by the practice) and are advised they must complete their training CPD within 6 weeks We have developed a spread sheet where the training of each staff member is logged	Richard Horton	2 months

		<p>and reviewed quarterly. The frequency of repeated training intervals is written and colour coded for ease of reference. The staff members to whom the training is relevant is detailed for ease of reference. Any staff member who has training that will lapse in the following 3 months will be advised of the training needs identified.</p> <p>New staff members will be added to the document as they join with a record of their CPD.</p> <p>Documentary evidence of CPD course certificates will be retained by the practice</p>	
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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: Richard Horton
Date: 21/10/21