

Quality Check Summary

Bridges Dental Surgery

Activity date: 25 October 2021

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Bridges Dental Surgery 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 NHS - Health and Care Standards 2015 and 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 on 25 October 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 and safety risk assessment
- COVID-19 practice risk assessment
- Cleaning policy
- COVID-19 Standard Operating Procedure (SOP).

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 sanitising stations throughout the building. Cleaning schedules had been amended to enable more frequent cleaning. We were told that the practice were continually updating their policies and procedures in line with updates and advice from external bodies. This included the guidance issued by the Chief Dental Officer (CDO) for 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. Chairs in the waiting area have been organised to ensure social distancing. Patient information is displayed via the TV screens in the waiting areas. Designated spaces for PPE donning and doffing¹ 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. Staff also provide patients with information about the patient journey at the practice. 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-19. Hand sanitiser is given upon entry into the building. Face masks must be worn until the patient is seated in the surgery, unless they are exempt.

We were told the practice had very few patients whose first language was not English.

¹ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

However, the practice does have a Welsh speaking dentist who can provide services and treatments in Welsh. In addition, we were told that patients who do not speak English can bring a friend or relative to translate.

We were told that all surgeries are equipped to perform Aerosol Generating Procedures (AGP)². Ventilation and extraction units are installed in three of the surgeries to facilitate the removal of contaminated air.

The number of appointments has been reduced to enable sufficient fallow time³ and to allow for adequate time to disinfect the surgeries between patients. Staff stated that this had not had any impact on the patient experience or the care that patients received.

No areas for improvements were identified.

² 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.

³ 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 WHTM01-05 decontamination audit and action plan
- Domestic cleaning policy
- IPC policy
- Daily infection prevention checklist/surgery cleaning schedules
- Autoclave daily and weekly checks
- Ultrasonic cleaner daily and weekly record sheet
- Daily infection prevention checklist.

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included a cleaning policy. 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 cleaning policy and practices COVID-19 standard operating procedure (SOP). In addition, we were told that PPE training, including FFP3 mask training and donning and doffing⁴ of PPE had been delivered to all staff.

We were told that when AGPs are being carried out, the triage⁵ 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 buddy 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 asked to stay home and not attend the practice.

We were told the practice had sufficient stock of PPE and that weekly stock checks are

⁴ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

⁵ Triage is the prioritisation of patient care based on illness/injury, severity, prognosis and resource availability

undertaken and any supplies required are ordered by the practice manager.

The following areas for improvement were identified:

We saw evidence of the autoclave daily and weekly test records and identified the weekly door locks and door microswitch section had not been completed on some of the records. At the time of the call we asked staff to review this. We recommended that all sections are completed. If the section is not applicable, this should be recorded as so and not left blank.

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:

- Consent policy
- Business continuity plan
- 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 were told that staff received regular training and were up to date with their CPR training. Some areas we were told had lapsed and this is due to the unfortunate result of the pandemic which resulted in face to face courses being cancelled.

The practice has maintained their processes for the reporting of any incidents, with the practice manager having an oversight of any incidents. 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 and their messaging app group.

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 safe use of X-Ray equipment audit, radiograph quality audit and a WHTM 01-05 decontamination audit.

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 purpose⁶ and patient information leaflet⁷ which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

The following areas for improvement were identified:

⁶ “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.

⁷ Information as required by Schedule 2 of the above regulations.

We saw evidence of audits that had taken place at the practice but recommended that the scope of audits is expanded to include other areas, including a record card audit. Online sources, for example, Health Education and Improvement Wales (HEIW) should be considered to ensure the practice has a program of internal audits that enable themselves to demonstrate best practice in providing dental care.

In addition to the above, we recommended that the WHTM 01-05 audit and action plan are dated on the actual document and not only on the saved file name to clearly evidence when they were completed.

Regulation 23⁸ of the Private Dentistry (Wales) Regulations 2017 requires the registered provider to visit the practice and prepare a written report on the conduct of the practice. Therefore we recommend that the responsible individual reviews the requirements of Regulation 23 and undertakes a visit at the earliest opportunity. The report produced following the visit should be submitted to HIW and the other persons identified in Regulation 23.

We were not provided with evidence to demonstrate current compliance with training for staff. Therefore we recommend that evidence of training is submitted to HIW as requested in the self-assessment form immediately. Evidence of mandatory training is required which must include CPR, safeguarding, IRMER and infection prevention and control (IPC) certificates.

We were told that training certificates are saved on staff files to evidence their continuing professional development (CPD) requirements. However, there was no central system to record staff training. We recommended that consideration be given to developing a training log. This would enable training data to be captured for all staff in one document and provide quick reference when checking training expiry dates.

We were told that some training had lapsed which included safeguarding. We recommend that courses are sourced for staff as soon as possible to ensure skills and knowledge are up to date. Consideration should be given to e-learning packages if face to face training is not available.

⁸ Regulation 23 from the Private Dentistry (Wales) Regulations 2017 requires visits by the registered provider to private dental practice

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: Bridges Dental Surgery

Date of activity: 25 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 review the autoclave records and ensure all areas are completed. If an area is not applicable, this should be documented.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a) Health & Care Standards - 3.5 record keeping	Moyra Hannam-Harris (Head Dental Nurse) to ensure autoclave records are fully completed. A Weekly Record Sheet will be created to ensure all checks are completed	Moyra Hannam-Harris.	25 01 2022
2	The registered manager must review their program of audits to include a record card audit and ensure the	The Private Dentistry (Wales) Regulations	Nicola Mahoney (Practice Manager) to complete a record card audit. Nicola Mahoney (Practice Manager) will create an	Nicola Mahoney	25 01 2022

	practice has a schedule of internal audits that enable themselves to demonstrate best practice in providing dental care.	2017 - Regulation 16 (1) (a) & (2) (d) (ii) Health & Care Standards - 3.3 quality improvement, research and innovation & 3.5 record keeping	internal audit spreadsheet to ensure all internal audits are completed as per The Private Dentistry (Wales) Regulations 2017 - Regulation 16		
3	The registered manager must ensure audits, specifically WHTM 01-05 are dated to evidence when these were carried out.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a) Health & Care Standards - 3.3 quality improvement, research and 3.5 record keeping	Nicola Mahoney to ensure future audits are dated. WHTM 01-05 (evidence uploaded) completed 04.2019 and WHTM 01-05 Improvement Plan (evidence uploaded) completed 06.2019	Nicola Mahoney	With immediate effect.
4	The registered provider must complete a Regulation 23 report and ensure the report includes all the areas required by the regulation. A copy needs to be sent to HIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 23	Dr S A Shaw and Dr G Melhuish-Thomas to complete a Regulation 23 report and send a copy to HIW.	Dr S A Shaw and Dr G Melhuish-Thomas	25 01 2022

		(1); (2) (a) (b) & (c); (3); (4) (a) (b) & (c); (5) (a) & (b) (i) (ii); (6)			
5	The registered manager must provide HIW with evidence of staff training and include the areas listed in the report. This information needs to be submitted by 15 November 2021.	The Private Dentistry (Wales) Regulations 2017 - Regulation 17 (1) (a) Health & Care Standards - 7.1 Workforce	Nicola Mahoney to provide evidence of Mandatory Staff Training information for all colleagues. Nicola Mahoney will create and complete a Staff Records Audit: Staff Compliance CPD and Training using the template provided.	Nicola Mahoney	15 11 2021
6	The registered manager should consider implementing a central training log that will be able to identify training compliance for all staff	The Private Dentistry (Wales) Regulations 2017 - Regulation 17 (1) (a) Health & Care Standards - 7.1 Workforce	Nicola Mahoney will implement a central training log for all staff. This will ensure training compliance can be easily identified.	Nicola Mahoney	25 01 2022
7	The registered manager must review any lapsed training, including safeguarding and ensure training is	The Private Dentistry (Wales)	Child and Adult Protection Training completed in July 2019. All staff attended training.	Nicola Mahoney	With immediate effect

	sourced and delivered as soon as possible so staff have up to date skills and knowledge.	Regulations 2017 - Regulation 17 (1) (a) & (3) (a) Health & Care Standards - 7.1 Workforce	Nicola Mahoney to review all training and ensure necessary training is sourced and delivered.		
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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:
Nicola
Mahoney

Date: 15th
November
2022