

# Quality Check Summary

## Wesley Blinman & Associates

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Wesley Blinman & Associates as part of its programme of assurance work. Wesley Blinman & Associates provide services to patients in the Treorchy area. The practice also 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 with both registered managers<sup>1</sup> and the practice manager on 23 November 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?

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<sup>1</sup> "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.

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## 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 environmental risk assessment and checklist
- Environmental policy statement.

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 found that the service has conducted relevant risk assessments and updated 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 the following changes were made:

- Implemented clear desk procedures and unnecessary items were removed from the surgeries, reception and waiting area
- Dedicated room for the storage of personal protective equipment
- Buddy nurse available
- Protective screen installed at reception
- Hand sanitiser dispensers made available at various locations.

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

Any patients who need 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 practice manager confirmed that the emergency drugs and equipment are stored

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securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. The practice manager confirmed that a system was in place to check the equipment and emergency drugs on a weekly and monthly 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.

**The following areas for improvement were identified:**

The practice manager confirmed that leaflets and signs displayed at the practice are bilingual. We were also told that the practice has one member of staff who is a fluent Welsh speaker, which helps to meet the needs of Welsh speaking patients who wish to communicate in their preferred language. However, we were told that these services are not being promoted. The registered managers should arrange for Welsh language services to be promoted.

## 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
- Infection control policy
- Records of daily checks of autoclaves
- Records of daily checks of ultrasonic bath
- Manual cleaning protocol
- Records of daily instrument manual cleaning checks
- Records of daily surgery checks
- Decontamination processes
- Infection Prevention Society audit tool
- Cleaning schedule
- Cleaning policy.

**The following positive evidence was received:**

The registered managers confirmed that all staff have a clear understanding of the latest guidance for the dental management of patients in Wales during COVID-19 pandemic recovery<sup>2</sup>. The guidance is intended for use by all general dental care settings in Wales. We

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<sup>2</sup> Dental management of patients during COVID-19 recovery | GOV.WALES

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saw that the practice had developed their own procedure which includes new ways of working to guide staff at the start of the pandemic. The procedure is a live document and is regularly updated by the registered managers to reflect the latest guidance.

It was confirmed that all staff have received regular COVID-19 updates via email, a dedicated WhatsApp<sup>3</sup> group and formal meetings. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

We were also told that all staff who are required to use filtering face pieces 3 (FFP3)<sup>4</sup> masks have been fit tested to ensure the mask fits properly and will offer adequate protection.

It was confirmed that all staff have received a detailed COVID-19 risk assessment<sup>5</sup> to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic. We were also told that all staff at the practice have been fully vaccinated and have received their boosters.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a weekly basis by the practice manager.

We saw evidence that cleaning schedules for the surgeries are in place and daily checklists maintained.

**The following areas for improvement were identified:**

We saw that a combined decontamination and infection control audit had been completed in June 2021. However, we noted that the audit had been based on England's Department of Health Infection Prevention Society self-assessment document. We recommend that the practice completes the Health Education and Improvement Wales<sup>6</sup> annual audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance<sup>7</sup>. This will ensure that any differences between the standards in England and Wales are identified.

We were provided with a copy of the manual cleaning procedure for the decontamination of dental instruments. We noted that the temperature of the water to be used throughout the cleaning procedure had been left blank. However, we did note that each decontamination room had their own manual cleaning procedures where the temperature had been included. The practice manager confirmed that the main manual cleaning procedure will be updated.

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<sup>3</sup> 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.

<sup>4</sup> FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

<sup>5</sup> This Risk Assessment Tool has been developed to help people working 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.

<sup>6</sup> 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.

<sup>7</sup> 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.

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## 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
- Business continuity plan
- Staff training policy
- Mandatory training records
- The Regulation 23 (responsible individual visit) report.

The principal dentists of Wesley Blinman & Associates are the registered managers and the nominated responsible individuals<sup>8</sup>.

We saw a copy of the staff training policy and mandatory training records. The log showed that all clinical staff had undertaken training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

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 managed and assessed to ensure that the requirements of the regulations and relevant standards are being met.

We saw that the practice had a business continuity plan in place to ensure continuity of service provision and safe care to patients during the pandemic.

We were told that due consideration is given to equality and patients' rights. We were told that protected appointment slots are made available for vulnerable or at risk patients at the start or end of each day. We were also told that the practice is accessible to wheelchair users,

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<sup>8</sup> "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)

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and that there are two surgeries located on the ground floor. Furthermore, we were informed that a hearing loop induction facility is available to support hearing aid users.

**The following areas for improvement were identified:**

We were provided with a copy of the statement of purpose and patient information leaflet which included relevant information about the services being offered. However, we found that the statement of purpose (updated 2021) did not contain the following:

- The arrangements made for seeking patients views about the quality of services provided by the private dental practice
- The practice opening hours and any arrangements for patients who require urgent care or treatment out of hours
- The arrangements for dealing with complaints as set out in regulation 21 of The Private Dentistry (Wales) Regulation 2017
- The arrangements for the respecting the privacy and dignity of patients.

The registered managers must ensure that the statement of purpose contains the above information and is reviewed at least once every twelve months in order to fully comply with the regulations.

We saw evidence that the practice had reviewed and updated key policies in light of the COVID-19 pandemic. However, we found that some of the policies / procedures were not version controlled and did not contain a review date. The registered managers must ensure that all policies and procedures contain a review date and are version controlled.

From the key documents we reviewed, 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. However, we noted that only 15 clinical notes had been audited in total for the four clinicians, approximately 3 to 4 records for each clinician. The audit template form suggest that between 15 and 20 record cards are audited for each clinician. We also found that the audits were not clearly dated, did not contain details of who undertook the audit, whose records were being audited nor did they contain any unique patient identifier.

We discussed the record card audit and the registered managers confirmed that a further record card audit will be completed where between 15 and 20 record cards will be checked for each clinician. The registered managers must also ensure more detail is captured when undertaking audits to ensure a full audit trail is in place.

# 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: Wesley Blinman & Associates

23 November 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 managers should arrange for Welsh language services to be promoted.	Standard 18 of the National Minimum Standards (Communicating Effectively)	All signage in the practice is now being changed to bilingual. We have ordered an Iaith Gwaith Pin for the Welsh speaking member of staff and we are in process of making a poster up to identify the member of staff we a Welsh Speaker	Gareth Blinman	24 <sup>th</sup> January
2	We recommend that the practice completes the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.	(WHTM) 01-05	All staff to be involved in the New HTMO 01-05 Audit for the practice.	Gareth Blinman	Start the process in January 2022
3	The registered managers should ensure the manual cleaning	(WHTM) 01-05	Staff meeting was held straight away, to inform staff of the areas covered in Tier 1 meeting. Staff	Gareth Blinman	Completed December 2021

	procedure for the decontamination of dental instruments is updated.		aware that Product information and batch numbers need to be entered in the log books.		
4	The registered managers must ensure that the statement of purpose contains all the required information and is reviewed at least once every twelve months in order to fully comply with the regulation.	The Private Dentistry (Wales) Regulation 2017	We will be reviewing the S.O.P and checking that it includes all the required information, also making sure we review it annually to keep in compliance	Gareth Blinman	24 <sup>th</sup> January 2022
5	The registered managers must ensure that all policies and procedures contain a review date and are version controlled.	The Private Dentistry (Wales) Regulation 2017	We are currently in the process of reviewing all practice policies and giving them version numbers, dates and stating who wrote them.	Gareth Blinman	24 <sup>th</sup> January 2022
6	The registered managers should arrange further record card audits.	The Private Dentistry (Wales) Regulation 2017	We are in the process of increasing the record card audit from 20 to 60.	Karl Wesley	February 2022

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: Gareth Blinman

Date: 17/12/21