

# Quality Check Summary

## Charro Dental Practice LTD

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Charro Dental Practice as part of its programme of assurance work. Charro Dental Practice provides general dentistry services for both NHS and private patients in the Powys Teaching Health Board area.

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. 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 Registered Provider, Dr Jimmy Charro on 14 December 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 assessments / audits
- Standard Operating Procedure (SOP).

We also questioned the service representative 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 saw evidence that the service had updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic. We also questioned the Registered Provider on the changes that had been made to the environment to enable patients to be seen during the COVID-19 pandemic and to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms.

We were advised that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed to aid and improve infection control. The practice reduced its footfall by ensuring only patients with pre-arranged appointments could visit the practice. Patients attend alone, unless a carer is required. This is agreed in advance so that the practice is aware of how many people will be onsite at any given time. When patients arrive at the practice they ring a door bell for access. In the reception area, screens had been fitted to the reception desk to protect staff and patients, and there are clearly marked zones to ensure social distancing can be maintained.

We were told that Personal Protective Equipment (PPE) for staff and patients is available as well as hand sanitizing stations throughout the building. Cleaning schedules had been amended to enable more frequent cleaning. Chairs in the waiting area are plastic for ease of cleaning, and these are adequately spaced out. All non-essential items had also been removed from the waiting area. Relevant notices are displayed in prominent positions inside and outside the premise informing patients of current measures in place; these are updated where required.

We were told that there are four surgeries in total, all of which are equipped to perform Aerosol Generating Procedures (AGP)<sup>1</sup>. Ventilation and extraction fans are installed in the

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<sup>1</sup> 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.

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surgeries to facilitate the removal of contaminated air, in addition to windows that open. Appointments are arranged to enable sufficient fallow time<sup>2</sup> and to allow for adequate time to disinfect the surgery between patients.

We asked what measures were in place to keep patients informed about safety procedures relating to COVID-19. We were told that patients are risk assessed at all stages and the reasons for doing so are explained to them. Prior to all appointments, staff telephone the patients and complete a COVID-19 screening questionnaire. Staff also provide patients with information about their expectations upon arrival at the practice. These measures help reduce the amount of time a patient spends at the surgery.

When patients arrive for appointments they are once again asked if they have any symptoms of COVID-19 and a non-touch thermometer is used to run a temperature check. Hand sanitiser is given upon entry into the building and face masks must be worn until the patient is seated in the surgery chair, unless they are exempt. Where a patient does not have a mask, one will be provided for them.

We were told the practice treats a diverse population group and is fully accessible for disabled patients with entrance ramps, disabled car parking spaces, automated entry door and disabled access toilets with hand rails. All surgeries are fully equipped to provide for service users with reduced mobility. We were told that several members of staff are multi-lingual, and access to interpretation and translation services is available remotely through Powys Teaching Health Board. However, the practice has not had any patients wishing to access their care in the medium of Welsh, or other languages to date.

**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:

- A copy of the most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement.
- Covid-19 policy
- Autoclave daily and weekly checks
- Infection Prevention Control policy
- Surgery cleaning schedules

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<sup>2</sup> Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place.

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- Procedure for manual instrument cleaning.

**The following positive evidence was received:**

We were provided with various documents relating to the prevention and control of infection. We saw evidence of the practice cleaning schedules and a procedure for the decontamination of instruments and dental equipment. We were provided with the most recent Welsh Health Technical Memorandum (WHTM) 01-05 decontamination audit along with remedial actions identified for areas requiring improvement. Additionally, we were provided with copies of the cleaning policy, completed surgery checklists, cleaning records for the autoclave, and also the procedure for the manual cleaning of instruments and dental. We were advised that the practice has invested in a new Vacuum B Autoclave, for which a third party contract is in place to run annual servicing and in-house training to all staff to ensure all equipment and hand pieces are used, cleaned and maintained as per manufacturer's instructions.

We were advised that there are systems in place to ensure all staff were aware of, and discharged their responsibilities for preventing and controlling infection. We were told that the practice were continually updating their policies and procedures in line with updates and advice from external bodies including the Chief Dental Officer (CDO) for Wales. Policies provided for review were comprehensive and in line with expectations.

We were advised that AGPs are still being carried out and that the number of appointments has not significantly reduced. This has mainly impacted on time management within the practice to allow sufficient fallow time.

The Registered Provider confirmed the processes in place to protect patients and staff when an aerosol generating procedure (AGP) was taking place. A triage<sup>3</sup> call to the patient helps identify the equipment that will be required. This is prepared in advance to minimise staff entering or leaving the surgery during the procedure. A buddy nurse is now used to clean the surgery post-AGP and to provide assistance to practitioners providing AGPs. Fallow times must always be booked into the diary following AGPs, or an opportunity for clinicians to change surgery for the next patient must be provided. Patients must follow a one way system in order to avoid patients needing to cross paths with other patients or staff. The process followed the most recent guidance issued by the CDO for Wales. All staff were kept informed of the SOP and associated guidance via regular team meetings.

The surgery acts as an emergency dentist service for Powys Teaching Health Board, where patients can be referred directly from the 111<sup>4</sup> service. We were told that the practice do all they can to ensure that a patient's treatment can be carried out safely, and this can be weighted on risk versus benefit basis. However, this year, there has been no occasion where

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<sup>3</sup> Triage is the prioritisation of patient care based on illness/injury, severity, prognosis and resource availability

<sup>4</sup> 111 is a non-emergency telephone service provided by the NHS. It is the number to call when a person needs advice or medical treatment quickly (non-life threatening situations), which cannot wait for an appointment with a person's regular doctor.

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a referral to alternative services was required. We were advised that the practice makes all attempts to ensure that so far as reasonably practicable, risk is mitigated to allow treatments to take place.

Personal Protective Equipment (PPE) for staff and patients is available, as well as hand sanitising stations throughout the building. We were advised that staff were up-to-date with training in the use of the enhanced PPE, including the correct method of donning and doffing<sup>5</sup> in a designated area, and the correct disposal of PPE. We were told that the approach used for training was blended, a mix of online and face to face in-house practical sessions. Visual reminders such as posters reminding staff of the correct use of PPE were also displayed in prominent areas within the practice.

We were told that all staff wore the correct PPE including FFP3<sup>6</sup> masks, gowns, aprons and visors when treating patients. Staff had been fit tested for FFP3 masks and this had been recorded per staff member. It was confirmed that all staff have received a detailed COVID-19 risk assessment to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic. Staff were also questioned on their confidence in using PPE. Stock of PPE is monitored and recorded by the lead nurse. As there is a contract in place between Powys Teaching Health Board and the practice, to carry out emergency dental treatment and extractions, all PPE is supplied through the health board.

We were told that risk assessments take place at all stages and, whilst there is the screening process of patients prior to arrival, patients would then be re-screened on attendance at the practice upon arrival. Should a patient attend displaying symptoms of COVID-19, the Registered Provider confirmed that, providing this was a non-emergency, staff would ask the patient to re-book and they would provide advice should the patient be in pain.

**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.

The key documents we reviewed included:

- Statement of Purpose<sup>7</sup>

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<sup>5</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

<sup>6</sup> FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

<sup>7</sup> 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 it should list the kinds of treatment, facilities and

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- Patient Information Leaflet<sup>8</sup>
  - Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
  - Record card audit
  - Informed consent policies / procedures
  - COVID-19 policy
  - Business continuity plan
  - Mandatory training records for all staff
  - Annual report prepared under regulation 16(3) of the Private Dentistry (Wales) Regulations 2017.

**The following positive evidence was received:**

We were told that the practice closed to patients briefly at the start of the pandemic, and very briefly in December 2020, however has operated over 6 days a week at all other times. The Registered Provider spoke very highly of the staff, informing us that all the staff adapted well to the changes and new COVID-19 guidelines, despite the challenges created by the pandemic and longer working hours.

We reviewed the statement of purpose<sup>9</sup> and patient information leaflet<sup>10</sup>, which included relevant information about the services being offered. We were informed that the statement of purpose is reviewed on an annual basis, and that review has just taken place. A sample of policies and procedures in place were also provided. Those provided, were comprehensive and sufficient for their intended purpose. The Registered Provider confirmed that practice staff have access to all the policies and procedures that are in place.

A document for business continuity was also provided, this was well detailed and appeared to appropriately cover most eventualities. We were told that whilst the practice does not currently use agency staff, there are two Locum<sup>11</sup> dentists available to cover any sickness, and agency nurses available if this was ever required.

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 a record card audit and a WHTM 01-05 decontamination audit. A copy of the latest Ionising Radiation (Medical Exposure) Regulations (IRMER) audit was provided as evidence. This showed 100% accuracy with zero re-takes required.

We saw evidence of training records, which showed compliance with mandatory training. We

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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.

<sup>8</sup> 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.

<sup>9</sup> "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.

<sup>10</sup> Information as required by Schedule 2 of the above regulations.

<sup>11</sup> A person who stands in temporarily for someone else of the same profession, especially a Doctor



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were told that all staff have access to an online system that shows individuals what training they need to complete. The Registered Provider explained the process for ensuring training was up to date, with staff continuing to use e-learning<sup>12</sup> packages for Continued Professional Development (CPD) in addition to university courses being undertaken by trainee nurses.

The process of checking emergency equipment and medicines was explained. We were told that the emergency equipment and emergency medications were checked on a daily basis by a dedicated staff member, and more recently signed off by up to two members of staff. Emergency medication and equipment were kept in a safe but easily accessible location to ensure they were readily available in the event of an emergency. This check included expiry dates on all emergency equipment and medications, including the defibrillator and defibrillation pads. Recently a second oxygen cylinder has been purchased for the practice.

The practice has maintained their processes for the reporting of any incidents, with the Registered Provider 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 communicated in regular staff meetings and video calls.

**The following areas for improvements were identified.**

As part of the quality check process HIW reviewed the record card audit undertaken by the practice. This was generally positive, however, the setting identified that smoking cessation advice was not always given. The setting had already identified an action to remedy this, with more leaflets already on order by the practice.

The Registered Provider must ensure that comprehensive health promotion/education advice is provided to all patients and documented accordingly.

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## 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

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<sup>12</sup> Learning conducted via electronic media, typically on the internet.

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: Charro Dental Practice LTD

Date of activity: 14 December 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 Provider must ensure that comprehensive health promotion/education advice is provided to all patients and documented accordingly.	The Private Dentistry (Wales) Regulations 2017 -Regulation 9(a)	Smoking cessation advice leaflets have been ordered from the local health board, and we are currently awaiting delivery. All staff will be trained on the delivery of smoking cessation advice and documentation of this being done into patients' dental records. Smoking history will be incorporated into patient screening upon entry (during completion of ACORN forms), and also during dental examinations.	Dr Jimmy Charro (Principle Dentist/ Practice Manager/ Practice Owner)	This is already being put in place immediately, awaiting arrival of leaflets. Latest date of completion to be 1/03/22.

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: Dr Jimmy Charro

Date: 24 December 2022