

Quality Check Summary

Achddu Villa Dental Practice

Activity date: 07 December 2021

Publication date: 21 January 2022



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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Achddu Villa Dental Practice as part of its programme of assurance work. This dental practice offers both NHS and private treatments and services to patients in the Llanelli 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 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 the principle dentist on 07/12/2021 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:

- Environmental health and safety risk assessment
- Covid 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 reviewed the key documents listed above, and confirmed all were adequately completed and dated.

The principle dentist informed us of the changes made within the practice to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms. The practice currently keeps the front door locked in order to prevent anyone without an appointment entering the practice. They are also running longer appointments to allow for cleaning time and to reduce traffic in the waiting area. Chairs in the waiting area have been adequately spaced and the practice has implemented a one-way system for entering and exiting the practice.

We were informed that the waiting room had been decluttered of all unnecessary items and work stations were kept as clear as possible for regular cleaning. Windows in the surgeries are kept open at all times and fabric chairs had been replaced with vinyl chairs, with a wipe clean surface that would be cleaned after use.

24 hours prior to an appointment, reception staff will call patients, complete a COVID-19 checklist and verbally explain what to expect when arriving at the practice for their appointment. Standard COVID-19 information can be viewed on the practice's website.

We were told that two staff members are fluent Welsh speakers and wear the relevant badges to identify themselves to patients. All information posters displayed in the practice are bilingual and the practice also has access to a translation service.

All surgeries are equipped for AGP¹ procedures. We were informed that they have been fitted

¹ 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

with air filtration systems and that the window is left open whenever possible during procedures. Staff try to allocate all AGP procedures to one specific surgery each day. Nursing staff clean down each surgery between patients and all staff wear the required Personal Protective Equipment (PPE) before entering the surgeries.

No areas for improvements were identified.

Infection prevention and control (IPC)

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
- Surgery cleaning schedules
- Cleaning Policy
- Autoclave daily checks
- Copy of ultrasonic logs.

The following positive evidence was received:

The practice cleaning schedules and records for the decontamination of instruments and surgery equipment, as well as copies of ultrasonic logs and daily autoclave checks provided were thorough and complete.

The practice manager informed us of the systems in place to ensure all staff were aware of their responsibilities for preventing and controlling infection. All staff have watched PPE training videos to ensure competence in donning and doffing². Any changes to IPC policies are communicated at staff meetings, with physical copies of policies and procedures printed for staff to sign and date once read.

We were informed that the practice initially found it difficult to access PPE stock at the start of the pandemic, highlighting specifically a mask shortage. However, the local health board began providing stock more frequently and the practice manager also sourced additional stock. Weekly stock checks of PPE were carried out by the practice manager in order to identify any stock that needed to be ordered.

The following areas for improvement were identified:

When reviewing the cleaning policy, we found there was no creation date or review date

² Donning - putting on personal protective equipment ; Doffing - taking off personal protective equipment

included. We recommend that the practice manager ensures all policies are clearly dated, with version control.

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 explore 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:

- Regulation 16 report
- Consent policy
- Business continuity plan
- Mandatory training records for all staff
- Record card audit
- 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 informed that any updated guidance for healthcare professionals is delivered to staff via the practice manager during team meetings and emails.

The process of checking emergency equipment and medicines was explained. The receptionist completes daily checks to ensure the defibrillator is charged. We also were informed that the receptionist carries out weekly checks on the emergency drugs and oxygen in the emergency equipment bags.

We reviewed the statement of purpose³ and the patient information leaflet⁴, which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

The following areas for improvement were identified:

When we asked about the process of reporting incidents to Healthcare Inspectorate Wales (HIW), the principle dentist was unclear of the process outlined in Regulation 25 of the Private Dentistry (Wales) Regulations 2017. We recommend that all staff review these regulations to ensure they clearly understand the reporting process.

³ “Statement of purpose” (“datganiad o ddiben”) means the statement compiled in accordance with regulation 5(1) of the Private Dentistry (Wales) Regulations and Schedule

⁴ Information as required by Schedule 2 of the above regulations.

Whilst reviewing the documented evidence for this section, we noticed that both the COVID-19 policy and consent policy did not contain the publication date or scheduled review date. We recommend the practice manager includes the relevant dates and version control in all policies.

We were not provided with complete training records for all practice staff. Additionally, we noted that staff had not completed all the required mandatory training, including Fire Safety, IPC, Safeguarding and Basic Life Support. We recommend that the practice sends HIW complete and up to date training records for all staff members. The practice must also ensure that staff have completed all the required mandatory training and inform HIW once this has been completed.

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: Achddu Villa Dental Centre

Date of activity: 07/12/2021

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 | Practice manager to ensure the Cleaning policy, COVID-19 policy and consent policy are all clearly dated, with version control | Regulation 8 (Private Dentistry (Wales) Regulations 2017) | Date to be added to form | Practice Manager | 07/02/2022 |
| 2 | All staff to ensure they have clear understanding of procedure around reporting incidents to Healthcare Inspectorate Wales (HIW) | Regulation 25 (Private Dentistry (Wales) Regulations 2017) | All staff to review reporting incidents procedure | Practice Manager | 07/02/2022 |
| 3 | We were not provided with complete training records for all practice staff. Additionally, we noted that staff had | Regulation 17 (Private Dentistry | All staff to update training records | Practice Manager | 07/02/2022 |

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|--|----------------------------------|--|--|--|
| <p>not completed all the required mandatory training, including Fire Safety, IPC, Safeguarding and Basic Life Support. We recommend that the practice sends HIW complete and up to date training records for all staff members. The practice must also ensure that staff have completed all the required mandatory training and inform HIW once this has been completed.</p> | <p>(Wales) Regulations 2017)</p> | | | |
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