

Quality Check Summary

Abergele Dental Surgery

Activity date: 14 January 2022

Publication date: 18 February 2022



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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Abergele Dental Surgery as part of its programme of assurance work. The practice offers a range of NHS and private dental treatments and has one dentist, two dental nurses and one dental hygienist. The practice forms part of the dental services offered by Betsi Cadwaladr University Health Board.

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 Independent Health Care (Wales) Regulations 2011 Dentists and 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 principle dentist, who was also the responsible individual, and the practice manager on 14 January 2022 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
- Legionella certificate, boiler inspection, PAT certification, fire risk assessment and safety log.

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:

The principle dentist described the changes that had been made to the environment to ensure the practice could maintain social distancing for staff and patients. These included only allowing one patient in the practice at a time and a member of staff managing the flow of the patients inside the practice.

We were told that the changes had not impacted on the practice's ability to deliver registered activities, although the length of appointment times had increased slightly to allow for additional cleaning and any fallow time¹. The practice stayed open throughout the pandemic.

The practice manager stated that there were two surgeries on the ground floor that were used by the dentist and the dental hygienist. The surgery used by the hygienist was used for aerosol generating procedures (AGP)². The room had been decluttered, only the instruments required for the procedure were left in the room.

When making an appointment and prior to attending for treatment we were told that the patients were asked a series of screening questions. This was to ensure that the patient did not have any COVID-19 symptoms. The patient was advised to attend at the appointed time, to separate patients from each other. There was a call bell at the entrance to the practice, so the patient could be seen before entering the practice. The patients were asked to use hand gel and a mask once they entered the practice.

¹ Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place which allows any droplets to settle before cleaning and decontamination takes place

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.

We were told that there was one member of staff who could speak Welsh with patients if required. There were also facilities to use British Sign Language for patients who were hard of hearing and a translation line was available. The practice were aware of the patients who had difficulty in speaking English or preferred to speak in Welsh.

We were also provided with evidence of a number of risk assessments and certification to show that the practice had considered the safety of the premises, staff and patients.

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.
- Generic infection control policies and COVID-19 specific policies
- Most recent infection control risk assessments / audits
- Cleaning schedules.

The following positive evidence was received:

The processes in the practice to minimise infection risk to staff and patients when AGP procedures were being carried out were described. These included the fallow time allowed after cleaning a surgery where there had been an AGP and the training on the hoods³ used during these procedures. Staff had also received guidance on how to use the hoods from colleagues in a nearby dental surgery.

We were told that staff were told of the changes to dental guidance, processes and procedures during the pandemic as they were issued by Public Health Wales and the Chief Dental Officer for Wales. Staff were provided with additional training in delivering safe and effective care during the pandemic, including donning and doffing⁴ personal protective equipment (PPE) and additional cleaning required.

The principle dentist told us of the measures put in place to make sure staff were confident

³ A fabric hood with a plastic visor to protect the face. It delivers clean air through a High Efficiency Particulate Air (Hepa) filter using a fan mounted on the wearer's belt.

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

and competent at using (PPE). This included checking each other during donning and doffing of PPE including checking the hoods being used. We were told that the hoods beeped if there was an escape of air. There were also donning and doffing posters in the surgery.

We were told that there had not been no issues in sourcing PPE during the pandemic, although prices increased significantly. The health board also supported the practice in providing supplies of PPE. In order to ensure that there were sufficient stock levels of PPE maintained at the practice, we were told that the practice manager checks the stock levels on a regular basis. Staff had also been instructed to inform the practice manager when stock was below the minimum order level.

We were provided with copies of the surgery cleaning schedules for the previous week, which showed that staff followed the cleaning policy, which was also seen. The most recent WHTM01-05 decontamination audit and the action plan, also showed that the practice had addressed all the areas for improvement identified by the audit. The full manual cleaning procedure showed the separation and pre-sterilisation cleaning of instruments using manual cleaning. The copies of the daily checks for the autoclave provided were in order.

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:

- The Regulation 23 (Responsible Individual visit) report or where the Responsible Individual is also the Registered Manager, a copy of the latest annual report prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017
- Informed consent policies / procedures
- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Business continuity plans
- Mandatory training records for all staff
- The current percentage completion rates for mandatory training
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety.

The following positive evidence was received:

The principle dentist told us that whilst the practice had remained open since the start of the

pandemic, there were no treatments performed in the practice initially. However, there were telephone consultations and referrals made to health board clinics. We were told that once the practice was able to open to patients, any patients with symptoms of COVID-19, or awaiting a test result would only be seen in an emergency. They would be seen at the end of the day and go directly into the surgery through a back door.

We were advised that staff absences did not impact on the delivery of the services. The practice operated a buddy system with another local practice to use each other's dental nursing staff. Staff were required to take lateral flow tests three times a week, and if there was a cough they would perform the check on a daily basis.

In the absence of face to face training, we were told that staff use an online training package, where they are able to undertake the training. The training certificates would be printed off and kept in CPD files. The practice were also able to provide staff with face to face basic life support training in November 2021.

We were told that there were regular checks of emergency equipment and medicines. There were daily checks of the oxygen cylinders and weekly checks documented of emergency drugs and other ancillary equipment. The fridge also had a temperature display that was recorded on a daily basis. Emergency drugs would be secured in the practice overnight.

The practice stated that they had ensured that everyone was treated equally. There was level access to the surgery which provided access to everyone as the surgeries were on the ground floor.

We were provided with an up-to-date statement of purpose and patient information leaflet, which contained relevant information about the services offered by the practice.

We saw a copy of the annual report, prepared in accordance with regulation 16(3) of the Private Dentistry Regulations (Wales) 2017.

The mandatory training record for all staff, showed that they were up to date with the required training and the dentist and practice manager were also booked in for First Aid at Work training in February 2022.

The following areas for improvement were identified:

We were provided with copies of various policies and procedures including the latest statement of purpose and patient information leaflet. However, we noted that several of these documents were not dated and did not include a review date. The registered manager is required to ensure that all documentation at the practice is dated, with a review date, to ensure the policies are up to date.

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: Abergele Dental Surgery

Date of activity: 14 January 2022

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 is required to ensure that all documentation at the practice is dated, with a review date, to ensure the policies are up to date.	Private Dentistry Regulations (Wales) 2017 Section 8(6)	All documents dated and also now have a review date on them	RB	Completed 21.1.2022

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: Razvan Beretchi

Date: 1.2.2022