

Quality Check Summary

Jamie Pugh Dental Healthcare Ltd

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Jamie Pugh Dental Healthcare Limited as part of its programme of assurance work. Jamie Pugh Dental Healthcare Limited provides services to patients in the Aberdare area. The practice 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 to the registered manager¹ and the operational assistant for Jamie Pugh Dental Healthcare Limited on 18 January 2022 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 COVID-19 pandemic?
- How does the practice ensure that equality and a rights based approach are embedded across the service?

¹ "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.

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 risk assessment
- COVID-19 premises based workers risk assessment
- COVID-19 risk assessment checklist
- Fire risk assessment
- Insurance liability certificates.

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 relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We saw that the practice had undertaken COVID-19 risk assessment which included assessments of the environment, patient journey and the health, safety and wellbeing of staff and patients visiting the practice.

We were also provided with a copy of the fire risk assessment which was undertaken on 22 October 2021, by an external company. The risk assessment identified some issues which required attention. The registered manager was able to provide us with evidence to demonstrate that the recommendations identified in the risk assessment had been acted upon or progress was being made.

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, waiting area and staff room
- Fabric seats replaced with wipeable chairs
- New staff uniforms
- Dedicated changing facilities
- Washing machine installed
- Protective screen installed at reception desk

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- Hand sanitiser dispensers made available at various locations.

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

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 registered manager confirmed that the emergency drugs and equipment are stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse). The registered manager confirmed that a system was in place to check the equipment and emergency drugs on a weekly 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 registered manager confirmed that the majority of leaflets and signs displayed at the practice are bilingual. We were told that the principal dentist is a Welsh speaker and this is promoted within the patient information leaflet. This helps to meet the needs of Welsh speaking patients who wish to communicate in their preferred language. We were also informed that the practice has access to an interpreter and translation services.

The following areas for improvement were identified:

We were provided with details of staff training records and it was noted that all staff were due to renew their fire safety training.

The registered manager must arrange for all staff at the practice to renew their fire safety training.

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:

- Surgery cleaning schedules
- Cleaning policy

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- Infection prevention and control (IPC) policy
 - The most recent Welsh Health Technical Manual (WHTM) 01-05² decontamination audit
 - Records of daily checks of autoclaves

The following positive evidence was received:

The registered manager confirmed that all staff have a clear understanding of the latest guidance for the dental management of patients in Wales during COVID-19 pandemic recovery³. The guidance is intended for use by all general dental care settings in Wales.

It was confirmed that all staff have received regular COVID-19 updates via a dedicated WhatsApp⁴ group, by email and face to face. 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 piece 3 (FFP3)⁵ masks have been fit tested to ensure the mask fit properly and will offer adequate protection.

We noted that all staff have received a detailed COVID-19 risk assessment⁶ to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic. It was also confirmed during the quality check call that staff have had their risk assessments reviewed. We were also told that all staff undertake a lateral flow test⁷ (LFT) each morning and the results are shared with the registered manager.

We saw evidence that the practice has a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave⁸ evidencing that the start and end of the day safety checks were taking place.

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

We saw evidence that a cleaning schedule for the surgeries was in place and daily checklists maintained.

The following areas for improvement were identified:

² 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.

³ Dental management of patients during COVID-19 recovery | GOV.WALES.

⁴ 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.

⁵ FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

⁶ 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.

⁷ *Lateral flow testing* is a fast and simple way to *test* people who do not have symptoms of COVID-19, but who may still be spreading the virus.

⁸ Autoclaves are items of equipment that are used in dental practices to sterilize all of the instruments and all of the materials used in professional procedures.

We saw evidence that an infection control audit has been completed in October 2021, using recognised audit tools, including the Health Education and Improvement Wales⁹ audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. We saw evidence that the resulting action plan was in place and being monitored by the operational assistant. It was noted from the audit that the dental chair in surgery 2 had been slightly damaged. It was confirmed during the quality check call that arrangements are in place for the chair to be repaired by the end of January 2022.

The registered manager must provide evidence that the dental chair in surgery 2 has been repaired.

We saw that an infection control policy was in place which included references to hand hygiene, safe handling and disposal of clinical waste, decontamination, cleaning regimes and personal protective equipment. However, we noted from the policy that mops and buckets were being stored in the decontamination room. The registered manager confirmed during the quality check call that mops and buckets are stored on hooks in the decontamination room. The environmental conditions in decontamination facilities should be controlled to minimise the likelihood of recontamination of sterilised instruments.

We recommend that mops and buckets be removed from the decontamination room and stored in a more appropriate location.

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
- Mandatory training certificates for all staff

⁹ 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.

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- Regulation 16 responsible individual visit report.
 - Expert Medical Protocol
 - Local rules for the laser machine
 - Laser Protection Adviser report and risk assessment
 - Laser service record
 - Insurance liability certificate.

The following positive evidence was received:

The practice manager of Jamie Pugh Dental Healthcare Limited is the registered manager and the responsible individual.

We were provided with evidence which confirmed that all clinical staff have attended training on a range of topics relevant to their roles and in order to meet the Continuing Professional Development (CPD) requirements.

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.

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.

We were provided with the most recent responsible individual report, as required by The Private Dentistry (Wales) Regulations 2017. The report evidenced how the quality of the service provided is being managed and assessed to ensure that they meet the requirements of the regulations and relevant standards.

Jamie Pugh Dental Healthcare Limited is also registered to provide class 4 laser treatments for the following procedures:

- Hard tissue
- Endodontic surgery
- Bone surgery
- Periodontal
- Soft tissue
- Root canal disinfection.

The principal dentist is the sole operator of the class 4 laser machine. We saw evidence that the laser machine had an annual service and calibration certificate which was in date. We saw that there were treatment protocols in place and these had been overseen by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and local rules¹⁰ detailing the safe operation of the machine. The local rules had been regularly reviewed by the LPA and signed by the sole operator. We saw certificates showing that the laser operator had completed Core of Knowledge¹¹ training and training in the use of the laser machine. We also found that the environmental risk assessments had recently been reviewed by the LPA.

The following areas for improvement were identified:

We were provided with the following sample of the practice's policies and procedures:

- Infection Prevention and Control policy
- Cleaning protocol
- Hand hygiene protocol
- Informed consent policy
- Waste disposal policy
- Manual cleaning protocol.

We saw that the above policies and procedures had been reviewed during the year to ensure they were in line with latest guideline. However, we noted that the policies and procedures had been updated by hand and some were difficult to read due to the number of changes made. We were informed by the registered manager that plans are in place for the policies and procedures to be updated electronically.

The registered manager should ensure all policies and procedures are updated electronically.

We were provided with a copy of the statement of purpose and patient information leaflet which included relevant information about the services being offered. In order to be fully compliant with the regulations, the registered manager should arrange for both documents to be published on their website.

¹⁰ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs.

¹¹ Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

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: Jamie Pugh Dental Healthcare Limited

Date of activity: 18 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 must arrange for all staff at the practice to renew their fire safety training.	The Private Dentistry (Wales) Regulations 2017, Section 22 (4) (c)	Due to Covid-19 in house training has been on hold. Tracy Pugh contacted Blackwood Fire 11 th January 2022 to try and book in-house Fire Marshall Training for all staff however was advised by Blackwood Fire that in-house training has still not resumed and was hoping to resume no earlier than 1 st February 2022. Claire Neads emailed Blackwood Fire 27/01/2022 to try and arrange and Tracy Pugh has also been in contact with	Tracy Pugh + Claire Neads	All staff to complete Fire Awareness Education on Algilio learning by Tuesday 8 th February 2022. In house Fire Marshall Training with Blackwood is

			<p>Blackwood Fire. We have requested that all staff complete the Fire Awareness Education (1hr CPD) Course on Algilio (previously known as isopharm) by Tuesday 8th February 2022.</p> <p>As of 02/02/2022 we have confirmed a date of Fire Marshall Training with Blackwood Fire on Friday 11th February 11am-230pm at the practice.</p>		<p>booked for Friday 11th February 2022</p>
2	<p>The registered manager must provide evidence that the dental chair in surgery 2 has been repaired.</p>	<p>WHTM 01-05, Section 6.62 note</p>	<p>Surgery 2 has not been used for AGP procedures since before October 2021 when the WHTM 01 05 Audit was completed and will not be used for an AGP procedure until chair material has been repaired. We have been in contact with Cwmaman Upholstery and was hoping to be able to book repair by end of January 2022, however due to them being extremely busy the soonest date they could book us in was mid-February. They are collecting chair on 23rd February 2022, repairing the small tear at the seam and will return to us the same day.</p>	<p>Tracy Pugh + Claire Neads</p>	<p>23rd February 2022</p>

3	The registered manager should remove the mops and buckets from the decontamination room.	WHTM 01-05, Section 6.40	Mops and Buckets have been removed from decontamination room and relocated to basement. All staff have been made aware.	Claire Neads	Completed 1 st February 2022
4	The registered manager should ensure all policies and procedures are updated electronically.	The Private Dentistry (Wales) Regulations 2017, Section 8	All policies are currently being reviewed for 2022 versions. All policies will be updated electronically.	Tracy Pugh + Claire Neads	30th March 2022
5	The registered manager should arrange for the statement of purpose and patient information leaflet to be published on their website.	The Private Dentistry (Wales) Regulations 2017, Section 5 (2) Section 6 (2)	All changes to our website need to be emailed to Dental Focus (our website company) they then schedule in the changes which for small changes can take 3-5 working days. The Statement of Purpose and Practice leaflet has been emailed to Dental Focus on 2 nd February by Claire for them to schedule an update.	Claire Neads	14 th 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 Claire Neads - Operational Assistant
Jamie Pugh - Practice Owner, Director + Principal Dentist

Date: 02/02/2022