

Quality Check Summary

Alison Jones Dental Surgery

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Alison Jones Dental Surgery as part of its programme of assurance work. The practice offers a range of NHS and private treatments and forms part of the dental services offered by Cardiff and Vale 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 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 the registered manager¹ on 26 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?

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:

- The most recent environmental risk assessments / audits

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 asked the registered manager to inform us of the changes that had been made to the dental practice environment that meant patients could be seen during the COVID-19 pandemic. We were told that to protect patients and staff, the door to the practice was kept locked. This ensured that only those individuals with an appointment could enter the practice. Additionally, a sign on the door of the practice informed patients of the increased measures in place to protect against COVID-19. The registered manager explained that patients were asked to attend wearing a face covering and would be asked to use hand sanitiser upon entry to the practice by a member of staff at the reception desk.

The registered manager told us that they had installed clear plastic screens at the reception desk for the protection of patients and staff. Laminated posters had also been displayed inside the practice to remind patients of the increased infection control requirements due to the COVID-19 pandemic and the need to socially distance. The registered manager confirmed that toys and magazines had been removed from the waiting area and existing seating had been changed to a wipe clean design. This was positioned to allow for appropriate social distancing.

We asked what measures were in place to keep patients informed about safety procedures relating to COVID-19. The registered manager told us that staff telephoned patients prior to their appointment to explain the procedures to follow. This also allowed the patient to ask questions if they were unsure, before their arrival at the practice.

We were provided with evidence of risk assessments for all areas in the practice. These documents listed the various risks, control measures and precautions in place to ensure a safe practice environment.

The following areas for improvement were identified:

We asked the registered manager to describe the facilities for patients wishing to communicate through the medium of Welsh. We were told that some information was available in Welsh in the form of laminated posters relating to NHS treatment, they did not have any other information available in Welsh and did not routinely encourage the use of Welsh for those people who may be Welsh speakers or who may wish to communicate through the medium of Welsh.

The registered manager must ensure that:

- Information is displayed encouraging patients to communicate through the medium of Welsh should they wish
- Patients can access information through the medium of Welsh.

The practice did not have a hearing loop system² to assist those patients who may be hard of hearing.

The registered manager should consider obtaining a hearing loop system to ensure those patients with hearing difficulties are able to access the service more easily.

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 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:

We asked the registered manager to confirm the processes in place to protect patients and staff when an aerosol generating procedure (AGP)³ was taking place. We were told that the practice followed the most recent guidance issued by the Chief Dental Officer (CDO) for

² A hearing loop (sometimes called an audio induction loop) is a special type of sound system for use by people with hearing aids.

³ 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.

Wales. This meant that patients could be treated safely. The registered manager told us that staff were kept informed of the guidance issued by the CDO and associated practice policies and procedures via regular informal staff meetings. Additionally, guidance would be printed out and placed in the practice policy folder for staff to read. We were told that the practice also used a mobile messaging application to keep staff up to date on changes to guidance.

The registered manager informed us that, at the start of the pandemic, they had allocated specific surgeries to provide AGP and non-AGP procedures. However the practice were now able to offer the full range of treatments in each of their two surgeries. We were told that the surgeries had been cleared of all unnecessary equipment and any materials not required for a particular treatment would remain in drawers that would not be opened during treatment. In addition, each surgery had a box with a lockable lid containing items that may be required during an appointment but that may not have been prepared prior to an AGP commencing.

The registered manager informed us that air filtration units⁴ had been installed into the surgeries. This enabled the practice to operate with the minimum fallow time⁵ of 10 minutes following an AGP. In addition, windows would remain open and a sign was placed on the door of the surgery advising staff that an AGP had taken place and not to enter until the fallow time had finished.

We confirmed with the registered manager the process that was undertaken to check that patients attending the practice were not displaying symptoms of COVID-19. We were told that patients would be telephoned before their appointment and asked a series of screening questions. Answers to these questions would be typed up and saved within the patient's dental record file.

The registered manager confirmed that if a patient attended the practice displaying symptoms of COVID-19, they would be provided with advice in the first instance and then they would be told to re-book another appointment. If the patient still required an appointment, they would be booked at the end of the day at a time when no other patients were present. Treatments involving AGP's would be avoided. Full personal protective equipment (PPE) would be worn by all staff at the practice and full fallow time would be observed. Additional cleaning would also take place. This was in line with the Standard Operating Procedure (SOP) provided by the registered manager. This demonstrated that, if necessary, patients with the symptoms of COVID-19 could be seen safely at the practice.

The registered manager informed us that all staff undertaking AGP's had been correctly fit-tested for filtering-face-piece masks (FFP3)⁶ and were up-to-date with training in the use of

⁵ 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

⁶ The need for FFP3 Mask (oral nasal disposable mask respiratory protection) to be worn is identified through clinical risk assessment. The mask is used to protect against respiratory borne pathogens. To use these masks,

enhanced PPE, including the correct method of donning and doffing⁷. This was achieved through training videos available online and further reinforced by posters placed in prominent positions within donning and doffing areas. The registered manager informed us that obtaining PPE at the start of the pandemic had been difficult. However they had never run out of PPE. This coupled with support as necessary from the health board, had meant that the practice could continue to operate safely

We saw evidence of an up to date COVID-19 policy that was version controlled, dated and in line with up-to-date guidance, as well as up-to-date written procedures for the prevention of COVID-19 that were in line with current guidelines. We were also provided with an infection control policy document that covered all areas, recently completed and compliant infection control audits and daily checklists for decontamination and sterilisation of the equipment. We were also provided with a cleaning schedule for all surgeries that took into account the increased measures due to the COVID-19 pandemic.

The following areas for improvement were identified:

We asked the registered manager about the processes for ensuring stocks of dental items including PPE were maintained. We were told that this responsibility was delegated to a lead nurse who was allocated time each week to check stock levels and order items that were required. However, no log was kept of minimum stock levels for each item. In the event of staff absence this might mean that stocks could fall below the levels required to ensure the safe running of the dental practice.

The registered manager must keep an audit and log sheet to ensure stocks of PPE do not fall below adequate levels.

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:

- A copy of the latest annual report prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017
- Informed consent policies / procedures

relevant staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

⁷ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

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- Corporate policies/processes to ensure preparedness for future pandemic emergency
 - Business continuity plans
 - Mandatory training records for all staff.

The following positive evidence was received:

The registered manager informed us that the practice did not close during the pandemic and continued to provide support and advice to patients who required it, via the telephone. Patients who required prescription only medication were able to access this via remote prescribing. Those patients requiring temporary fillings were able to collect temporary filling kits from the practice in a safe manner, which adhered to COVID-19 restrictions and guidance.

The registered manager spoke very highly of the staff, telling us that they had worked hard to support each other, the practice and the patients. We were told that at the beginning of the pandemic, the practice had unfortunately needed to place some staff on furlough, but they continued to offer support to all staff throughout the pandemic. Staff were encouraged to approach the registered manager should they feel they required additional support or advice. The registered manager also ensured that staff had access to a telephone advice and support line.

We asked the registered manager to describe the procedures in place regarding testing for COVID-19 and were told that all staff were instructed to undergo twice weekly lateral flow tests⁸. Any that displayed symptoms of COVID-19 were told to self-isolate and obtain a Polymerase Chain Reaction (PCR)⁹ test.

We were informed that the practice had a robust audit process in place and we were provided with examples covering record keeping, IPC and radiography.

The registered manager informed us of the processes and procedures that ensured emergency drugs and equipment were present and in date. We were told that the lead nurse checked emergency drugs and equipment on a weekly basis. Expiry dates for emergency drugs were documented and placed on a noticeboard in the practice manager's office. Emergency glucagon¹⁰ was stored in a dedicated fridge.

The following areas for improvement were identified:

During the quality check, we were told that temperature checks were not routinely undertaken on the fridge containing the emergency glucagon. It is recommended that it is

⁸ A Lateral Flow Test is a test undertaken at home using swabs taken from the nose and/or throat to provide a rapid indication of the presence of COVID-19. A positive test will require the user to undergo a PCR test and to self-isolate.

⁹ A "polymerase Chain Reaction" ("PCR") test is used to determine whether an individual is infected with the COVID-19 virus.

¹⁰ Glucagon is an emergency drug used to treat low blood sugar (hypoglycaemia) in diabetic patients undergoing a medical emergency.

stored within a temperature range of 2-8 degrees celsius and should therefore be kept within a fridge. It is important that a daily check of the fridge temperature is carried out to ensure it continues to be stored correctly and any failure of the fridge is promptly noted and appropriate action taken. Failure to do this could mean that the glucagon deteriorates more quickly than anticipated and the efficacy can no longer guaranteed.

The registered manager must ensure a daily temperature check is carried out on the fridge containing the emergency glucagon to ensure the safe storage of emergency medication. A record of the checks made must be maintained on a log and the record kept for audit purposes.

As part of the quality check, the registered manager provided evidence of a record keeping audit that had been recently undertaken within the practice. This showed that one clinician was failing to note social history, alcohol intake, patient consent and other clinical information. It is important that the dental records are full and complete in order to ensure that risk factors for oral cancer and patient consent to treatment are documented. The registered manager informed us that, following the audit, further training was being undertaken and re-audit was taking place on a more regular basis to ensure improvement in dental record keeping.

The registered manager must continue to improve dental record keeping at the practice and re-audit on an appropriate and regular basis to ensure improvement.

The registered manager provided their statement of purpose¹¹ and patient information leaflet as part of the evidence required for the quality check. Dental practices offering private dental treatments are required to have these documents, as set out in The Private Dentistry (Wales) Regulations 2017. However, neither of these documents contained all of the information required. Both documents contained reference to legislation that was relevant to England and not Wales and referred to incorrect screening processes undertaken for employment within the dental practice. In addition, the statement of purpose was found to be missing important information such as the arrangements for privacy and dignity, the treatments offered by the practice and arrangements for dealing with complaints. These documents are intended to inform patients about the practice. Incorrect or missing information may mean that patients are not fully informed of the treatments, facilities and services that are available at the practice. As a result patients may not be able to make an informed choice regarding treatment at the practice.

The registered manager must update the statement of purpose and patient information leaflet to include the information as required under The Private Dentistry (Wales) Regulations 2017. Once updated, the statement of purpose should be placed on the practice website and a copy

¹¹ 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 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.

of the statement of purpose and patient information leaflet sent to HIW.

We asked the registered manager about the procedures for ensuring prompt reporting to relevant bodies of notifiable events. These notifiable events include an outbreak of an infectious disease or where the registered manager may need to be away from the practice for a period in excess of 28 days. We were told that this responsibility was delegated to the practice manager who was aware of which organisation to contact and when. However, as the practice did not have a written policy or procedure for this, we recommend that one was developed in order to ensure timely reporting of notifiable events. This would mean that all staff were aware of this requirement and could act should the practice manager or registered manager be unable to fulfil this responsibility for any reason.

The registered manager must ensure that all staff are aware of the procedure for timely reporting of notifiable events to HIW.

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: Alison Jones (Ltd) Cardiff

Ward/Department/Service Cardiff and Vale University Health Board
(delete as appropriate):

Date of activity: 26 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	<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> Information is displayed encouraging patients to communicate through the medium of Welsh should they wish Patients can access information through the 	<p>Welsh Language Standards (No.7) 2018 Health and Care Standards 3.1 Safe and Clinically Effective Care</p>	<p>Obtain information in bilingual format where we can</p> <p>Contact LHB regarding the language line available to patients, and provide staff with the relevant information .</p>	<p>Alison Jones (Principal) Joanne Tyler (practice manager)</p> <p>Joanne Tyler (practice manager)</p>	<p>3 months</p> <p>Contacted LHB on 8/2/22</p>

	medium of Welsh				
2	The registered manager should consider obtaining a hearing loop system to ensure those patients with hearing difficulties are able to access the service more easily	The Private Dentistry (Wales) Regulations 2017 Regulation 13 (1) (a)	Install hearing loop equipment	Alison Jones (principal)	March 2022
3	The registered manager must keep an audit and log sheet to ensure stocks of PPE do not fall below adequate levels.	The Private Dentistry (Wales) Regulations 2017 Regulation 8(1)(n)(o)	Develop log sheet of PPE stocks and then to be recorded weekly	Louise wells (dental nurse)	Started on 4/2/22
4	The registered manager must ensure a daily temperature check is carried out on the fridge containing the emergency glucagon to ensure the safe storage of emergency medication. A record of the checks made must be maintained on a log and the record kept for audit purposes.	Standard 2.6 Medicines Management Health and Care Standards Act 2015 Regulation 31	Purchase fridge thermometer and produce log sheet for daily recording	Shannon woods (Receptionist/trainee dental nurse)	Awaiting thermometer delivery. To start week commencing 21/2/22
5	The registered manager must	The Private	Audit to be undertaken regularly (every 6-9 months)	Nicola williams (dental nurse)	March 2022

	continue to improve dental record keeping at the practice and re-audit on an appropriate and regular basis to ensure improvement	Dentistry (Wales) Regulations 2017 Regulation 20			
6	The registered manager must update the statement of purpose and patient information leaflet to include the information as required under The Private Dentistry (Wales) Regulations 2017. Once updated, the statement of purpose should be placed on the practice website and a copy of the statement of purpose and patient information leaflet sent to HIW	The Private Dentistry (Wales) Regulations 2017 Regulation 5 and Regulation 6	Both the statement of purpose and practice information leaflet to be updated to include all the necessary information required .	Joanne Tyler (practice manager)	April 2022
7	The registered manager must ensure that all staff are aware of the procedure for timely reporting of notifiable events to HIW	The Private Dentistry (Wales) Regulations Regulation 25	Policy to be produced and then discussed at staff meeting to ensure all staff are aware of what is required to be reported and within the correct timescale	Joanne Tyler (practice manager) Alison Jones (principal)	March 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: Alison Jones

Date: 14/2/22