

Quality Check Summary

Maendy Dental Practice

Activity date: 25 April 2022

Publication date: 30 May 2022



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Maendy Dental Practice as part of its programme of assurance work. Along with the full range of NHS dental services, the practice provides a selection of cosmetic treatments.

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 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 practice manager and the registered manager/principal dentist on 25 April 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:

- Practice risk assessment, including COVID-19 risk assessment
- Maendy Dental Practice Standard Operating Procedure.

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 were told of the changes that had been made to the practice environment as a result of the pandemic. Personal Protective Equipment (PPE) for staff and patients is available as well as hand washing and sanitising stations throughout the building. Cleaning schedules had been amended to enable more frequent cleaning. We were told that the practice were updating their own Standard Operating Procedure (SOP) in line with updates and advice from external bodies. This included the guidance issued by the Chief Dental Officer (CDO) for Wales.

We were told of the changes made to the environment to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms. These included social distancing measures, one way system in and out of the practice for patients and only patients with pre-arranged appointments could visit the practice. Surgeries had been decluttered of all unnecessary items. There are five surgeries in total used to provide care and treatment to patients.

Prior to an appointment, staff contact patients to complete a COVID-19 screening questionnaire. Staff also provide patients with information about the patient journey at the practice. These measures help reduce the amount of time a patient spends at the surgery.

When patients arrive for their appointment they are asked if they have any symptoms of COVID-19. Hand sanitiser is given upon entry into the building. Face masks must be worn until the patient is seated in the surgery, unless they are exempt.

We were told the practice had very few patients whose first language was not English. However, the practice does have access to a translation service and also has information in Welsh and English available. Staff told us the practice has two Welsh speaking staff and that their policies reflect this information and the services available.

We were told that all surgeries are equipped to perform Aerosol Generating Procedures

(AGP)¹. Ventilation and extraction units are installed in all of the surgeries to facilitate the removal of contaminated air.

The availability of appointments has increased since lockdown, with the practice undertaking more routine dental examinations. Depending on the procedure, some appointments are extended to enable sufficient fallow time² and to allow for adequate time to disinfect the surgery between patients. Staff stated that this had not had any impact on the patient experience or the care that patients received.

We saw evidence of the environmental and COVID-19 risk assessments completed in February 2022. The documents record any hazards and the existing controls and/or actions required. There were no outstanding actions recorded.

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:

- WHTM01-05 improvement plan
- Cleaning schedules
- Surgery Cleaning Checklist
- Manual cleaning log
- Manual cleaning protocol
- Maendy Dental Practice Standard Operating Procedure
- Ultrasonic bath log.

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included their SOP. We saw evidence of the practice cleaning schedules and records for the decontamination of instruments and dental equipment.

We were told of the systems in place to ensure all staff were aware of, and discharged their responsibilities for preventing and controlling infection. This was evidenced in the practice's SOP and surgery cleaning schedules which set out the actions and responsibilities of all staff

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.

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

in order to prevent the spread of the virus. In addition, we were told that PPE training, including mask training and donning and doffing³ of PPE had been delivered to all staff.

We were told that when AGPs are being carried out, the triage⁴ call helps identify the equipment that will be required. This is prepared in advance to minimise staff entering or leaving the surgery during the procedure. If any additional equipment is required during treatment, then a member of the nursing team not assigned to a surgery will obtain the items required. The mechanical ventilation system helps to reduce the concentration of aerosols in the air and reduces the amount of fallow⁵ time between each patient. These practises ensure that infection risk is minimised during AGP procedures.

Staff explained that patients were contacted prior to their appointment and asked a series of questions to determine whether they were at risk of transmitting the virus. Patients with confirmed COVID-19 or with symptoms, if treatment is not urgent, are deferred for 14 days or offered remote consultation. If they cannot be deferred, they will be seen at the end of the day to reduce the infection risk and allow for fallow time and cleaning.

We were told the practice had sufficient stock of PPE and that weekly stock checks are undertaken and any supplies required are ordered.

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:

- Regulation 16 report
- Consent policy
- Business continuity and disaster recovery plan
- Staff training log
- Record keeping audit
- Radiograph audit

³ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

⁴ Triage is the prioritisation of patient care based on illness/injury, severity, prognosis and resource availability

⁵ After an AGP treatment has been performed, appropriate fallow time is required. Fallow time is the time where the empty surgery is left undisturbed for aerosols to settle in the surgery before cleaning can commence and the next appointment is due.

-
- Copy of the latest statement of purpose
 - Copy of the latest patient information leaflet.

The following positive evidence was received:

We saw evidence of training records, which showed compliance with mandatory training. The practice manager explained the process for ensuring training was up to date, with staff continuing to use e-learning⁶ packages for Continued Professional Development (CPD).

We were told that the practice did not close during the initial stages of the pandemic. Throughout the pandemic the practice has maintained a system of taking calls for remote triage⁷. This ensures patient care can be delivered according to their needs.

The practice has maintained their processes for the reporting of any incidents, with the practice manager having an oversight of any incidents. Incidents are discussed with staff and any lessons learnt are shared, with processes and/or procedures updated to reflect any changes. We were told that staff ensure they report any incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW). Any updated guidance for healthcare professionals is communicated to staff via staff meetings, emails and their social media group.

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 radiograph quality audit, record keeping audit and a WHTM 01-05 decontamination audit.

The process of checking emergency equipment and medicines was explained. Staff undertake daily checks and record their findings in the appropriate logs. Based on these checks, staff place orders for equipment and medicines as required.

We reviewed the statement of purpose⁸ and patient information leaflet⁹ which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

No areas for improvements were identified.

⁶ Learning conducted via electronic media, typically on the internet.

⁷ The assignment of degrees of urgency to decide the order of treatment of a number of patients.

⁸ “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.

⁹ Information as required by Schedule 2 of the above regulations.

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: Maendy Dental Practice

Date of activity: 25 April 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	No improvements were identified during this quality check.				

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: Ashton John

Date: 10/05/2022