

Quality Check Summary
Tongwynlais Dental Practice
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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Tongwynlais 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 private 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 principal dentist/registered provider, practice manager and business manager on 31 May 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

Dental Practices

- 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:

- COVID-19 risk assessment
- Physical security risk assessment
- Dental management of patients in Wales during C-19 pandemic recovery

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 policies and procedures 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 and only patients with pre-arranged appointments could visit the practice. Screens have been fitted to protect front of house staff and a one way system was being followed during the lockdown stages of the pandemic. Surgeries and the waiting area had been decluttered of all unnecessary items. There are four surgeries in total, but three surgeries at the moment are used to provide care and treatments to patients.

We were told that 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 and ensures they know what to expect upon their arrival.

When patients arrive for their appointment they are asked if they have any symptoms of COVID-19. Temperatures were being taken and recorded and hand sanitiser is given upon entry into the building. Patients were required to wear face masks until they were seated in the surgery, unless they were exempt.

We were told the practice had Welsh speaking staff and there are policies in place which reflect that bilingual information and services are 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 were provided with the practices COVID-19 risk assessment and physical security risk assessment. We were told that iComply³ is used to complete regular assessments of the environment, which included a fire risk assessment and lone worker assessment. These ensure that significant hazards are regularly monitored and any action taken to minimise the risk.

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 decontamination audit and iComply audit of infection prevention and control
- Domestic cleaning policy
- Environment cleaning considerations and schedule
- Infection control policy and infection prevention procedures
- Daily decontamination room checklist
- Environmental cleaning logs

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.

³ iComply - Dental compliance software

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- Autoclave daily and weekly checks.

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included their COVID-19 policy. 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 COVID-19 policy and surgery cleaning schedules which set out the actions and responsibilities of management and staff in order to prevent the spread of the virus. In addition, we were told that PPE training, including mask training and donning and doffing⁴ of PPE had been delivered to all staff.

We were told that when AGPs are being carried out the practice adheres to the latest guidance issued in the Standard Operating procedure (SOP). The triage⁵ call helps identify the most suitable time for the appointment to take place and what equipment will be required. This is prepared in advance to minimise staff entering or leaving the surgery during the procedure. The mechanical ventilation system helps to reduce the concentration of aerosols in the air and reduces the amount of fallow⁶ time between each patient. These practises ensure that infection risk is minimised during AGP procedures.

Staff explained that patients were contacted by telephone prior to their appointment and asked a series of questions to determine whether they were at risk of transmitting the virus. If a patient requires emergency treatment, appointments will be arranged for the patient to be seen using the practices respiratory pathway. If treatment is not deemed urgent, this will be delayed until they are well.

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.

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

⁵ Triage is the prioritisation of patient care based on illness/injury, severity, prognosis and resource availability

⁶ 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.

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 23 of the Private Dentistry (Wales) Regulations 2017
- Consent policy
- Disaster Planning and Business continuity plan
- Training records for staff
- Record card audit
- IRMER audit
- 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. Staff explained the process for ensuring training was up to date, with staff continuing to use e-learning⁷ 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 triage⁸. 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 and business manager having an oversight of any incidents. Any incident will be reported to the appropriate regulatory agency and any lessons learnt are shared with staff at the practice. Any updated guidance for healthcare professionals is communicated to staff via staff meetings 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 card audit and a WHTM 01-05 decontamination audit. The use of iComply ensures that audits are regularly undertaken and acted upon.

⁷ Learning conducted via electronic media, typically on the internet.

⁸ The assignment of degrees of urgency to decide the order of treatment of a number of patients.

The process of checking emergency equipment and medicines was explained, with the lead nurse having responsibility for undertaking daily checks. Findings are recorded in appropriate log books and orders of any stock placed as required.

We reviewed the statement of purpose⁹ and patient information leaflet¹⁰ which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

No areas for improvements were identified.

What next?

Where we have identified areas for improvements and immediate concerns during our quality check and require the service to take action, these are detailed in the following ways within the appendices of this report:

- Appendix A: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix B: Includes any other 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.

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

⁹ “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.

¹⁰ Information as required by Schedule 2 of the above regulations.

- 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.

Appendix A - Immediate improvement plan

Setting: Tongwynlais Dental Practice

Date of activity: 31 May 2022

The table below includes any immediate concerns about patient safety identified during the quality check where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate 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.

Service representative:

Name (print):

Job role:

Date:

Appendix B: Improvement plan

Setting: Tongwynlais Dental Practice

Date of activity: 31 May 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.

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
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.

Service representative:

Name (print):

Job role:

Date:

