

Quality Check Summary

Service name: Elmhurst Orthodontics

Activity date: 9 June 2022

Publication date: 22 July 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 Elmhurst Orthodontics as part of its programme of assurance work. The practice is an orthodontic clinic based in Bangor, North Wales.

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.

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 manager on 09/06/2022 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 assessment

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:

After reviewing the document above, it was clear the risk assessment was completed correctly.

The registered manager informed us of the changes made within the practice to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms. This included reducing the number of seats in the waiting area and asking guardians to wait outside of the surgeries, unless needed inside for consent, so to limit the number of people present in each room.

We were informed that all patients are advised not to turn up early for appointments and patient health questionnaire are sent to patients via text message prior to the appointment. This has helped reduce the time patients spend in the communal areas and an inter com system has also been installed to help control patient flow through the practice. Upon arrival at the practice, staff use the inter com system to check patients aren't displaying any COVID-19 symptoms before they are allowed into the practice.

Staff also informed us that text messages are sent to all patients or their guardians prior to their appointment, giving them all relevant COVID-19 information. This includes guidance around wearing masks and use of the hand sanitizer stations in the practice.

The registered manager told us that two dental nurses and a receptionist at the practice are Welsh speakers, and all patient information is available bilingually. The practice also used to have a bilingual answer phone message, however we were informed that since COVID-19, the message was made longer to cover COVID-19 information, therefore left no room for a Welsh translation.

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:

- Surgery cleaning schedules for the last week
- Copy of cleaning policy
- Copy of the most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement
- Copies of the daily checks records for each autoclave (last two weeks)

The following positive evidence was received:

We were provided with various documents for Infection prevention and control, which included a cleaning policy. We also saw a copy of the completed WHTM01-05 decontamination audit. All of these were thorough and complete.

The practice manager informed us of the systems in place to ensure all staff were aware of their responsibilities for preventing and controlling infection. We were also told that personal protective equipment (PPE) training, donning and doffing of PPE¹, had been delivered to all staff.

We were informed that the practice had sufficient stock of PPE and that weekly stock checks were undertaken by a designated nurse. Once stock levels reach a certain point, the nurse will inform the practice manager, who will order the stock needed.

Staff also have access to an online portal which provides them with all relevant COVID-19 updates.

Staff explained that patients, or their guardians, are contacted by text message prior to their appointment and asked a series of questions to determine whether they are at risk of transmitting the virus. Patients who were displaying symptoms or were awaiting results of a COVID-19 test were asked to stay home and not attend the practice.

No areas for improvements were identified.

¹ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

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:

- Copy of latest Statement of Purpose
- Copy of latest Patient Information Leaflet
- Copy of latest Regulation 23 (Responsible Individual) report or where the Responsible Individual is also the Registered Manager a copy of the latest annual report prepared under Regulation 16(3)
- Record card audit
- Informed consent policy / procedure
- Copy of latest COVID-19 policy
- Business continuity plan for the practice
- Mandatory training record for all staff

The following positive evidence was received:

We saw evidence of training records, which showed that all staff were up to date and compliant with mandatory training. Each staff member has access to an online training academy for e-learning² with their own individual portals. Staff also informed us that there are plans to carry out an IR(ME)R audit³ at the practice imminently. We have requested a copy of the completed audit in the coming weeks to review. We did see evidence of a radiography audit completed this year.

We were told that staff were aware of their roles and responsibilities in reporting incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW). Any updated guidance for healthcare professionals is delivered to staff via the all-staff WhatsApp group.

The process of checking emergency equipment and medicines was explained. An appointed staff member completes a weekly checklist to confirm the oxygen is full, the defibrillator is

² Learning conducted via electronic media, typically on the internet.

³ An independent and documentary process for obtaining evidence

fully charged, and all drugs are in date, which is in accordance with standards set out by the Resuscitation Council (UK). However, we recommended that these checks be carried out daily, to provide additional assurance.

We reviewed the statement of purpose⁴ and patient information leaflet⁵ 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
- 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

⁴“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.

⁵ Information as required by Schedule 2 of the above regulations.

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.

