

Quality Check Summary

Bistre Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Bistre Dental Practice as part of its programme of assurance work. Bistre Dental Practice offers a range of NHS and private dentistry and forms part of the dental services offered by Betsi Cadwaladr University Health Board in the village of Bistre, Flintshire.

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 manager and practice manager on 4 July 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 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:

The registered manager and practice manager provided details of the changes that had been made to the practice environment that allowed patients to be seen during the COVID-19 pandemic. To protect patients and staff we were told that the door to the practice was kept locked, ensuring only those individuals with pre-booked appointments could enter the practice. We were told that signs placed on the door of the practice informed patients of the increased measures in place to protect against COVID-19.

In line with recent changes to guidance and advice issued by the local health board, the registered manager informed us that patients were asked to attend wearing a face covering and would be encouraged to use hand sanitiser upon entry to the practice.

We were told that the practice had installed a clear plastic screen at the reception desk to protect staff and reminders were placed throughout the practice to encourage patients to socially distance. We were told by the registered manager that toys and magazines had been removed from the waiting area and leaflets had also been removed.

The registered manager informed us that flooring had recently been replaced to allow for easier cleaning and new wipe clean chairs had been purchased. We were told that despite these changes, patients were discouraged from using the waiting room and encouraged to attend at their appointment time only to reduce footfall through the practice.

We asked the registered manager and practice manager of the methods used to keep patients informed of the safety measures relating to COVID-19, prior to attending the practice. We were told that staff would telephone patients prior to their appointments to triage them and explain the procedures to follow. This also allowed the patient to ask questions if they were unsure, prior to arriving at the practice.

We asked the registered manager to describe the facilities available to ensure accessibility to the practice for those with disabilities. We were informed that there was a hearing loop system to assist those patients that may be hard of hearing. In addition, the practice had

access to a telephone-based translation service provided by the local health board for patients to use where English was not their first language. Furthermore, we were informed that the practice had a removable ramp to assist those patients with accessibility difficulties to access the practice.

We were told that patients were accommodated to communicate through the medium of Welsh should they wish. The registered manager was able to communicate in Welsh to a moderate level and much of the documentation available at the practice was bilingual. This included pre and post operative instructions, medical histories, and patient satisfaction surveys.

We were provided with evidence of a comprehensive risk assessment for the practice in relation to COVID-19 and the control measures required to mitigate the risks posed by the virus. In addition, we were provided with a practice risk assessment for the practice itself. This identified the necessary precautions required to mitigate the risks of working at the dental practice.

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:

- 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:

The registered manager and practice manager confirmed the processes in place to protect patients and staff when an aerosol generating procedure (AGP)¹ was taking place. This process followed the most recent guidance issued by the Chief Dental Officer (CDO) for Wales. All staff were kept informed of the guidance issued by the CDO and associated practice policies and procedures via a mobile messaging application. We were told that any changes or updates to guidance would be immediately sent to all staff via this application and further discussed during staff meetings as appropriate. In addition, all guidance and policies would

¹ Aerosol Generating Procedures (AGP's) are defined as any medical or patient care procedure that results in the production of airborne particles - known as aerosols

be printed and staff expected to read and sign them to acknowledge any changes.

The registered manager informed us that, until recently, the practice had allocated specific surgeries to provide AGP and non-AGP procedures. We saw evidence provided in the practice Standard Operating Procedure (SOP) that patients would be treated according to either a respiratory or non-respiratory pathway dependent upon their symptoms and COVID-19 status to lessen the risk of airborne particles (aerosols).

We were told that surgeries had been cleared of all unnecessary equipment and only those items required for a particular treatment would be kept accessible.

The registered manager informed us that fixed air extraction units had been installed into the surgeries which enabled the practice to operate with the minimum fallow time of 10 minutes following an AGP. The practice SOP stated that a timer would be used to indicate when a room was safe to enter at the end of this period.

We confirmed with the registered manager the process to check that patients attending the practice were not displaying symptoms of COVID-19. Any patients that reported symptoms of COVID-19 would be discouraged from attending. Patients still requiring an appointment would be seen at the end of the day. Staff treating patients with suspected COVID-19 would wear full personal protective equipment (PPE) including filtering face piece (FFP3) masks², gowns, aprons and eye protection. They would be asked to pay for treatment via telephone to reduce time within the practice and would not be permitted to use the waiting room area.

The registered manager and practice manager informed us that all staff undertaking AGPs had been correctly fit tested for FFP3 masks and had undertaken training in the use of enhanced PPE including the correct method of donning and doffing³. This was achieved via an online training course and in-house training sessions.

We asked the practice manager to describe their experience of sourcing PPE during the pandemic. We were told that a stock check would be regularly undertaken by the practice manager and PPE ordered as required. We were told that the practice had not experienced any difficulties in obtaining PPE from the local health board and that they had always had an adequate supply of PPE items.

We saw evidence of an up to date COVID-19 policy that was version controlled, dated and in line with up-to date guidance. We were also provided with daily checklists for decontamination and sterilisation equipment and cleaning schedules for all surgeries that considered the increased measures due to the COVID-19 pandemic. In addition, we were provided with a recently completed and compliant audit of infection control and evidence of a manual cleaning policy that demonstrated the process to be followed to ensure the

² FFP3 masks are designed to protect the wearer from breathing in small airborne particles which may contain viruses.

³ Donning and Doffing refers to the putting on and removing of enhanced PPE

appropriate decontamination of equipment.

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 to provide safe and effective care.

The key documents we reviewed included:

- Informed consent policies / procedures
- Business continuity plans
- Mandatory training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety

The following positive evidence was received:

The registered manager informed us that the practice did not close during the pandemic. Instead, staff were divided into three teams and worked set days to ensure patients were supported and provided with help and advice. This also ensured that staff were kept safe, and the practice remained operational.

We were told that the practice employed the use of a video calling software to see patients virtually.

The registered manager informed us that the practice had experienced a very high turn over of staff throughout the pandemic, with most of the staff having commenced employment recently or during the pandemic. We were told that all staff had undertaken COVID-19 risk assessments to keep them safe while at work. Staff displaying symptoms of COVID-19 were told to remain at home until they had received negative lateral flow tests⁴ in line with government guidance.

We were told that the practice undertook audits in radiography and record keeping and were provided with examples of both that demonstrated good results.

We saw evidence of a recently revised and compliant statement of purpose⁵ that complied

⁴ A lateral flow test, is an assay also known as a lateral flow device, lateral flow immunochromatographic assay, or rapid test, is a simple device intended to detect the presence of a target substance (in this case the presence of SARS-CoV-2) in a liquid sample without the need for specialized and costly equipment

⁵ The practice statement of purpose is a document required as part of the Private Dentistry (Wales)

with the regulations as well as a comprehensive patient information leaflet.

The following areas for improvement were identified:

We saw evidence of a mandatory training spreadsheet for all staff. This documented that some staff were not fully compliant with requirements for mandatory training, including one dentist who had commenced employment for the dental practice at the start of 2022. This staff member had not undertaken training in the protection of Vulnerable Adults, Child Safeguarding, or Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017⁶ within the last five years. In addition, we found that only one member of staff had undertaken recent training in Fire Safety.

It is important that the registered manager is aware of the training needs of their staff to ensure the safe and effective care of patients. Accordingly, the registered manager must ensure that all staff are up to date with mandatory training requirements (to include training in fire safety) and must ensure they have a system in place to identify staff whose training may have lapsed or who may have a training need.

We asked the registered manager and practice manager to describe the process for the checking of the emergency drugs and equipment. We were told that emergency drugs would be checked monthly to check for expiry dates. The practice defibrillator⁷ and emergency oxygen would be checked daily. It is a requirement of Resuscitation Council (UK)⁸ guidelines that emergency drugs be checked on a weekly basis to ensure quantity and integrity of emergency drugs kits and equipment.

The registered manager must ensure that the emergency drugs and equipment are checked on a weekly basis and a log kept.

We asked the registered manager and practice manager to describe the arrangements to ensure the safeguarding of vulnerable and at-risk adults and children. We were told that the registered manager was the safeguarding lead for the practice. At the time of the quality check, the safeguarding lead had obtained training to level 2. To fulfil this role and responsibility appropriately it is strongly advised that the safeguarding lead for a dental practice is trained to level 3 in line with Royal College of Nursing requirements and advice provided by the British Dental Association.

Regulations that sets out the arrangements and services offered by the private dental practice along with details of staff and how to make a complaint.

⁶ IR(ME)R 2017 regulations provide safeguards for individuals exposed to ionising radiation from medical equipment for imaging, treatment, or research purposes.

⁷ A defibrillator is a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest.

⁸ Resuscitation Council (UK) is a healthcare charity focussed on resuscitation education and training for healthcare professionals. It is also the UK body responsible for setting central standards for CPR and related disciplines.

The register manager must ensure they are suitably trained to carry out the role of safeguarding lead in line with guidelines covering primary dental care.

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.

Appendix A - Immediate improvement plan

Setting: Bistre Dental Practice

Ward/Department/Service Betsi Cadwaladr University Health Board

Date of activity: 4 July 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 required.				

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: Bistre Dental Practice

Ward/Department/Service: Betsi Cadwaladr University Health Board
(delete as appropriate):

Date of activity: 4 July 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 ensure: <ul style="list-style-type: none">That all staff working for the private dental practice are up to date with mandatory training requirementsThere is an effective system in place to identify staff whose training may have lapsed	7.1 Workforce; Regulation 17(3a-b) The Private Dentistry (Wales) Regulations 2017	We will ensure that all required courses are booked at the next available date. Policy in place that all new starters at Bistre demonstrate their CPD record before starting work.	Marie Cooper Marie Cooper	By the end of 2022, due to the limited availability of the required courses.
2	The registered manager must ensure that all staff are trained appropriately in fire safety and that this is renewed on an annual basis	2.1 Managing risk and promoting health and	To do a Fire Marshal course. All staff to do Fire awareness training (annually)	Phillip Griffiths Marie Cooper	4 weeks 4 weeks

		safety; Regulation 22(4c) The Private Dentistry (Wales) Regulations	Annual fire drills.		
3	The registered manager must ensure that the emergency drugs and equipment are checked on a weekly basis and a log kept	2.6 Medicines Management; Regulation 31(3b) The Private Dentistry (Wales) Regulations 2017	To carry out weekly check list for emergency drugs	Marie Cooper	Immediate
4	The register manager must ensure they are suitably trained to carry out the role of safeguarding lead in line with guidelines covering primary dental care.	2.7 Safeguarding Children and safeguarding adults at risk; Regulation 14 The Private Dentistry (Wales) Regulations 2017	To Check with the BDA the requirements for a small general practice setting. When checked They advised level two may well be appropriate for a small general practice. We will look into level 3 training in the future.	Phillip Griffiths	Three Months

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: Date:
Phillip 25/07/2022
Griffiths

