Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
Service name: Park Crescent Dental Care, Barry
Activity date: 1 July 2022

Publication date: 26 August 2022

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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

Digital ISBN 978-1-80364-754-8

Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Park Crescent Dental Care as part of its programme of assurance work. Park Crescent Dental Care provides both NHS and private dental services to patients in Barry within the Cardiff and Vale University Health Board area.

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 Regulations 2011 Dentists (unless NHS only) - 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 to 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 1 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 an environmental risk checklist.

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 by the registered manager about changes to the environment to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms. These included social distancing measures, a one-way system for patients and staff, the removal of chairs and non-essential items from the waiting room. The practice operated a locked door policy ensuring that footfall through the practice was minimised.

The registered manager 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 COVID-19. This information was also confirmed on arrival for their appointment.

We were told that all three surgeries were equipped to perform aerosol generating procedures (AGPs)[1]. Mechanical ventilation and extraction units were installed in all surgeries as well as in the decontamination room to facilitate the removal of contaminated air. The registered manager described using fallow time[2] between patients and prior to surgery cleaning.

We asked about accessibility to the practice for those with disabilities. We were informed that there was limited wheelchair access through the back door entrance. These accessibility challenges were detailed on the patient information leaflet. We were told that the practice displayed posters in Welsh to promote the delivery of services in Welsh.

The following areas for improvement were identified:

We reviewed the environmental checklist that was submitted as part of the quality check process. However, we were not provided with evidence of a recent environmental risk

[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] 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.

assessment having been conducted and could not be assured that there was regular monitoring of the safety of the premises. The registered manager must perform a full environmental risk assessment and ensure that a regular assessment programme is established in relation to environment risks with action plans that are implemented, dated, updated, and reviewed.

As a result of this concern and the associated risks to patients and staff, a non-compliance notice was sent to the registered provider to request assurance in relation to the actions that have been or will be taken, to address the concerns highlighted and to ensure patient and staff safety is protected. Subsequently, a response was received from the practice within the set deadline, which provided assurance, and set out the actions that had been taken to address the issues highlighted.

The Non-Compliance Notice issued and the response are referred to in detail within Appendix A of this report.

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:

- Surgery cleaning schedules for the last week
- Copy of cleaning policy and manual cleaning process
- Copies of the daily checks records for autoclave

The following positive evidence was received:

We were provided with some documents relating to IPC prior to the quality check, these included a cleaning policy, details of manual cleaning processes dated July 2022 and records for the decontamination of instruments and dental equipment covering the previous two weeks.

We were told that personal protective equipment (PPE) training, including donning and doffing[3] of PPE had been delivered to staff and we saw certificates of PPE and hand hygiene training for some staff members. We were told that all clinical staff wore Full Face Protection 3 (FFP3)[4] masks and full PPE. The registered manager was also trained as a fit tester for FFP3

[3] Donning – putting on personal protective equipment (PPE); Doffing – taking off personal protective equipment (PPE)
[4] FFP3 masks have the maximum filtration capacity of all the FFP masks available as they provide protection against very minute particles.

masks. We were informed of the measures put in place to make sure staff were confident and competent at using PPE.

We were provided with a copy of the latest COVID-19 policy dated 27 June 2022 and this was in line with current guidelines.

We were told that there had not been issues in sourcing PPE during the last year as the local health board supported the practice by providing supplies of PPE. To ensure that there were sufficient stock levels of PPE maintained at the practice, we were informed that stock levels were checked by the dental nurse on a regular basis and PPE was re-ordered as needed.

We were provided with copies of the surgery cleaning schedules for the previous week. The full manual cleaning procedure showed the separation and pre-sterilisation cleaning of instruments using manual cleaning. The copies of the daily checks for the autoclave provided were in order.

The following areas for improvement were identified:

As part of the quality check process, we requested the most recent Welsh Health Technical Memorandum (WHTM) 01-05[5] audit. However, we noted that the infection control and decontamination audit was missing, and regular infection control and decontamination audits had not been documented. The registered manager is required to perform a full infection control and decontamination audit and to ensure that a regular infection control audit schedule is established with action plans that are implemented, dated, updated, and reviewed.

As a result of this concern and the associated risks to patients and staff, a non-compliance notice was sent to the registered provider to request assurance in relation to the actions that have been or will be taken, to address the concerns highlighted and to ensure patient and staff safety is protected. Subsequently, a response was received from the practice within the set deadline, which provided assurance and set out the actions that had been taken to address the issues highlighted.

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 Bacterial Filtration Capacity of FFP3 masks is 99%.

[5] Welsh Health Technical Memorandum 01-05 refers to the guidance surrounding infection prevention and control procedures within dental practices

The key documents we reviewed included:

- Copy of the latest Statement of Purpose[6]
- Copy of latest Patient Information Leaflet[7]
- Informed consent procedures
- Business continuity plans
- Mandatory training records for all staff

The following positive evidence was received:

We saw a patient information leaflet that was up to date and compliant with regulations governing private dentistry in Wales.

The following areas for improvement were identified:

As part of the quality check process, we asked to see evidence of regular auditing and the ongoing clinical governance arrangements for the dental practice. During the quality check call, and in combination with the evidence provided, we found that the clinical governance and audits necessary to ensure a safe and effective service were not being carried out and documented. We were told that x-ray and record card audits were completed for students. However, evidence was not kept at the practice, and it was confirmed that no recent audit activity had taken place. The registered manager must implement a regular clinical audit schedule (to include X-ray audits and record keeping audits) and act on the findings in a timely manner as part of an ongoing programme of clinical governance.

We were told that regular checks were made on emergency equipment and medicines. However, supporting evidence was not provided. Failure to complete and document weekly checks means that HIW is not assured that arrangements are in place to ensure that the necessary medical equipment and medication related to medical emergencies is available and ready for use, should the need arise. The registered manager must ensure that regular weekly checks of emergency equipment and medication are carried out and documented.

As a result of these concerns and the associated risks to patients and staff, a non-compliance notice was sent to the registered provider to request assurance in relation to the actions that have been or will be taken, to address the concerns highlighted and to ensure patient and staff safety is protected. Subsequently, a response was received from the practice within the

[6] 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, 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.

[7] The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations. The information included a summary of the statement of purpose, arrangements seeking patients' views, access to the premises and keeping appointments

set deadline, which provided assurance and set out the actions that had been taken to address the issues highlighted.

We were provided with the practice statement of purpose. This document was not dated and differed from the statement of purpose held by HIW. The registered manager is required to review, update, and submit the statement of purpose to HIW in accordance with Schedule 1 of the Private Dentistry (Wales) Regulations 2017.

During the quality check call we were told that all staff had completed their mandatory training, although this was not supported by the evidence provided. We received some certificates documenting the completion of mandatory training for dental staff. However, these certificates were over a year old. We received assurance and evidence that all staff were to be booked onto the mandatory training imminently. The registered manager must ensure that all staff have completed mandatory training and keep a live log of training to ensure compliance is maintained.

We asked to see a copy of the latest annual report prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017. This was not available. The registered manager must complete and submit an annual report.

We were provided with copies of various policies and procedures. However, we noted that several of these documents were not signed or dated or did not include a review date. The registered manager is required to ensure that all documentation at the practice is signed, dated, with a review date, to ensure the policies are up to date and reviewed regularly.

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 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: Park Crescent Dental Care

Date of activity: 1 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
The registered manager must perform a full infection control and decontamination audit and ensure that a regular infection control audit schedule is established with action plans that are implemented, dated, updated and reviewed.	Regulation 22(2)(a)(b) of The Private Dentistry (Wales) Regulations 2017	Complete the HTM01-05 audit from Health Education and Improvement Wales which we will commence as soon as we receive it, to fulfil our requirements to carry out full infection control and decontamination audit. We will do this on an annual basis so that procedures are reviewed and updated if necessary	Marcus Brown (Registered Manager)	During July 2022
The registered manager must perform a full environmental risk assessment and to ensure that a	Regulation 22(2)(a)(b) of The Private Dentistry (Wales) Regulations	Perform a full environment risk assessment of the practice building relating to cleanliness and general	Marcus Brown (Registered Manager)	Immediate

regular assessment programme is established in relation to environment risks with action plans that are implemented, dated, updated and reviewed	2017	safety in relation to risks and potential hazards including COSSH assessment if we are using any new substances and document the same. I will ensure that this is conducted on a weekly basis and in the event of non-compliance, action plans will be produced and reviewed regularly		
The registered manager must implement a regular clinical audit schedule and act on the findings in a timely manner as part of an ongoing programme of clinical governance	Regulation 16(1)(a)(b) and 16(2)(a)(b)(i)(ii)(d)(i)(ii) of The Private Dentistry (Wales) Regulations 2017	Implement a regular clinical audit by way of reviewing dental records and radiographs. We will undertake this on a six-monthly basis recording the results and act on any findings that come to light to improve the level of service to patients	Marcus Brown (Registered Manager	Immediate
Registered Manager must ensure regular weekly checks of medicines and emergency equipment and medication are carried out and documented	Regulation 8(1)(d) and 13(2)(a) of The Private Dentistry (Wales) Regulations 2017	I will ensure that checks are carried out and documented weekly on emergency medicines and equipment to ensure that there are adequate supplies and that they are in date.	Marcus Brown (Registered Manager)	Immediate

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):	**Marcus Brown**
Job role:	**Registered Manager**
Date:	**08/07/2022**

Appendix B: Improvement plan

Setting: Park Crescent Dental Care

Date of activity: 1 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.

	Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
1.	The registered manager is required to review, update and submit the statement of purpose to HIW.	Schedule 1 of The Private Dentistry (Wales) Regulations 2017	I will review and update Statement of Purpose to inform patients of our services and how we provide them, in accordance with HIW and submit the same.	Marcus Brown	30 September 2022
2.	The registered manager must ensure that all staff have completed mandatory training and keep a live log of training to ensure compliance is maintained.	Regulation 18 (2) of The Private Dentistry (Wales) Regulations 2017	I will ensure that staff have completed mandatory training and log the training ensuring that they are compliant with their roles and activity in providing optimum care for patients.	Marcus Brown	30 October 2022
3.	The registered manager must	Regulation 16 (3) of	I will complete and submit an annual	Marcus Brown	30 September 2022

	complete and submit an annual report.	The Private Dentistry (Wales) Regulations 2017	report to HIW.		
4.	The registered manager is required to ensure that all documentation at the practice is signed, dated, with a review date, to ensure the policies are up to date.	Regulation 8(6) of The Private Dentistry Regulations (Wales) 2017 Section	I will ensure that documentation is signed and dated including a review date and ensure policies are up to date.	Marcus Brown	30 October 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.

Service representative:

Name (print): **Marcus Brown**

Job role: **Registered Manager**

Date: **28/07/2022**