

Quality Check Summary

Service name: Eirlys Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Eirlys Dental Practice as part of its programme of assurance work. This dental practice is based in Gwynedd County, North Wales and offers both NHS and private dental care.

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 Independent Health Care (Wales) Regulations 2011 Dentists and 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 practice manager and responsible individual on 12/07/2022 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:

- Environmental health and safety 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:

We reviewed the environmental risk assessment and confirmed it was adequately completed and dated.

The practice 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. Social distancing signs and floor stickers are still displayed in communal areas. Patients are still required to wear masks to their appointments and use of hand sanitizer stations is still encouraged. Protective screens are also still up around the reception desk and paper towels are used in the patient toilet instead of the electronic hand dryer.

We were informed that seats in the waiting area had been taped off in order to maintain social distancing and that customer toilets are cleaned in between each use. Windows in the surgeries have been replaced so that they can remain open during appointments and clinical waste bins have been positioned outside each surgery so staff can dispose of personal protective equipment (PPE) correctly.

Staff told us that COVID-19 information is shared with patients via the practice website and their social media pages. Relevant information and COVID-19 screening questionnaires are also sent out to patients prior to their appointment via text message and email. Completed questionnaires are then stored in patient files.

We were told that two receptionists and three dental nurses are fluent Welsh speakers, and that all patient information is available bilingually. The practice manager also informed us that some members of staff are also able to speak Arabic and Romanian and the setting also has access to a translation service, should they require it. Whilst it was clear the practice works to provide a bilingual service for patients, we did recommend that Welsh speaking staff wear badges to indicate this.

The practice manager informed us that the setting has separate rooms for AGP¹ and non- AGP procedures. They told us that, during AGP procedures, the smaller surgeries, not being used for these appointments, are used for donning and doffing² PPE.

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 WHTM01-05 decontamination audit
- Surgery cleaning schedules
- Cleaning Policy
- Autoclave daily checks
- Copy of ultrasonic logs.

The following positive evidence was received:

The practice cleaning schedules and records for the decontamination of instruments and surgery equipment, as well as copies of ultrasonic logs and daily autoclave checks provided 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. Wipeable donning and doffing posters are displayed for staff, and they also undertook external infection prevention and control training.

We were told that, in the event a COVID-19 positive patient required an appointment, they would be seen at the end of the day, and staff would wear full PPE. Additional cleaning would then be carried out in the practice once the patient had left.

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 Donning - putting on personal protective equipment ; Doffing - taking off personal protective equipment

The practice manager told us that, initially it was more difficult getting PPE stock however they never ran out. We were told that the health board was very helpful in making sure the practice had when it needed. We were told that the lead dental nurse at the practice is responsible for weekly stock checks of PPE. They report to the practice manager when stock needs to be 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 plan
- Mandatory training records for all staff
- Record card audit
- IR(ME)R audit
- Copy of the latest statement of purpose
- Copy of the latest patient information leaflet

The following positive evidence was received:

We reviewed the mandatory training records for all staff. All mandatory training was complete and in date.

We were informed that any updated guidance for healthcare professionals is delivered to staff via email, followed by specific explanations of any changes provided by the registered manager.

The process of checking emergency equipment and medicines was explained. The receptionist completes daily checks on the oxygen cannister. We also were informed that the receptionist carries out weekly checks on the emergency drugs and the defibrillator.

We reviewed the statement of purpose³ and the patient information leaflet⁴, which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

No areas for improvements were identified.

³ “Statement of purpose” (“datganiad o ddiben”) means the statement compiled in accordance with regulation 5(1) of the Private Dentistry (Wales) Regulations and Schedule

⁴ Information as required by Schedule 2 of the above regulations.

