

Quality Check Summary

**Service name: Powells Dental Surgery,
Brecon**

Activity date: 20 July 2022

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Powells Dental Surgery, Brecon as part of its programme of assurance work. The practice offers a range of NHS and private dental treatments. The practice forms part of the dental services offered by Powys Teaching Health Board.

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 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 practice manager and the registered manager for Powells Dental Surgery on 20 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 practice's recent environmental risk assessment
- COVID-19 risk assessment 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:

The registered manager described the changes that had been made to the environment to ensure the practice could maintain social distancing for staff and patients. These included limiting the number of patients in the practice at a time and removing toys and magazines from the waiting areas.

The registered manager stated that two surgeries were used for aerosol generating procedures (AGP)¹ and mechanical ventilation and extraction units were installed in both to facilitate the removal of contaminated air. The surgeries had been decluttered and only the instruments required for each procedure were left in the room.

Patients who needed to see the dentist attended the practice by invitation and pre-booked appointments only. 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.

Patients were advised to attend at the appointed time and wait in their car where possible, to separate patients from each other. The patients were asked to use hand gel and a mask once they entered the practice.

We were told that the changes had not impacted on the practice's ability to deliver registered activities, although the length of appointment times had increased slightly to allow for additional cleaning and any fallow time². Emergency appointments were prioritised

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 which allows any droplets to settle before cleaning and decontamination takes place

over routine check-ups. The practice offered remote triage³, telephone advice and signposting during COVID-19 restrictions and vulnerable patients that needed to be seen as emergencies, were offered an appointment at the beginning or end of the session. This ensured patient care could be delivered according to their needs.

The practice manager confirmed that some signs and posters were displayed in both Welsh and English and some members of staff were learning Welsh. The registered manager confirmed that some staff members had attended disability awareness training, specifically around autism, mental health and dementia and had used their knowledge to make the practice environment disability friendly.

No areas for improvements were identified.

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:

- The most recent Welsh Health Technical Memorandum (WHTM) 01-05⁴ decontamination audit and the action plan to address any areas for improvement
- Generic infection control policies and COVID-19 specific policies
- Records of daily checks of ultrasonic bath
- Cleaning schedules.

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, cleaning schedules, records for the decontamination of instruments and dental equipment covering the last 2 weeks.

The most recent WHTM 01-05 decontamination audit and the action plan was reviewed. This showed that the practice had addressed all the areas for improvement identified by the audit.

We were informed that all staff wore appropriate personal protective equipment (PPE) and that PPE training, including donning and doffing⁵ of PPE had been delivered to all staff. We saw training records for IPC, PPE and hand hygiene delivered through an online training

³ The assignment of degrees of urgency to decide the order of treatment of a number of patients.

⁴ WHTM 01-05 includes information on an audit of compliance with decontamination. The audit has been developed by dentists in Wales and is supported by the Dental Section, HEIW.

⁵ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

portal. The registered manager told us of the measures put in place to make sure staff were confident and competent at using (PPE).

The process of sourcing sufficient PPE was described. We were told that there had not been issues in sourcing PPE during the pandemic. The health board supported the practice in providing supplies of PPE. To ensure that there were sufficient stock levels of PPE maintained at the practice, we were told that the practice manager checked the stock levels on a regular basis and bought in bulk when needed. The practice shared PPE with the three other practices in the group which helped with any shortages.

We were told that staff were informed of the changes to dental guidance, processes and procedures during the pandemic issued by Public Health Wales and the Chief Dental Officer for Wales. Updates and changes were issued to staff via email and discussed at morning debriefs.

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:

- The Regulation 23 (Responsible Individual visit) report or where the Responsible Individual is also the Registered Manager, a copy of the latest annual report prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017
- 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
- Record card audit
- IR(ME)R audit
- Copy of the latest statement of purpose⁶
- Copy of the latest patient information leaflet⁷

⁶ “Statement of purpose” means the statement compiled in accordance with regulation 5(1) of the Private Dentistry (Wales) Regulations and Schedule 1.

⁷ Information as required by Schedule 2 of the above regulations.

The following positive evidence was received:

We were informed by the registered manager that the practice remained open throughout the pandemic. In the initial stages of the pandemic, clinical remote triage was undertaken via telephone before patients were offered an onsite appointment. This was to ensure that only those patients that needed an in-person appointment were invited into the practice premises. Other patients were offered advice over the telephone or were signposted to other appropriate services.

We were advised that staff absences did not impact on the delivery of the services. The practice operated within a group of four practices across South Wales and staff moved between sites to cover absences when required. We were informed that policies and procedures were consistent across all four practices.

We saw evidence of training records, which showed compliance with mandatory training including cardiopulmonary resuscitation, IPC, safeguarding and fire training. The practice manager explained the process for ensuring training was up to date, with staff continuing to use online training packages and in person training for continued professional development.

The practice had a process in place for the reporting of any incidents, with the registered manager having an oversight of any incidents. We were told that any incidents would be logged and discussed on the same day then reported to HIW and other agencies as appropriate.

The registered manager informed us that they used a dental compliance software system to ensure that guidance, policies and procedures within the practice were up to date. We were told that information was available for staff and that any changes or updates would also be emailed out to staff. We were told that regular staff meetings were held to discuss any changes to policies and procedures and to ensure full understanding.

We were told that there were regular checks of emergency equipment and medicines. There were weekly checks documented of emergency drugs and other ancillary equipment, these checks and medicine expiry dates were documented and signed off on a weekly basis.

We were told that the practice aimed to continuously 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. Audit reports were dated, actions noted and themes monitored.

The registered manager described the practice commitment to equality and diversity and described initiatives to improve the experience of staff and patients. We reviewed the equality, diversity and human rights policy that detailed the practice commitment to staff and patients.

We reviewed the statement of purpose and patient information leaflet which contained all the

information required by the Private Dentistry (Wales) Regulations 2017. In addition, we were provided with a sample of policies and procedures which were all up to date, version controlled and signed.

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 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: Powells Dental Surgery, 5a Lion Street, Brecon, Powys, LD3 7AY

Date of activity: 20 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: Powells Dental Surgery, 5a Lion Street, Brecon, Powys, LD3 7AY

Date of activity: 20 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
No 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:

