Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
Service name: St Teilo Dental Centre
Activity date: 20 July 2022

Publication date: 08 September 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

Digital ISBN 978-1-80364-790-6

Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of St Teilo Dental Centre as part of its programme of assurance work. St Teilo Dental Centre provides general dentistry services for both NHS and private patients in the Swansea Bay 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 NHS - Health and Care Standards 2015 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 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 Responsible Individual, Dr Anne Walker 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 most recent environmental risk assessments and audits
- Cleaning schedules and checklists

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 saw evidence that the service had updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic. We also questioned the Responsible Individual on the changes that had been made to the environment to enable patients to be seen during the COVID-19 pandemic and to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms.

We were advised that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed to aid and improve infection control. The practice reduced its footfall by ensuring only patients with pre-arranged appointments could visit the practice. Patients attend alone unless a parent or carer is required. A one in, one out, and one way system was implemented to avoid cross contamination. In the reception area, Perspex screens were fitted to the reception desk to protect staff and patients, and a Perspex barrier was used when more than one person was working at reception.

We were told that cleaning schedules had been amended to enable more frequent cleaning. All non-essential items had been removed from the waiting area and clinics. Plastic coverings were put over chairs and computers ensuring these were easily cleaned. Relevant notices are displayed in prominent positions inside and outside the premise informing patients of current measures in place; these are updated where required.

We were told that at the start of the pandemic there was one dedicated room to perform Aerosol Generating Procedures (AGP)[1] however, all clinic rooms can now be used as ventilation and extraction fans have been installed to facilitate the removal of contaminated air. Appointments are arranged to enable sufficient fallow time[2] and to allow for adequate time to disinfect the surgery between patients.

[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.

We asked how the practice meets the needs of Welsh speaking patients and were told that the Registered Manager, also a Dentist, is a fluent Welsh speaker who can provide services and treatments in Welsh where required, this is always offered to the patient. Additionally, all notices and signposting information such as "Putting things right[3]" are bi-lingual.

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:

- The most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement.
- Infection control policies
- Cleaning schedules and checklists
- Records of daily checks of ultrasonic bath and manual cleaning procedures
- Records of daily checks of autoclaves

The following positive evidence was received:

We were provided with various documents relating to the prevention and control of infection. We saw evidence of the practice cleaning schedules and a procedure for the decontamination of instruments and dental equipment. We were provided with the most recent Welsh Health Technical Memorandum (WHTM) 01-05 decontamination audit along with remedial actions identified for areas requiring improvement.

Additionally, we were provided with copies of the cleaning policy, completed surgery checklists, cleaning records for the autoclave, and the procedure for the manual cleaning of instruments.

We were advised that there are systems in place to ensure all staff were aware of and discharged their responsibilities for preventing and controlling infection. All policies and communications were shared with staff, available in all clinics, and signed by the relevant staff as read and understood. We were told that the practice was continually updating their policies and procedures in line with updates and advice from external bodies including the Chief Dental Officer (CDO) for Wales. Policies provided for review were comprehensive and in line with expectations.

[3] Putting Things Right is the process for raising concerns or complaints in NHS Wales.

The Responsible Individual confirmed the processes in place to protect patients and staff when an AGP was taking place. A triage[4] call to the patient helps identify the equipment that will be required. This is prepared in advance to minimise staff entering or leaving the surgery during the procedure. Fallow times are always booked into the diary following AGPs. The process followed the most recent guidance issued by the CDO for Wales. All staff were kept informed of updates guidance via regular team meetings.

We were told that risks assessments take place at all stages and, whilst there is the screening process of patients prior to arrival, patients would be re-screened on attendance at the practice upon arrival. Should a patient attend displaying symptoms of COVID-19, the Responsible Individual confirmed that, providing this was a non-emergency, staff would ask the patient to re-book, and they would provide advice should the patient be in pain.

We were told that the practice does all they can to ensure that a patient's treatment can be carried out safely, and this can be weighted on risk versus benefit basis, and that the practice makes all attempts to ensure that so far as reasonably practicable, risk is mitigated to allow treatments to take place.

Personal Protective Equipment (PPE)[5] for staff and patients is available, as well as hand sanitising stations throughout the building. We were advised that staff were up to date with training in the use of the enhanced PPE, including the correct method of donning and doffing[6] in a designated area, and the correct disposal of PPE. We were told that the approach used for training was blended, a mix of online and face to face in-house practical sessions. Visual reminders such as posters reminding staff of the correct use of PPE were also displayed in prominent areas within the practice, including each clinical room.

We were told that all staff wore the correct PPE including FFP3[7] masks, gowns, aprons, and visors when treating patients. Staff had been fit tested for two types of masks, including FFP3 masks, and this had been recorded per staff member. It was confirmed that all staff had received a detailed COVID-19 risk assessment to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic. Staff were also questioned on their confidence in using PPE, this was also recorded. Stock of PPE is monitored and recorded by a designated person.

No areas for improvements were identified.

[4] Triage is the prioritisation of patient care based on illness/injury, severity, prognosis and resource availability
[5] Personal protective equipment (PPE) is protective clothing, gloves, googles, masks or other garments or equipment designed to protect the wearer's body from injury or infection.
[6] Donning – putting on personal protective equipment (PPE); Doffing – taking off personal protective equipment (PPE)
[7] FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

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:

- Statement of Purpose[8]
- Informed consent policies / procedures
- Patient Information Leaflet[9]
- Business continuity plan
- Mandatory training records for all staff
- Record card audit

The following positive evidence was received:

We reviewed the statement of purpose and patient information leaflet, which included all the information required by the Private Dentistry (Wales) Regulations 2017. We were informed that the statement of purpose is reviewed on an annual basis. A sample of policies and procedures in place were also provided. Those provided were comprehensive and sufficient for their intended purpose. The Responsible Individual confirmed that practice staff have access to all the policies and procedures that are in place, and sign that they have read and understood as appropriate.

A document for business continuity was also provided, this was well detailed and appeared to appropriately cover most eventualities. We were told that whist the practice does not currently use agency staff, as the receptionist is also a nurse so covers wherever required.

We were told that the practice continuously strives to improve the service provided to patients. This was evidenced in the audit documentation provided with the self-assessment, which included a record card audit, a WHTM 01-05 decontamination audit, and the latest Ionising Radiation (Medical Exposure) Regulations (IRMER) audit.

We were told that all staff have access to details of training they need to complete. The Responsible Individual explained the process for ensuring training was up to date, with staff continuing to use e-learning[10] packages for Continued Professional Development (CPD) in

[8] 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.
[9] 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.
[10] Learning conducted via electronic media, typically on the internet.

addition to face to face training in-house.

The process of checking emergency equipment and medicines was explained. We were told that the emergency equipment and emergency medications were checked daily by a dedicated staff member, currently the Responsible Individual. Emergency medication and equipment were kept in a safe but easily accessible location to ensure they were readily available in the event of an emergency. This check included expiry dates on all emergency equipment and medications, including the defibrillator and defibrillation pads. An audit book is completed, and a "red star" placed next to medications with a low expiration date to ensure this does not expire.

The practice has maintained their processes for the reporting of any incidents, with the Responsible Individual and Registered Manager having an oversight of any incidents. We were told that staff were aware of their roles and responsibilities in reporting incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW).

Good practice was noted on the "in-house" training provided to staff on Cardio Pulmonary Resuscitation (CPR) and also Infection Prevention and Control (IPC).

The following areas for improvements were identified.

The practice provided a record of training as evidence. Whilst this was mostly compliant, a few areas of training for staff were identified as "due soon" or "overdue". The lack of face-to-face training during the COVID-19 pandemic had attributed to this, in addition to new staff at the practice, so the Responsible Individual has provided assurance of the plans to achieve full compliance swiftly.

The Responsible Individual must ensure that all staff complete mandatory training and any other training identified to undertake their roles.

The practice, due to misinterpretation by the Health Board, was unable to provide an annual report as evidence for this quality check. As the Responsible Individual of a private practice, Regulation 23(1) of the Private Dentistry (Wales) Regulations 2017 was applicable.

The Responsible Individual must submit an annual return, setting out how they have met the requirements of Regulation 23, paragraph (1), together with any plans for improving the standard of the services, treatment and care provided to patients with a view to ensuring their health, welfare, and safety.

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: St Teilo Dental Centre

Date of activity: 21 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: St Teilo Dental Centre

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
1	The Responsible Individual must ensure that all staff complete mandatory training and any other training identified to undertake their roles.	The Private Dentistry (Wales) Regulations 2017 - Regulation 17(3)(a)	Dr Anne Walker	Actioned. Updated CPD records provided to HIW
2	The Responsible Individual must submit an annual return, setting out how they have met the requirements of Regulation 23, paragraph (1), together with any plans that the registered person has for improving the standard of the services, treatment and care provided to patients with a view to ensuring their health, welfare, and safety.	The Private Dentistry (Wales) Regulations 2017 – Regulation 23(1) Health & Care Standards – Standard 3.5 record keeping	Dr Anne Walker	Actioned. Copy of Regulation 23 report provided to HIW

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): **Dr Anne Walker**

Job role: **Responsible Individual**

Date: **27 July 2022**