

Quality Check Summary

Beaufort Park Dental Surgery

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Beaufort Park Dental Surgery as part of its programme of assurance work. Beaufort Park Dental Surgery provides services to patients in and around Chepstow. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board. The practice provides a range of NHS and private general dental services.

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 Health and Care Standards 2015 and the Private Dentistry (Wales) Regulations 2017 (and other relevant regulations). 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 with the principal dentist, who is the practice owner, on 16 August 2022, who provided us with information and evidence about their service. We used the following key lines of enquiry:

- What changes have been implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How is the practice ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How does the practice 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 does the practice 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 health and safety risk assessment
- COVID-19 risk assessment.

We also questioned the service representative 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 found that the service has undertaken relevant risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We were informed that the practice environment is monitored on a regular basis to ensure the environment is safe, clean and clutter free.

We were told that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed to aid and improve infection control. We were told that the following changes were made:

- Implemented clear desk procedures and unnecessary items were removed from the surgeries, reception and waiting area
- Extractor fans installed in all surgeries
- Social distancing signage displayed and tape markings placed on the floor
- Hand sanitiser dispensers provided at various locations.

In order to protect staff and patients at the practice, we were told that patients who need to see the dentist attend the practice by invitation and pre-booked appointment only. We were informed that staff wear appropriate PPE, and that all patients who require treatment are screened for symptoms of COVID-19. Staff also ask patients the COVID-19 screening questions 48 hours prior to their appointment and also on arrival at the practice before being allowed into the dental surgery.

We were told that some chairs have been removed from the waiting area to ensure patients

are socially distanced.

The principal dentist confirmed that the emergency drugs and equipment are stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. The principal dentist confirmed that a system was in place to check the equipment and emergency drugs weekly to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we advised the practice to check the oxygen cylinder and the defibrillator on a daily basis.

The principal dentist confirmed that some information leaflets and signs displayed at the practice are bilingual. We were informed that one member of staff is learning Welsh and the practice also has access to an interpreter.

We noted that access to the practice for wheelchair users and patients with mobility difficulties was good. All surgeries are fully accessible with lift access to the first-floor area. There is also car parking facilities for patients use.

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:

- Cleaning policy
- Manual cleaning procedures
- Records of daily checks of autoclaves
- Surgery cleaning schedules
- The most recent Welsh Health Technical Memorandum (WHTM) 01-05¹ decontamination audit and the action plan to address any areas for improvement.

The following positive evidence was received:

The principal dentist confirmed that all staff have a clear understanding of the latest guidance for the dental management of patients in Wales during C-19 pandemic recovery. The guidance is intended for use by all general dental care settings in Wales.

¹ 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.

The principal dentist confirmed that staff have received regular COVID-19 updates via a dedicated WhatsApp² group and regular team meetings and monthly training sessions. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

The principal dentist confirmed that there were processes in place to protect patients and staff when an aerosol generating procedure (AGP)³ was taking place. We were informed that this process followed the most recent guidance issued by the Chief Dental Officer (CDO) for Wales. All staff are kept informed of the guidance issued by the CDO.

We were told that all staff have received internal training and guidance on topics such as recognising COVID-19 symptoms, the management of patients with COVID-19 symptoms, correct use of PPE, including the donning, doffing and safe disposal of used equipment.

We were informed that all staff who are required to wear a FFP3⁴ mask have been fit tested to ensure the masks fit properly and will offer adequate protection.

It was confirmed that all staff have received a detailed COVID-19 risk assessment⁵ to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic.

We saw that there was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was used to show that the autoclave⁶ was checked at the start and end of the day.

We were provided with a copy of the manual cleaning procedure for the decontamination of dental instruments. We noted that the temperature of the water used throughout the cleaning procedure was not detailed within the procedure. The principal dentist confirmed that the manual cleaning procedure would be reviewed and updated and we received evidence, immediately following our quality check, that this had been done.

We saw evidence that an infection control audit has been completed using recognised audit tools, including the Health Education and Improvement Wales⁷ audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. We saw evidence that the resulting

² WhatsApp Messenger is a cross-platform instant messaging application that allows smartphone users to exchange text, image, video and audio messages for free. In addition to basic messaging, WhatsApp provides group chat and location sharing options.

³ 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.

⁴ FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

⁵ This Risk Assessment Tool has been developed to help people in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus.

⁶ Autoclaves are items of equipment that are used in dental practices to sterilize all of the instruments and all of the materials used in professional procedures.

⁷ Health Education and Improvement Wales (HEIW) is dedicated to transforming the workforce for a healthier Wales. They are a Special Health Authority within NHS Wales and sit alongside Health Boards and Trusts.

action plan was in place and being monitored.

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representative 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:

- Statement of Purpose
- Patient Information Leaflet
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Record card audit
- Informed consent policies / procedures
- Business continuity plan
- Mandatory training records
- The Regulation 16 (responsible individual visit) annual report.

The following positive evidence was received:

The principal dentist of Beaufort Park Dental Surgery is the registered manager⁸ and the nominated responsible individual⁹.

We were provided with a sample of the practice's policies, procedures and risk assessments. We saw that these had been regularly reviewed during the year and that they were all version controlled and contained a review date.

We were provided with a copy of the statement of purpose and patient information leaflet which included relevant information about the services being offered.

We were provided with evidence which confirmed that all clinical staff have attended training on a range of topics relevant to their roles and in order to meet the Continuing Professional Development (CPD) requirements.

⁸ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

⁹ "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

From the key documents we reviewed, it was evident that the practice was seeking to continuously improve the service provided to patients. We were provided with copies of relevant audits that had recently been completed, such as cross infection, clinical notes, X-rays and clinical waste. Where required, an action plan had been developed and maintained.

We were provided with the most recent annual report for monitoring and assessing the quality of service, as required by The Private Dentistry (Wales) Regulations 2017. The report evidenced the way the quality of the service provided is being managed and assessed to ensure that the practice is meeting the requirements of the regulations and relevant standards.

We saw that the practice had a business continuity plan in place to ensure continuity of service provision and safe care to patients.

We were told that the practice did not close during the pandemic. Throughout the pandemic the practice continued to treat emergency patients, following screening for COVID-19.

We were told about the arrangements and actions taken to date when any staff members needed to self-isolate or tested positive for COVID-19. We were satisfied that these procedures minimised the risk of spreading COVID-19 to staff and patients.

We were informed that the practice has maintained their processes for the reporting 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).

The principal dentist spoke very highly of the staff in how they have responded to the needs of the practice, the patients and in supporting each other during the COVID-19 pandemic.

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: Beaufort Park Dental Surgery

Ward/Department/Service: Dental Practice

Date of activity: 16 August 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
There were no immediate improvements required during the quality check.				

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: Beaufort Park Dental Surgery

Ward/Department/Service: Dental Practice

Date of activity: 16 August 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 action 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
There were no improvements required during the quality check.				

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:

Job role:

Date: