

# Quality Check Summary

## Benllech Dental Surgery

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Benllech Dental Surgery, Gwynedd as part of its programme of assurance work. The practice forms part of the dental services offered by Betsi Cadwaladr University Health Board and provides NHS dental appointments to patients across North Wales.

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 NHS - Health and Care Standards 2015.

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. Quality checks allow us to explore how services are meeting the relevant standards in an agile way, enabling us to provide fast and supportive improvement advice on the safe operation of services. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the lead dentist and practice manager on 29 September 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How do you ensure there are appropriate arrangements in place that uphold standards of infection prevention and control (IPC) and protect patients, staff and visitors using the service?
- How are you ensuring that 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 do you ensure the practice maintains the quality of patient care and service delivery?
- 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 designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

We reviewed the most recent environmental risk assessment and actions.

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 practice manager stated that all three surgeries were used for aerosol generating procedures (AGP)<sup>1</sup> and mechanical ventilation units were installed in all surgeries 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. All surgeries had recently been upgraded to wipe clean wall coverings and they had upgraded their easy-clean flooring.

The lead dentist described a recent refurbishment programme that was focussed on safety and patient access. A low threshold doorway and ramp and a low-level reception desk were installed to improve surgery access for visitors and staff. The ground floor practice was fully wheelchair accessible.

A new patient record system was described where patients used an iPad and digital links to update their patient information and medical history, this removed the need for paper forms. We were told that this had improved efficiency and we were assured that elderly and vulnerable patients were supported to complete information digitally at the surgery.

We were told that all changes to the surgery environment were risk assessed and we saw a detailed, dated, risk assessment with actions and timeframes.

It was confirmed that changes and improvements to the environment had meant that more appointments were available for patients, due to efficiency improvements and patient access needs were accommodated.

The practice manager confirmed that signs displayed at the practice were in English and Welsh and we were told there were three Welsh speaking staff at the practice. The practice manager confirmed that Ukrainian patients received their dental care at Benllech dental surgery and that staff used a translation line to communicate when needed.

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<sup>1</sup> 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.

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**No areas for improvements were identified.**

## Infection prevention and control (IPC)

During the quality check, we considered how well the service 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 most recent infection control and decontamination audit and action plan to address any areas for improvement.
- AGP policy
- Covid-19 policy and guidance
- Cleaning policy
- Cleaning schedules for the previous week
- Records of daily checks of autoclaves
- Manual cleaning procedure.

**The following positive evidence was received:**

The most recent infection control and decontamination audit and action plan dated 12 May 2022 was reviewed. This showed that the practice had addressed all the areas for improvement identified by the audit.

We reviewed evidence of multiple policies focussed on IPC, these included the AGP policy, cleaning policy, manual cleaning procedure and COVID 19 policy and guidance. All policies were recently reviewed in May 2022, they included aims, guidelines and best practice. These were dated, signed and included a review date.

We reviewed completed records for the decontamination of instruments and dental equipment covering the last 2 weeks that were all in order.

We were told that all staff received regular COVID-19 updates via team meetings, WhatsApp and emails. The practice manager confirmed that updated information was also available for all staff in a folder at the practice. Regular communication had ensured everyone received up to date advice and guidance on COVID-19.

We were informed that all staff wore appropriate personal protective equipment (PPE) and that PPE training, including donning and doffing<sup>2</sup> of PPE had been delivered to all staff. Posters and flow charts were displayed throughout the practice to ensure that staff were competent and confident to use PPE.

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<sup>2</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

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**No areas for improvements were identified.**

## **Governance / Staffing**

As part of this standard, HIW questioned the service representatives about how they manage their services to support the delivery of high-quality healthcare. We explored whether management arrangements ensured that staff were suitable in their roles and appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- Informed consent policies / procedures
- Business continuity plans
- Mandatory training records for all staff.

**The following positive evidence was received:**

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

The practice manager described the process in place for the reporting of any incidents. We were told that any incidents would be logged and discussed on the same day then reported to appropriate agencies.

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.

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 and record card audit. Audit reports were dated, actions noted and themes monitored.

We reviewed evidence of regular checks and storage of emergency equipment and medicines. We reviewed the fridge temperature monitoring and completed checklists for emergency equipment and medicines. These documents and processes were in order.

**No areas for improvements were identified.**

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# 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: Benllech Dental Surgery, Gwynedd

Date of activity: 29 September 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: Benllech Dental Surgery, Gwynedd

Date of activity: 29 September 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 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:**