

Quality Check Summary

Rossett Dental Care

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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

Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Rossett Dental Care as part of its programme of assurance work. Rossett Dental Care offers NHS and private dental treatments and forms part of the dental services offered by Betsi Cadwaladr University Health Board. At the time of the quality check, the team consisted of three dentists, seven dental nurses and a dental hygienist. It is located within the village of Rossett in Wrexham.

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. 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 registered manager and practice manager on 24 October 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 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? In your answer, please refer to both the practice environment and processes to enable patients to access appointments.
- 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.

The key documents we reviewed included the most recent COVID-19 risk assessments

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 of the most recent COVID-19 risk assessment.

We were told that most of the changes implemented because of the COVID-19 pandemic had been removed. The registered manager told us that number of patients permitted in the waiting room was no longer strictly monitored as their booking system meant that it was unusual for the room to be busy.

We were informed that extractor fans had been installed into all surgeries.

The registered manager told us that patients would be screened for symptoms at the time of booking an appointment.

The registered manager informed us that they had recently completed a disability access audit for the practice to identify areas requiring improvement regarding accessing the practice. We were told that this had identified that the positioning of information posters was not suitable for some patients and that this had been changed to accommodate them.

We were told that the practice had undertaken a recent fire risk assessment in the summer and was compliant with requirements for five yearly wiring checks and portable appliance testing (PAT) for electrical equipment.

We asked the practice manager to tell us of the systems in place to enable patients to make appointments. We were told that this was mostly done at the previous appointment, however patients could contact the practice and book directly. Recall appointments for routine check-ups were booked in line with the most recent guidelines and the Assessment of Clinical Oral Risks and Needs (ACORN)¹. As this may mean that patients may no longer be eligible for routine six monthly check-ups, we were told by the registered manager that a poster had been placed in the waiting room notifying patients of the change.

¹ “ACORN” or “Assessment of Clinical Oral Risks and Needs” is a risk assessment tool used by the NHS that includes components that should be recorded as part of a thorough oral health assessment. An ACORN should be completed once a year as part of the overall patient assessment (or at a longer interval if the dental recall for a patient has been set longer than 12 months as a result of assessed risk and need).

We were told that emergency appointments were available within time slots that were allocated throughout the day.

We were told that emergency drugs and equipment were checked on a weekly basis in line with Resuscitation Council (UK) guidelines.

The following areas for improvement were identified:

During the quality check call we asked the registered manager to tell us of the policies and procedures in place to protect patients, staff, and visitors from the risks of respiratory transmitted infection including COVID-19. We were informed that the routine screening of patients upon attendance at the practice had ceased. This was now the responsibility of the treating clinician to enquire on when confirming any changes to the patient's medical history.

We asked the registered manager to tell us of the procedure in place for those patients displaying symptoms of COVID-19 or another respiratory transmitted illness that required urgent dental treatment. The registered manager informed us that the practice did not have a procedure in place for this eventuality. Instead, this would be down to the individual treating clinician to decide.

We asked the registered manager to describe the policy in place relating to the personal protective equipment (PPE) required when treating a patient with suspected COVID-19. We were again told that this would be down to personal choice of the treating clinician, as although Filtering Face Piece (FFP3) masks were available, currently only fluid resistance surgical masks were worn at the practice.

As a result we believe that the practice did not have a robust screening procedure in place for patients. Consequently, we felt that the practice was unable to appropriately identify those patients that would require transmission-based precautions² over and above the standard precautions³ generally used. Failure to screen, combined with a non-existent respiratory pathway⁴ for patients displaying symptoms of respiratory illness, poses an unacceptable risk to other patients, staff, and visitors.

Furthermore, this is contrary to the most recent guidance published by Welsh Government for the safe management of patients following the pandemic.

The registered manager must:

² "Transmission based precautions" are those precautions taken by healthcare staff that are in addition to standard precautions when the patient or their treatment poses an additional risk of transmission of a healthcare-associated infection, such as COVID-19.

³ "standard precautions" are those infection prevention and control precautions used by healthcare staff with every patient to prevent the risk of a healthcare-associated infection.

⁴ The "respiratory pathway" is a systemic approach to treating patients who pose a known risk of transmission of a respiratory-transmitted infection that includes additional precautions to be employed and sets out the PPE requirements for the treating healthcare workers.

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- Ensure all patients are appropriately screened for symptoms of COVID-19 and other respiratory-transmitted illness upon attendance at the practice
 - Have in place a robust policy and procedure that aligns with Welsh Government guidelines for the management of dental patients with respiratory-transmitted illness
 - Ensure that appropriate PPE is worn, fallow time⁵ observed, and enhanced cleaning procedures are undertaken following treatment including aerosol generating procedures (AGP's)⁶ of patients displaying or reporting symptoms of respiratory transmitted illness (including COVID-19)
 - Ensure that the fit testing of staff for Filtering Face Piece (FFP3) masks has been repeated as set out by the guidelines.

We asked the registered manager to provide us with a checklist to demonstrate appropriate checking of emergency drugs and equipment. Due to a misunderstanding of the documentation request by the registered manager, we were provided with a date list that had been initialled to state that emergency drugs had been checked and were not provided with the list of equipment and drugs that had been assessed as present. Therefore, we could not be assured that the necessary emergency drugs and equipment were present at the dental practice.

The registered manager must ensure there is a checklist detailing all of the emergency drugs and equipment alongside their expiry date. This should be used for the weekly checking of emergency drugs and equipment.

We asked the registered manager to describe the access requirements for emergency drugs and equipment should they be needed. We were told that these items were kept within a locked cupboard within an office area of the practice. We were told that the cupboard was locked with a key. It was confirmed that only one key was available and that this would be held by either the registered manager or the practice manager. However, this could create a delay in the treatment of a medical emergency should the key be misplaced or the staff member with it be unavailable and lead to a poorer outcome for the person undergoing the medical emergency.

The registered manager must ensure that emergency drugs and equipment are readily available should they be needed without delay.

We asked the registered manager to describe the arrangements in place to provide the Welsh Active Offer⁷. We were told that the practice was not able to support this, and only limited information was available in Welsh. The registered manager and practice manager were also

⁵ "Fallow time" is a period of time whereby the treatment room is to be left in order to allow for aerosol and droplet to fall and settle prior to enhanced cleaning taking place therefore reducing the risk of cross-infection between patients and/or staff.

⁶ "Aerosol generating procedures - AGPs" are procedures that generate an aerosol of fine particles or larger droplets into the air

⁷ The Welsh Active Offer is the means of providing a service in Welsh to patients without someone having to ask for it, in order that Welsh is as visible as English.

not aware of the telephone translation service (language line) offered by the local health board. This could mean that those who wish to communicate in Welsh or a language other than English may not be aware that this could be facilitated at the practice.

The registered manager must ensure that:

- Patients are asked their preferred language
- Posters are displayed to encourage those patients wishing to communicate in the medium of Welsh to do so

Due to concerns about patient safety, we issued a Non-Compliance Notice, where we write to the service within two days of completion of the quality check with our findings requiring urgent remedial action. The Non-Compliance issues are referred to in detail within Appendix A of this report.

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 Welsh Health Technical Memorandum (WHTM) 01-05⁸ decontamination audit and the action plan to address any areas for improvement
- Generic infection control policies and COVID-19 specific policies
- Most recent infection control risk assessments / audits
- Cleaning schedules
- Copies of the daily checks and records for each autoclave.

The following positive evidence was received:

The practice manager confirmed that all staff had undertaken internal and external training on the correct method of donning and doffing⁹ of PPE. Posters were also displayed to serve as a reminder to clinical staff of the correct method to do this.

The registered manager informed us that each dentist had their own surgery. We were told that unnecessary items had been removed from the clinical areas to aid with cleaning and that enhanced cleaning would take place following an AGP. However fallow time was not used.

We were told that the practice staff were kept up to date with changing IPC requirements via emails sent from Welsh Government.

⁸ Welsh Health Technical Memorandum (WHTM) 0105” refers to the infection prevention and control guidelines endorsed by the Welsh Government for primary dental care practices.

⁹ “Donning and Doffing” refers to the putting on and taking off of PPE.

We saw evidence of an up-to-date cleaning policy for the practice.

The following areas for improvement were identified:

As part of the quality check process, we requested evidence of the most recent WHTM 01-05 audit and any action plan for required improvements. The audit submitted to us as evidence demonstrated that this had not been undertaken since July 2020. The most recently completed Quality and Safety Assurance Schedule (QAS)¹⁰ highlighted that the local health board had alerted the registered manager to the need for this audit to be undertaken in March 2022. At the point of the quality check, this was still outstanding.

This indicated that the practice was not compliant with the requirement to ensure an annual IPC audit that meets the standards of WHTM 01-05. Failure to undertake this may mean that the practice may not have robust IPC procedures and measures in place to ensure that staff, patients and visitors are protected from the risk of healthcare-associated infection.

Furthermore, we asked the practice to provide us with the most recent autoclave calibration and maintenance checks. Although we were provided with evidence of temperature and pressure checks for each cycle, the practice did not record other daily maintenance checks required to ensure the continued safe operation of the autoclave. This could mean that maintenance required on the autoclave may not be promptly noticed and addressed.

During the quality check, we asked the practice to provide us with evidence of checks undertaken on the ultrasonic cleaner used at the practice for decontamination of dental instruments. We were not provided with these checks. During the quality check call, we asked the registered manager and practice manager what checks were recorded for the ultrasonic cleaner. We were told that none were logged. To ensure that the ultrasonic is working efficiently and in line with WHTM 01-05 guidelines, it is important that the maintenance schedule required for an ultrasonic cleaner is adhered to. Failure to log these checks could mean that maintenance checks, including changing of ultrasonic cleaner solution or drainage of the bath, may be missed. This could lead to ineffective decontamination of soiled dental instruments and equipment and a risk of healthcare-associated infections.

The registered manager must:

- Undertake an annual IPC audit that complies with the requirements of WHTM 01-05. This must be provided to HIW along with any action plan for improvement
- Ensure a contemporaneous record of daily, weekly, and monthly checks of the autoclave is kept
- Ensure a contemporaneous record of daily, weekly, and monthly checks of the

¹⁰ “Quality and Safety Assurance Schedule (QAS)” is an all-Wales self-assessment tool designed for use within NHS dental practices. It’s purpose is to support dental practitioners to comply with contractual requirements for NHS quality assurance on an annual basis.

ultrasonic cleaner is kept.

During the quality check call we asked the registered manager to confirm the decontamination processes in place at the practice. We were told that the practice did not use any form of manual cleaning at the practice with items going directly into an ultrasonic cleaner prior to sterilisation in an autoclave.

However, WHTM 01-05 guidelines state that instruments should be submerged in cold water with detergent prior to placement in an ultrasonic bath to ensure blood and other bodily fluids and debris is removed where possible. Following completion of the ultrasonic cycle, instruments should again be thoroughly rinsed to remove residual debris.

We were further told by the registered manager that, although available, the practice did not use heavy duty gloves for the carrying out of decontamination processes as instruments were only decontaminated within the ultrasonic cleaner prior to sterilisation.

Failure to follow the correct procedures for the decontamination of instruments prior to sterilisation could mean that patients and staff are put at risk of a healthcare-associated infection. Additionally, failure to ensure the necessary PPE is worn to carry out decontamination processes could increase the risk of a sharps injury and exposure to blood borne viruses and other healthcare-associated infections.

The registered manager must ensure that the correct procedure is employed when decontaminating dental instruments using an ultrasonic cleaner as set out in WHTM 01-05.

The registered manager must ensure that the correct PPE is available for staff undertaking the decontamination of contaminated dental equipment and instruments.

During the quality check call the registered manager informed us that they did not routinely flush the Dental Unit Water lines (DUWLs) in the surgery. However, we were told that the practice did have a policy and procedure for this and used an approved water treatment to prevent build up of biofilm within the DUWLs.

Flushing of DUWLs is required by WHTM 01-05 to prevent the build-up of biofilm within the lines. Failure to do so increases the risk of legionella bacteria colonising the water line which could cause harm to vulnerable patients and staff.

The registered manager must implement a robust policy and procedure to ensure that all DUWLs are flushed for at least two minutes at the start and end of the day and after any significant period where they have not been used. DUWLs should also be flushed for a minimum of 30 seconds between each patient.

During the quality check call, we were told that keyboards present in dental surgeries used to type up patient records were not fully cleanable. This could cause a trap for bacteria and

lead to the risk of a healthcare-associated infection, particularly if the surgery was used for an AGP where aerosol and droplet contamination could pose an infection risk.

The registered manager must ensure that computer keyboards and equipment within clinical areas are cleanable.

Due to concerns about patient safety, we issued a Non-Compliance Notice, where we write to the service within two days of completion of the quality check with our findings requiring urgent remedial action. The Non-Compliance issues are referred to in detail within Appendix A of this report.

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 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:

- 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
- Copy of latest patient information leaflet
- Copy of latest statement of purpose
- IR(ME)R audit
- Record Card Audit
- Copy of latest COVID-19 policy
- Copies of records for checking emergency drugs and equipment.

The following positive evidence was received:

The owner and responsible individual for Rossett Dental Care was also the principal dentist. The registered manager of the practice was also the practice manager and a registered dental nurse. The practice also had the benefit of a visiting implantologist that would see patients on referral at the practice.

We were told that the practice provided a package of online training for staff and any educational needs would be discussed at annual appraisals.

The managers interviewed confirmed that they had not needed to use agency staff, as

substantive staff would willingly cover rotas should the need arise.

We were told that the practice would hold regular monthly staff meetings that required all staff to be present. Meetings would be minuted and made available to every staff member. Complementing this were informal discussions that would occur on an ad hoc basis.

We were provided with evidence of the most recent record card audits for the dentists at the practice. Overall, this demonstrated that standards of record keeping were good.

We asked the registered manager to confirm with us the procedure should a staff member show symptoms of a respiratory- transmitted illness. We were told that they would be offered a lateral flow device test if symptoms appeared while at work or asked to do one at home. They would then be asked to remain off work in line with government guidelines.

The following areas for improvement were identified:

As part of the quality check process, we requested the practice provide us with a selection of policies and procedures. These included the Business Continuity Plan and Consent Policy.

Our assessment of the Business Continuity Plan indicated a lack of detail. Key contact telephone numbers for utility services including water, electricity and gas had not been included should failure of these services occur. Additionally, the Business Continuity Plan did not provide a plan of action in the event of a future pandemic emergency.

Furthermore, the actions to take should water services be interrupted stated that the practice should continue to work and treat patients during this time. This would not allow for appropriate hand hygiene to take place in between patients and would therefore present a risk to patients and staff of a healthcare-associated infection.

We reviewed the consent policy provided to us as evidence for the quality check. This policy also did not contain enough detail or a robust procedure to ensure the gathering of informed consent prior to treatment. In addition, there was no provision within the policy for the gathering of consent when a patient may lack capacity under the Mental Health Act (2005). The policy also did not contain details of organisations that could provide advice in this instance.

Neither the Business Continuity Plan nor the Consent Policy were dated or contained any information regarding a date for review of the policy.

The registered manager must ensure:

- The Business Continuity Plan is reviewed and contains sufficient details including contact details for utility and supply companies
- Action plans within the Business Continuity Plan include what to do in the event of

future pandemic emergency

- The plans within the Business Continuity Plan are reviewed to ensure identified actions do not pose a risk to patients and staff
- They review the Consent Policy to ensure it is compliant with the gathering of informed consent
- The Consent Policy includes details for the gathering of consent when the patient lacks capacity as defined by the Mental Capacity Act 2005
- All policies and procedures are appropriately dated and signed and a date for review is noted.

HIW requested evidence of the mandatory training record for staff at the dental practice. We were provided with an empty training record that did not contain sufficient details of staff mandatory training requirements or the dates that this had been completed. We were therefore unable to assess compliance with mandatory training requirements as part of the quality check. In addition, staff were not required to undertake mandatory training in Fire Safety.

When asked how staff compliance with training was monitored, we were told that this would be discussed on an annual basis during their appraisal.

Ensuring that staff have the appropriate training, skills and knowledge is essential to ensuring the safe and efficient operation of the dental practice. Failing to have a system in place for the checking of staff training could mean that a training need that might be identified sooner, would instead be missed. This could further impact on the service offered to patients.

The registered manager must ensure that staff mandatory training is appropriately completed and monitored.

As part of the quality check process, we requested the practice provide us with their most recent statement of purpose¹¹ and patient information leaflet¹². Our review of both documents demonstrated that neither contained the prescribed information as set out in the Private Dentistry (Wales) Regulations (2017).

We found that the statement of purpose frequently referred to the English regulatory services and NHS England complaints services. Furthermore, the statement of purpose was prepared in line with the Health and Social Care Act (2014) and not the Private Dentistry (Wales) Regulations and Care Standards Act 2000 that is relevant to Wales. In addition, there was no mention of HIW should patients wish to raise a concern. We noted that the statement of

¹¹ The statement of purpose is a document compiled under the Private Dentistry (Wales) Regulations (2017) that details the aims and objectives of the private dental practice as well as the qualifications, names and experience of the dental professionals that work there, the treatments, facilities, and all other services provided in or for the purposes of the private dental practice, the arrangements for seeking patients views, dealing with complaints as well as the opening hours and urgent dental care arrangements.

¹² The patient information leaflet is a document compiled under the Private Dentistry (Wales) Regulations (2017) that is designed to provide patients with a summary of the Statement of Purpose.

purpose had not been reviewed or updated since March 2017.

The patient information leaflet did not contain full details of HIW should patients wish to raise a concern and did not have the correct contact details for the local health board. There was not a date to indicate when the patient information leaflet had last been reviewed.

The registered manager must:

- Review and update the statement of purpose to ensure that it meets all the requirements as set out by the Private Dentistry (Wales) Regulations (2017) and refers to the correct legislation for private dental practices in Wales
- Review and update the patient information leaflet to ensure it contains all the necessary information as set out by the Private Dentistry (Wales) Regulations (2017)
- Ensure both the statement of purpose and patient information leaflet are dated and contain dates for review
- Provide to HIW the updated statement of purpose and patient information leaflet and place both on the practice website (if applicable).

We reviewed the Quality and Safety Assurance document prepared on behalf of the health board and provided to us as evidence towards the Regulation 16 report. This demonstrated a number of areas that required improvement and that had yet been acted upon. This included a recommendation to undertake an anti-microbial audit and for the practice to undertake the Maturity Matrix Dentistry tool to identify any further areas for improvements at the practice. We explored these issues further with the registered manager and practice manager during the QC call. We were told that an anti-microbial audit had begun prior to the COVID-19 pandemic, however this had been postponed during this time and was yet to be recommenced. The registered manager and practice manager also informed us that dental nurses at the practice had undertaken the Skills Optimiser Self-Evaluation Tool (SOSET) provided by Health Education and Improvement (Wales) (HEIW). However, we would suggest that all dental care professionals at the practice engage with either the MMD or SOSET tools.

It is therefore recommended that the registered manager act upon these improvements in line with the timescales suggested by the local health board.

We were informed by the registered manager that the practice benefitted from offering the services of a mobile implantologist to their patients. However, no formal contract was in place setting out the terms of engagement and agreed responsibilities, as well as to whom a patient should complain should the need arise.

The registered manager must ensure there is a formal written agreement in place to set out the terms of engagement with the visiting implantologist.

Due to concerns about patient safety, we issued a Non-Compliance Notice, where we write to the service within two days of completion of the quality check with our findings requiring

urgent remedial action. The Non-Compliance issues are referred to in detail within Appendix A of this report.

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: Rossett Dental Care, Wrexham

Health Board: Betsi Cadwaladr University Health Board

Date of activity: 24 October 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
<p>The registered manager must:</p> <ul style="list-style-type: none"> Undertake an annual audit that complies with the requirements of WHTM 01-05. This must be provided to HIW along with any action plan for improvement Ensure a contemporaneous record of daily, weekly and monthly checks of the autoclave is kept Ensure a contemporaneous record of daily, weekly and monthly checks of the ultrasonic cleaner is 	<p>Regulation 13 (6a) of the Private Dentistry (Wales) Regulations (2017)</p>	<p>We have registered with HEIW to complete the WHTM audit. Our application form was submitted on 27/10/22.</p>	Danielle Williams	Will complete as soon as we receive the documents from HEIW
		<p>A new autoclave checklist has been created and is now on display in our Decontamination room for staff to fill in each day as a record of their checks</p>	Danielle Williams	Effective as of 25/10/22
		<p>A new ultrasonic cleaner checklist has been created. Efficacy of USS cleaner assessed daily. Change of solution</p>	Danielle Williams	

kept.		recorded at each session. Checklist on display in our Decontamination room for staff to complete daily as a record of their checks		Effective 25/10/22 as of
<p>The registered manager must ensure that the correct procedure is employed when decontaminating dental instruments using an ultrasonic cleaner as set out in WHTM 01-05.</p> <p>The registered manager must ensure that the correct personal protective equipment is available for staff undertaking the decontamination of contaminated dental equipment and instruments.</p>	Regulation 13(3,5) of The Private Dentistry (Wales) Regulations (2017)	Infection control policy reviewed: -Prior to ultra sonic cleaning, instruments will be immersed in water below 45 °C with detergent, rinsed, prior to entering the ultrasonic bath. PPE including heavy duty gloves to be worn for decontamination process. All staff reminded of correct procedures, processing instruments instruction displayed in decon room.	Danielle Williams	Effective 25/10/22 as of
The registered manager must implement a robust policy and procedure to ensure that all DUWLs are flushed for at least two minutes at the start and end of the day and after any significant period where they have not been used. DUWLs should also be flushed for a minimum of 30 seconds between each patient.	Regulation 13 (6bii) of The Private Dentistry (Wales) Regulations (2017)	This policy was already in place, we use Alpron system which requires 'flushing' requirement, at the start and finish of each session for 2 minutes and between patients for 30 seconds, I believe there was poor communication of this.	Danielle Williams	

The registered manager must:

- Ensure all patients are appropriately screened for symptoms of COVID-19 and other respiratory-transmitted illness upon attendance at the practice
- Have in place a robust policy and procedure that aligns with Welsh Government guidelines for the management of dental patients with respiratory-transmitted illness
- Ensure that appropriate PPE is worn, fallow time observed, and enhanced cleaning procedures are undertaken following treatment (including AGP's) of patients displaying or reporting symptoms of respiratory transmitted illness (including COVID-19)
- Ensure that the fit testing of staff for FFP3 masks has been repeated as set out by the guidelines.

Regulation 13 (5a,b) & 13 (6a) of The Private Dentistry (Wales) Regulations (2017)

Patients will be screened based on the respiratory pathway. No symptoms = fine to attend. Symptoms but not urgent = defer. If urgent patient can attend. Appointment to be booked at a time to avoid unnecessary contact with other patients.

Policy for covid -19 patients includes the following should we have a patient with symptoms: -Staff adhere to wearing enhanced PPE including ffp3 mask and gown. Enhanced cleaning protocol is in place. We have extractor fans installed in all surgeries for effective removal of aerosols: fallow time is included in appointment time for AGP. The covid protocol was already in place so again there may have been a miscommunication.

We will arrange for repeat fit testing to be carried out as soon as possible

Danielle Williams

Effective as of
27/10/22

Selwyn Edwards

<p>The registered manager must ensure:</p> <ul style="list-style-type: none"> The Business Continuity Plan is reviewed and contains sufficient details including contact details for utility and supply companies Ensure action plans within the Business Continuity Plan include what to do in the event of future pandemic emergency Review the plans with the Business Continuity Plan to ensure identified actions do not pose a risk to patients and staff Review the Consent Policy to ensure it is compliant with the gathering of informed consent The Consent Policy includes details for the gathering of consent when the patient lacks capacity as defined by the Mental Capacity Act 2005 	<p>Regulation 8 of The Private Dentistry (Wales) Regulations (2017) and 8(3, 4a-c) of The Private Dentistry (Wales) Regulations (2017)</p>	<p>We have reviewed and updated our Business Continuity Plan</p> <p>Action plan in place in the event of a future pandemic</p> <p>Action plan changed for water service interruption.</p> <p>Contact details for utility companies provided within plan</p> <p>We have amended our Consent Policy</p> <p>The policy now includes details for gaining consent when the patient lacks capacity as defined by the Mental Capacity Act 2005</p> <p>We are in the process of reviewing our policies.</p>	<p>Catherine Edwards</p> <p>Catherine Edwards</p> <p>Catherine Edwards</p> <p>Catherine Edwards</p> <p>Danielle Williams</p> <p>Danielle Williams</p> <p>Danielle Williams</p>	<p>Completed 27/10/22</p> <p>Completed 27/10/22</p> <p>Completed 27/10/22</p>
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<ul style="list-style-type: none"> All policies and procedures are appropriately dated and signed and a date for review is noted. 				We aim to have all policies reviewed and signed by end of November 2022.
The registered manager must ensure that staff mandatory training is appropriately monitored.	Regulation 17(3a) of The Private Dentistry (Wales) Regulations (2017)	We have created a checklist which includes all members of staff and all the required training they must complete. It is displayed on our staff notice board and staff are advised to record when they complete training on one of those topics. It will be reviewed annually.	Danielle Williams	Effective 25/10/22
The registered manager must ensure that emergency drugs and equipment are readily available should they be needed without delay.	Regulation 31 (3b) of The Private Dentistry (Wales) Regulations (2017)	Our emergency drugs drawer will be kept unlocked. It is in an office away from the public.	Danielle Williams	Effective from 25/10/22
<p>The registered manager must:</p> <ul style="list-style-type: none"> Review and update the statement of purpose to ensure that it meets all of the requirements as set out by the Private Dentistry (Wales) Regulations (2017) and refers to the correct legislation for 	Regulation 5 & 6 of The Private Dentistry (Wales) Regulations (2017)	<p>We have reviewed our Statement of Purpose with reference to Private Dentistry [Wales] regulations 2017</p> <p>Leaflet already contains contact number for HIW. It also contains contact number for local health board Betsi Cadwaladr.</p>	Catherine Edwards	27/10/22

those private dental practices in Wales

- Review and update the patient information leaflet to ensure it contains all of the necessary information as set out by the Private Dentistry (Wales) Regulations (2017)
- Ensure both the statement of purpose and patient information leaflet are dated and contain dates for review
- Provide to HIW the updated statement of purpose and patient information leaflet and place both on the practice website (if applicable).

These are on the very last page of the document.

Both have been dated and a review date added.

Documents attached

Danielle Williams 27/10/22

Danielle Williams 27/10/22

Danielle Williams 27/10/22

27/10/22

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: Catherine Edwards
Name (print): Catherine Edwards
Job role: Registered Manager
Date: 25/10/22

Appendix B: Improvement plan

Setting:	Rossett Dental Care, Wrexham
Health Board:	Betsi Cadwaladr University Health Board
Date of activity:	24 October 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
The registered manager must ensure they are providing the Welsh Active Offer.	Regulation 13(1a) The Private Dentistry (Wales) Regulations (2017)	Posters displayed in the practice are available in Welsh and English. Currently our computer software does not support translation therefore our treatment plans, consent forms etc are not available in Welsh. We can use google translate to help a patient if they wanted to have the information in Welsh. At present, none of our staff are Welsh speaking but can use basic phrases such as hello/how are you so will endeavor to greet patients in	Catherine Edwards	4 weeks as of 21/11/22

		Welsh. We will also record patients first language.		
The registered manager must ensure that computer keyboards and equipment within clinical areas are cleanable.	Regulation 13(6bii) The Private Dentistry (Wales) Regulations (2017)	New flat/wipeable keyboards are now in use in all 3 surgeries.	Catherine Edwards	Completed New keyboards now in use in all surgeries
The registered manager must ensure that they are acting upon the recommendations made by the local health board regarding auditing of antimicrobials.	Regulation 16(d) The Private Dentistry (Wales) Regulations (2017)	An audit on antimicrobials was started in 2020 by Jack Pilkington-Jones but due to Covid it was not completed. We will aim to complete this within the next 3 months	Catherine Edwards/Jack Pilkington-Jones	3 months Due by Feb 2023.
The registered manager must ensure that they are acting upon the recommendations made by the local health board in regard to practice wide improvement tools (e.g. Maturity Matrix Dentistry (MMD)).	Regulation 16(d) The Private Dentistry (Wales) Regulation (2017)	All nurses completed a session on The Skills Optimiser Self-Evaluation Tool (SOSET) on 9th May 2022.	Catherine Edwards	Completed
The registered manager must ensure that they have in place a formal written agreement regarding the terms of engagement for the visiting implantologist.	Regulation 17 The Private Dentistry (Wales)	Written agreement/contract between Selwyn Edwards and Stephen Kelso is in place. A copy of this contract has been uploaded as an attachment for your refence.	Catherine Edwards	Completed

	Regulations (2017)			
The registered manager must ensure there is a checklist detailing all the emergency drugs and equipment alongside their expiry date. This should be used for the weekly checking of emergency drugs and equipment	Regulation 31 The Private Dentistry (Wales) Regulations (2017)	This was already in place. Emergency drugs are checked weekly. Expiry dates are checked and referenced to in the checklist. A copy of this checklist has been uploaded as evidence.	Catherine Edwards	Completed

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: Catherine Edwards
Name (print): Catherine Edwards
Job role: Registered Manager
Date: 22/11/22