

General Dental Practice Inspection (Announced)

Birchgrove Dental Practice /
Cardiff and Vale University Health
Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Birchgrove Dental Practice at 100 Caerphilly Road, Birchgrove, Cardiff, CF14 4AG, within Cardiff and Vale University Health Board on the 02 October 2020.

This inspection was conducted in response to concerns reported to HIW that the arrangements in place at the practice were not helping to ensure that staff and patients were being protected from the risk of infection during the recent COVID-19 pandemic. Due to the nature of these concerns, HIW felt an unannounced inspection was necessary to verify these allegations.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer. HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found that some arrangements had been implemented at the practice to help protect staff and patients against the risk of infection during the COVID-19 pandemic.

The environment of the practice had been adapted to ensure staff and patients could adhere to safe social distancing guidelines.

Policies had been amended to outline the process for staff to follow should they show any symptoms of COVID-19.

However, we saw that guidance issued by the Welsh Government on how to safely undertake aerosol generated procedures (AGP) during the pandemic was not being followed fully and therefore we were not assured that staff and patients were being protected from the risk of transmission of COVID-19 during such procedures.

This is what we found the service did well:

- Markers had been placed on the floor and posters were displayed to remind people to keep two-metres apart
- Chairs had been removed from the waiting room to ensure patients were sufficiently spaced apart
- Patients were being informed about what to expect during their appointment in light of COVID-19
- Patients were being checked for symptoms of COVID-19 before being allowed to attend the practice for their appointment
- Appropriate Personal Protective Equipment (PPE) for staff was available at the practice.

This is what we recommend the service could improve:

- To take account and adhere to professional and expert advice and guidelines issued with regard to treatments undertaken at the practice and to patient safety.

We found the service was not compliant with the following regulations of the Private Dentistry (Wales) Regulations 2017:

- Regulation 13(5), 13(6) and 13(8) regarding the quality of treatment and other service provision - arrangements in place at the practice to undertake AGP treatments were not fully in line with the latest guidance document¹ issued by the Welsh Government during COVID-19.

Due to the nature and seriousness of our concerns these issues were dealt with under our non-compliance and enforcement process. This meant that we wrote to the practice immediately following the inspection to say that the practice must not undertake AGP treatments until we serve notice confirming we are satisfied that persons would not be exposed to the risk of harm.

HIW subsequently received sufficient assurance of the actions taken to address the improvements needed and the suspension of undertaking AGP treatments was lifted with effect from 15 October 2020.

Details of the immediate improvements we identified and actions taken are provided in Appendix A and Appendix B.

¹ [Standard Operating Procedure for the Dental Management of Non-COVID-19 Patients in Wales](#)

3. What we found

Background of the service

Birchgrove Dental Practice provides services to patients in Cardiff and surrounding areas. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice provides a range of NHS and private general dental services.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Safe care

Managing risk and promoting health and safety

During the inspection we looked at how the dental practice had responded to the challenges presented by COVID-19 and whether they had the necessary arrangements in place to protect patients and staff in line with guidance issued by the Welsh Government throughout the pandemic.

We saw that changes had been made to the environment to help patients and staff maintain good hand hygiene and social distancing. A sign was displayed on the front door to say that only patients with pre-arranged appointments are allowed to enter the practice. Patients are required to wait at the entrance and use hand sanitizer before being called forward by the receptionist. A perspex shield had been installed around the reception desk and we observed staff and patients wearing masks when walking around the practice.

We saw that markers had been placed on the floor and posters were displayed to remind people to keep two-metres apart and chairs had been removed from the waiting room to ensure patients could adhere to social distancing.

Patients are emailed in advance of their appointment with information on what to do and what to expect when attending the practice for treatment, e.g. that patients must attend appointments on their own. Patients are asked COVID-19 screening questions by the practice multiple times before attending to ensure they are not showing or experiencing any symptoms; patients are contacted 3 days and 1 day before their appointment and then asked again by the dentist before the start of any treatment.

We saw that the staff well-being and absence policies had been updated to set out the arrangements in place at the practice to help keep staff safe. This included information on the process to follow should any staff develop symptoms of COVID-19. We saw evidence of a daily log that was being maintained to monitor staff symptoms and temperatures to help check they were safe to attend work. We were told that staff had not completed a personal COVID-19 risk assessment to help protect and manage those staff identified as being at a higher risk of experiencing more serious symptoms if they contract COVID-19; we received

evidence shortly after the inspection of completed risk assessments for each staff member.

We were told of an incident where one staff member experienced symptoms and subsequently tested positive for COVID-19. The registered manager² and responsible individual³ outlined the process that was followed in line with their policy and confirmed that the staff member had self-isolated following the test results for the period recommended by NHS Wales. We also saw evidence of an email sent by the registered manager informing staff of the positive case and reminding staff of the latest guidance in relation to protecting themselves during the pandemic.

Infection prevention and control

We looked at the arrangements in place for the use of PPE and found that they were in line with the latest guidance issued by the Welsh Government. Masks, aprons and gowns were all available in the stock room and we saw fit test certificates to show that respiratory protective equipment was suitable for each individual staff member to wear during AGP treatments.

We were told that staff had undertaken training on how to safely don and doff PPE but the practice could not provide any evidence to confirm this. We were provided with documentation shortly following the inspection where staff had signed to confirm that they had undertaken such training, that they understood their responsibilities and felt competent to put the training into practice.

We saw that an appropriate time period had been calculated by the practice to allow for settle and clearance of splatter/droplets following AGP treatments. However, during a tour of the practice and through our discussions with the responsible individual we identified that the practice did not have a suitable process in place to fully minimise the risk of transmission of COVID-19 during AGP treatments. We found that:

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

³ A 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 (Wales) Regulations 2017).

- The dental surgeries contained non-essential items which would be difficult to decontaminate easily and safely following AGP treatments
- The standard operating procedures produced by the responsible individual to set out the process to undertake treatments safely at the practice during COVID-19 was out of date and therefore did not reflect the content of the latest Welsh Government guidance document
- Equipment in the dental surgeries that could not be moved (e.g. mounted television screens) was not being appropriately covered during AGP treatments
- The detergent being used to clean the dental surgeries after AGP treatments was not strong enough to provide adequate decontamination
- The extra dental nurse at the practice was not being used to help staff doff PPE following AGP treatments as required in line with the latest guidance
- PPE used during AGP treatments was being worn when cleaning the surgery following treatments instead of being removed and replaced with new PPE before commencing cleaning.

These issues meant that we could not be fully assured that patients and staff were being protected from the risk of transmission of COVID-19 during AGP treatments being undertaken at the practice. Further details about our concerns and of the actions taken by the service to address the improvements needed can be found in Appendix A and Appendix B.

Effective care

Safe and clinically effective care

During the early onset of COVID-19 the Welsh Government issued advice to dental teams in Wales to outline the steps required to ensure staff and patients are protected from the risk of infection and to help reduce the transmission of COVID-19 within communities. This included the declaration of a 'COVID-19 Dental Red Alert' status, during which routine scheduled dentistry needed to cease, AGP treatments should not have been undertaken and all dental treatment that could be delayed, should have been delayed.

During the inspection we looked at the patient management system to check whether patients had attended the dental practice during the COVID-19 Dental Red Alert period. We found evidence that the dental practice had undertaken

treatments that were not permitted during this period such as temporary crown restoration, permanent fillings and root canal treatment. The responsible individual explained the background and mitigating circumstances that led to them undertaking these treatments but we could still not be assured that the health, safety and well-being of patients had been fully protected during the procedures.

Improvement needed

The service must ensure that they adhere to any advice issued to dental teams in Wales by either the Welsh Government or professional regulatory bodies recognised and approved by Welsh Government in future.

4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- 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 findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings 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.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>During the inspection we found evidence that the arrangements in place to undertake AGP treatments at the practice were not fully in line with the latest guidance document issued by the Welsh Government during COVID-19.</p>	<p>There is reasonable cause to believe that persons are not being adequately protected from the risk of COVID-19 while receiving some treatments at the practice.</p>	<p>Following the inspection HIW decided to impose a condition on the registration of Birchgrove Dental Practice to stop all AGP treatments with immediate effect to allow the practice to take the actions required to reduce or eliminate the risk of harm.</p>	<p>A service of concern meeting was held on 14 October 2020 between HIW and the service to discuss the remedial actions taken since the inspection. HIW were assured that the improvements made meant that AGP treatments could now be safely undertaken. HIW removed the conditions placed on the registration of Birchgrove Dental Practice with effect from 15 October 2020.</p>

Appendix B – Immediate improvement plan

Service: Birchgrove Dental Practice

Date of inspection: 02 October 2020

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<p>The service must ensure that the arrangements in place at the practice are in line with the ‘Standard Operating Procedure for the Dental Management of Non-COVID-19 Patients in Wales’ guidance document produced by the Chief Dental Officer. This must include, but is not limited to:</p> <ul style="list-style-type: none"> An updated standard operating procedures document for staff to understand their roles and responsibilities The removal of all non-essential moveable items and the covering of all unmoveable items from the dental 	<p>The Private Dentistry (Wales) Regulations 2017</p> <p>Regulations 13(5),13(6), 13(8)</p>	<p>We have updated our most recent standard operating procedure (SOP) since our first SOP created in June 2020 (that was based on the Pandora SOP and the RCS ENGLAND SOP which was an Evidenced based and risk assessed document).</p> <p>The newest SOP which has now been produced is based around the second updated Welsh SOP and we have based our entire framework and risk assessment at the practice on this.</p> <p>This has been shared with our team members who have been able to understand and implement these changes into our practice immediately.</p> <p>We have implemented a zoning session within the practice to have AGP sessions and to hold back</p>	<p>Craig Lewis (Principal Dentist and clinical lead) and Beth Lewis (Practice Manager)</p>	<p>All actions completed by 5 October 2020</p>

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<p>surgery where AGP treatments take place</p> <ul style="list-style-type: none"> • Decontamination of the dental surgery following AGP treatments using the correct strength detergent and not with a spray bottle • Following the correct Personal Protective Equipment procedures when undertaking decontamination of the dental surgery following AGP treatments • Implementation of a buddy dental nurse to aid the dental team during AGP treatments • Verification that staff understand their roles and responsibilities in relation to donning and doffing PPE and decontaminating the surgeries after AGP and non-AGP treatments • The undertaking of staff COVID-19 risk assessments to help protect their health and well-being 		<p>these sessions in the diary. We intend to start this by having end of the morning sessions as AGP only and to have the PM session again as AGP only.</p> <p>These will only occur on days where we have a spare/runner nurse. We have also extended our AGP times to allow for less fatigue of team members and we feel by having these when a lunch break or the end of the working day is imminent.</p> <p>We have also made the surgery available an extra session/day to help accommodate our patients should a dentist feel there is a need for a patient in pain or for any urgent treatment to be carried out on a Saturday.</p> <p>We have also placed signs on the surgery doors to indicate when an AGP is being undertaken with a stop watch/timer present to allow for a “time to enter” note to be written and clearly visible on the door.</p> <p>Each surgery has been equipped and modified by removing simple clutter such as flower vases, decorative ornaments, and speakers for a PC.</p>		

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		<p>We have also wrapped in protective screen covers and cellophane all monitors and PC screens/tv screens so that they can be easily wiped in a chlorine-based disinfectant after an AGP has been carried out. We have also obtained protective bags to place over our dental microscopes in both dental surgeries.</p> <p>This had made it a much barer and clearer environment in each clinical surgery. This has helped in making essential required screens needed to view radiographs and clinical notes safe to decontaminate, without any risk to staff members or the equipment being damaged.</p> <p>We have invested in further storage facilities in our stock room to hold items that can be fetched prior to an AGP appointment beginning.</p> <p>This will allow for a much simpler set up for an AGP or non AGP and will ensure any previously difficult to reach surfaces can be wiped easily.</p> <p>We have changed from using pure alcohol wipes and spray as per HTM 01-05 protocol to using now only chlorine based/bleach products (hypochlorous) in the form of chlorine tablets</p>		

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		<p>(Actichlor) Salvesan and Clinell Essential Covid wipes that are wipe/cloth based and not in a spray bottle. This has been updated in our SOP and items purchased prior to any further clinical practice.</p> <p>We have updated our team training to ensure that the nursing team member(s) who are disinfecting the surgery after it has been used for an AGP removes the current PPE after the appropriate fallow time has elapsed (as per our SOP) and is then wearing new PPE that would be worn for a non AGP, prior to disinfecting the surgery that they have been working in. This level of a fluid resistant mask, gloves, apron, glasses/visor has also been improved upon by our team wearing disposable protective arm covers should they see fit for when leaning over any bulk items in the surgery (such as hard surfaces/dental chair) to prevent bleach products touching their skin.</p> <p>We have a buddy/spare nurse who works at the practice 4 days a week and have now amended our SOP to ensure they can be contacted easily when any AGP is occurring. We have also</p>		

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		<p>restocked our stock room with items normally kept in the surgery should it be required.</p> <p>This buddy nurse can be contacted easily by instant message via our pc system (covered and wipeable keyboard) or via our internal phone system which acts as a walkie talkie. These small phones are wireless and can be carried around the practice and one can be wrapped and sealed in a surgery when an AGP is being undertaken using a quick dial function.</p> <p>We have also made our working week longer and using a weekend day to help ensure we have a buddy nurse more days during the Monday – Friday working week. We will also rotate this nurse role to help fight fatigue amongst our team.</p> <p>We now have verification by form of signed documents from all staff that they understand their roles and responsibilities in relation to donning and doffing of PPE.</p> <p>The staff are all already trained and are confident in cleaning / decontaminating the surgeries after AGP and non-AGP treatments. We have now signed supporting documentation confirming this.</p>		

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		<p>We have a very experienced and knowledgeable team who are all confident at working in oral surgery roles where donning and doffing PPE is paramount as per aseptic technique.</p> <p>All staff have been Covid-19 risk assessed to deem them healthy to be working in their current job roles. Each team member is happy and confident in providing excellent dental care.</p> <p>All staff have been provided with the Staff Wellbeing Policy. They have been advised on where to get further support in relation to health and well-being if need be relating to the current COVID-19 pandemic. This has been verbally discussed with each team member along with written documentation.</p>		

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): Craig Lewis
Job role: Principal Dentist
Date: 06 October 2020

Appendix C – Improvement plan

Service: Birchgrove Dental Practice

Date of inspection: 02 October 2020

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The service must ensure that they adhere to any advice issued to dental teams in Wales by either the Welsh Government or professional regulatory bodies recognised and approved by Welsh Government in future.	Independent Health Care (Wales) Regulations 2011 Regulation 13(8)	From amending our SOP which was based on the English ROYAL COLLEGE OF SURGEONS (RCS) SOP- we have now amended and incorporated that from the most recent Welsh SOP from the Chief dental officer of Wales. This is the basis upon which the Welsh Government take their advice and this will now be used as a reference point from this date and going forward for all future updates/regulations rather than that of the RCS SOP or from the UK Prime Minister.	Craig Lewis	With immediate effect 02/10/2020

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): **Craig Lewis**
Job role: **Principal Dentist**
Date: **10 November 2020**