

General Dental Practice Inspection (Unannounced)

Narberth Dental Health Practice

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2020

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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 Narberth Dental Health Practice at 6 St James St, Narberth SA67 7DB on the 11 November 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 explore 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

It was evident through discussions with staff that they were committed to providing patients with a quality patient experience.

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

However, to demonstrate compliance with guidance issued by the Welsh Government, we required additional assurance relating to the verification of fallow times following aerosol generating procedures (AGP).

We also required assurance regarding conscious sedation services provided by the practice, in line with the standards issued by the Welsh Government.

This is what we found the service did well:

- All areas of the practice were modern and visibly clean
- It was evident that staff were passionate about providing patients with good quality care
- A number of positive arrangements had been implemented to help protect staff and patients against the risk of infection during the COVID-19 pandemic.

We could not be assured that the service was 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 – this is because we required additional assurance regarding the verification of fallow times following aerosol generating procedures (AGP's)
- Regulation 13(1), 13(2), 13(4) and 13(8) regarding the quality of treatment and other service provision - this is because we could not be

assured that the conscious sedation services provided to patients were being conducted in line with the Welsh Government guidance.¹

Due to the nature 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.

We have since engaged with the practice in order to progress these issues and HIW has received sufficient assurance of the actions taken to address these areas.

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

¹ Service Standards for Conscious Sedation in a dental care setting

3. What we found

Background of the service

Narberth Dental Health Practice provides services to patients in Narberth and surrounding areas. The practice forms part of dental services provided by Herbrandston and Narberth Dental Health Practices.

The practice provides a range of private general dental services, including conscious sedation² services.

² Conscious sedation is a combination of medicines to help you relax (a sedative) and to block pain (an anaesthetic) during a medical or dental procedure.

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 were told that patients are advised of COVID-19 arrangements in advance of attending the practice via email. On the day of their appointment, we found that patients were advised to wait in their car or, if travelling by foot, in a suitably distanced waiting area. The waiting area had been split into two seating areas to enable effective social distancing.

We confirmed that all patients were asked to complete an updated medical questionnaire, which included COVID-19 screening questions and a temperature check upon arrival. We also confirmed that these checks were recorded appropriately in patient notes.

We found that changes had been made to the environment to help patients and staff maintain good hand hygiene. Hand gel was available at the entrance to the practice and we saw that patients are reminded to wear a face mask. A plastic barrier had been installed around the reception desk and the practice manager confirmed that this was disinfected daily.

We observed staff wearing appropriate PPE at all times in non-clinical areas of the practice and we saw that patients were escorted to and from the surgeries in support of social distancing measures.

We saw that the practice had a messaging service in place between surgeries and reception which enabled a 'runner' nurse to assist with providing any required materials and with the movement of patients around the practice.

Infection prevention and control

All areas of the practice were modern, visibly clean and free from clutter and obvious hazards. We found the surgeries and decontamination room to be well-organised and in a good state of repair.

We looked at what arrangements were in place for the use of PPE and we found appropriate quantities of stock, including masks and gowns, were available for staff. We saw that the practice manager had undertaken a certificated course to become a qualified in fit testing of face masks and had conducted fit testing for all members of staff.

Re-usable gowns were available and the practice manager confirmed that these are changed between AGP appointments and that staff are responsible for taking these home to wash. We advised the practice that staff should record how many times these have been washed, in line with manufacturer guidelines, to ensure their suitability for continued use.

We were told that staff had been provided with training, which included how to safely don and doff PPE, and that protocols had been distributed to staff to view. However, we would advise that staff are asked to sign a cover sheet for such policies and procedures to confirm that they have read and understood their contents.

During the inspection, we considered how the practice had implemented the Welsh Government standard operating procedure (SOP)³ in relation to safely undertaking aerosol generating procedures (AGP's) during the amber phase of the pandemic.

We considered specifically what arrangements were in place at the practice to comply with SOP in relation to fallow times, air changes and air purification. We found that the practice had taken steps to comply with the SOP in relation to the fallow times and usage of the air purification units, which included installing air purification units in each surgery, all of which were in operation alongside open windows to further aid air circulation.

³ Standard Operating Procedure for the Dental Management of Non-COVID-19 Patients in Wales

However, we found that in-house modifications had been made to the air purification units, with in-house testing undertaken in order to assess their efficacy. As this method was based upon an academic source, we recommended to the practice that they should seek verification from the appropriately qualified expert⁴ should they wish to rely on this method.

During the inspection, we were unable to find evidence of the fallow time calculations for each surgery. This was requested immediately following the inspection and we were provided with assurance that suitable times had been implemented by the practice based on use of the purifier without the modification.

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 what types of dental treatments were provided at the practice during the COVID-19 Dental Red Alert period. We found that whilst the practice had undertaken some strictly limited emergency treatments, we were content with the clinical justification provided by the Principal Dentist as to the necessity of those treatments.

However, we were advised by the practice that these appointments were triaged and booked over the telephone and, as a result, were not inputted onto the patient management system. We would advise the practice to ensure that these appointments are logged onto the appointment system for the purposes of

⁴ E.g commissioning company or occupational hygienist

maintaining a patient's appointment history and, going forwards, Test, Trace and Protect.

The practice provides conscious sedation services to patients who may feel anxious about receiving dental care. We explored how the practice delivered this service to patients and how it met a number of the standards outlined in guidance issued by the Welsh Government.⁵

We found that the service offered by the practice was well established and we found suitable patient information to help inform patients about the procedure, including appropriate mechanisms to obtain their informed consent.

However, during and immediately following our inspection we reviewed who in the dental team assists with conscious sedation, including details of when they began their sedation nursing role and a review of a sample log book to determine relevant training, continuing professional development (CPD) and experience.

We could not be assured for the following reasons:

- We were unable to determine the exact year in which each dental nurse began to undertake sedation dental nursing, thereby we were unable to determine which nurse(s) were covered by the transitional arrangements set out in the guidance document
- We were therefore unable to determine which nurse(s) were exempt from or required to undertake a formal, validated training certificate
- We were unable to confirm that 12 hours of continuing professional development relevant to the conscious sedation techniques in use at the practice had been undertaken within a 5 year period.

We found that annual immediate life support training had lapsed for some staff and in the sample log provided following the inspection we found that training was last undertaken in 2018 by one member of staff, which we later found was due to a period of extended leave. Whilst we acknowledge that COVID-19 has restricted the availability of face-to-face training, the practice should consider all options to address the risks of not keeping up-to-date with mandatory training.

⁵ Dental Services: Service Standards for Conscious Sedation in a dental care setting.

This could include alternative face-to-face or online options, ensuring that this is appropriately disseminated within the dental team and recorded.

Prior to publication of the report, HIW received sufficient assurance that actions had been taken by the practice to familiarise themselves with and to comply with the standards outlined in the Welsh Government guidance document.

Medicines management

We found that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK) standards⁶, with the exception of the Glucagon injection that had recently expired. We also found that other non-emergency medication was stored alongside the emergency drugs and that some of this had also recently expired.

The practice confirmed that they had been undertaking regular weekly checks of the emergency drugs and equipment. However, the practice must ensure that these checks are adequate to ensure that any short dated or expired medication is replaced.

Improvement needed

The practice must ensure that adequate weekly checks are undertaken to ensure that any expired medication is replaced

⁶ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

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
We found that a Glucagon injection located within the emergency drugs kit had recently expired	This could affect the efficacy of the drug in an emergency situation, thereby affecting patient safety.	We raised this with the practice manager on the day of the inspection.	The practice confirmed that a new Glucagon injection had been ordered and that another injection was able to be sought from their sister practice.

Appendix B – Immediate improvement plan

Service: Narberth Dental Practice

Date of inspection: 11 November 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 practice is required to submit the following information:</p> <ul style="list-style-type: none"> Documentation that confirms the year in which each dental nurse began undertaking <u>sedation</u> dental nursing Log books for each sedation dental nurse Any training certificates and CPD certificates for all sedation dental nurses, including the years of their current CPD cycle Details, including the training certificates, of when ILS training was 	<p>The Private Dentistry (Wales) Regulations 2017</p> <p>Regulations 13(1), 13(2), 13(4) and 13(8)</p>	<p>Documentation has been submitted.</p> <p>Additional training is now being explored to bring additional members of staff up to sufficient standard for sedation.</p>	<p>Liam Boulcott Practice Manager</p>	<p>Complete</p> <p>Ongoing</p>

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
last undertaken by each sedation dental nurse.				
We require calculations for each surgery, based on use of the purifier alone, to be submitted in order to demonstrate a specific fallow time for each surgery. The practice is then required to amend their fallow time to reflect these calculations until other methods can be verified by an appropriately qualified expert.	Regulations 13(5), 13(6) and 13(8)	Calculations have been submitted and additional air purifier units have been placed in surgeries. High Volume suction and additional mitigation measures are also being utilised.	Liam Boulcott Practice Manager	Complete

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: Dr M Boulcott

Name (print): Mark Boulcott

Job role: Principal Dentist

Date: 25.11.20

Appendix C – Improvement plan

Service: Narberth Dental Practice

Date of inspection: 11 November 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 practice must ensure that adequate weekly checks are undertaken to ensure that any expired medication is replaced	The Private Dentistry (Wales) Regulations 2017 Regulation 13	Already in place as noted but will formalise on weekly basis. Problem is difficulty in procurement and staffing problems mid Covid Pandemic.	Dr Mark Boulcott	Immediately

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Dr Mark Boulcott

Job role: Principal

Date: 10/01/21