

Quality Check Summary

Park View Dental Practice

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Park View Dental Practice as part of its programme of assurance work. Park View Dental Practice provides services to patients in the Pontypridd area and offers a range of NHS and private dental services. The practice forms part of the dental services provided within the area served by Cwm Taf Morgannwg Health Board.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 and other relevant regulations. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality Checks are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID-19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found [here](#).

We spoke to the registered manager¹ on 25 March 2021 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How has the practice and the services it provides adapted during this period of COVID-19?

¹ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

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 and staff. We reviewed recent risk assessments and incident reviews and questioned the setting on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

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

The registered manager informed us that he actively monitors the practice environment on a daily basis to ensure the environment is safe, clean and clutter free.

In order to protect staff and patients at the clinic, the registered manager told us that the front door is locked at all times to prevent members of the public from entering the practice unattended and without an appointment. We were told that appropriate notices and signs are on display at the practice.

Any patients who needed to see the dentist attend the practice by invitation and pre-booked appointment only. We were informed that staff admitting patients onto the premises wear appropriate personal protective equipment (PPE), and that all patients who require treatment are screened for symptoms of COVID-19.

The registered manager confirmed that the emergency drugs and equipment are stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. The registered manager confirmed that a system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

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

No improvements were identified.

Infection prevention and control

During the quality check, we considered how the practice has responded to the challenges presented by COVID-19. We considered how well the practice manages and controls the risk of infection to help keep patients and staff safe. We reviewed infection control policies, infection rates and risk assessments.

The following positive evidence was received:

The registered manager confirmed that staff have received COVID-19 updates via email, in hard copy and discussed at regular team meetings. We were verbally told by the registered manager that all team meetings are recorded and staff signatures are captured to evidence that the latest COVID-19 updates have been discussed and understood by all team members. We were told that regular communication has ensured everyone has up to date advice and guidance on COVID-19.

The registered manager confirmed that all staff have a clear understanding of the latest Standard Operating Procedure² guidance for dental management of non COVID-19 patients. The guidance is intended for use by all dental care settings in Wales. We also saw evidence that the practice had completed the Covid-19 Self Assessment from confirming that the practice is in compliance with the Welsh Government's Standard Operating Procedure guidance.

We noted from the Covid-19 Self Assessment form that all staff have received various internal training on topics such as recognising Covid-19 symptoms, the management of patients with Covid-19 symptoms, hand hygiene, correct use of PPE, including the donning, doffing and safe disposal of used equipment, cleaning regimes, and medical emergencies for patients during the COVID-19 pandemic. The registered manager also confirmed that all staff who are currently using FFP3³ masks have been fit tested to ensure the mask fits properly and will adequately protect staff.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a regular basis by the lead dental nurse.

The following areas for improvement were identified:

The registered manager confirmed that cleaning schedules have been increased at the clinic. However, no cleaning checklists are maintained. The registered manager must ensure all cleaning checklists are completed to evidence that the environment has been cleaned in line with the practice cleaning schedules.

² <https://gov.wales/dental-management-non-covid-19-patients>

³ FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

We saw evidence that infection control audit had been completed using recognised audit tools, including the Health Education and Improvement Wales⁴ audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance⁵. We recognised this as good practice due to the comprehensive scope of the audit. However, we noted that the audit was due for renewal in July 2019. The practice immediately arranged for the audit to be undertaken after the quality check. We were provided with a copy of the audit and we saw evidence that the resulting action plan had been actioned. However, the registered manager must ensure that the infection control audit is undertaken annually. We recommend that the practice includes infection control audit to their programme of planned annual audits.

Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff available to provide safe and effective care.

We reviewed staffing and patient levels, staff training and absences, management structures, practice functions and capacity, incidents and a variety of policies.

The following positive evidence was received:

The owner / principal dentist of Park View Dental Practice is the registered manager and the nominated responsible individual⁶.

The registered manager confirmed that all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The registered manager verbally confirmed that all policies and procedures contain review dates and / or are version controlled and are reviewed annually.

We were told that there are no current staff sicknesses and there are no current vacancies at the practice.

⁴ Health Education and Improvement Wales (HEIW) is dedicated to transforming the workforce for a healthier Wales. They are a Special Health Authority within NHS Wales and sit alongside Health Boards and Trusts.

⁵ WHTM 01-05 includes information on an audit of compliance with decontamination. The audit has been developed by dentists in Wales and is supported by the Dental Section, HEIW.

⁶ “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

We were provided with most recent responsible individual report as required by The Private Dentistry (Wales) Regulations 2017. The report evidenced the way the quality of the service provided is being managed and assessed to ensure that they met the requirements of the regulations and standards.

The following areas for improvement were identified:

We were provided with a copy of the statement of purpose and patient information leaflet which included relevant information about the services being offered. However, we found that the statement of purpose contained incorrect staffing details. The registered manager immediately arranged for the statement of purpose to be updated and we were provided with a copy.

The registered manager must ensure that both the statement of purpose and patient information leaflet is reviewed at least once every twelve months in order to fully comply with the regulation. We also recommend that the registered manager improve their knowledge and understanding of some areas of The Private Dentistry (Wales) Regulations 2017.

From discussions with the registered manager, it was evident that the practice was seeking to continuously improve the service provided to patients. We were provided with copies of relevant audits that had recently been completed such as cross infection, clinical notes and X-rays. However, we found that the audits were not clearly dated, did not contain details of who undertook the audit nor did they contain any unique patient identifier. The registered manager must ensure more detail is captured when undertaking audits to ensure a full audit trail is in place.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- 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
- 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 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.

Improvement plan

Setting: Park View Dental Practice

Date of activity: 25 March 2021

The table below includes improvements identified during the Tier 1 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.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The registered manager must ensure all cleaning checklists are completed to evidence that the environment has been cleaned in line with the practice cleaning schedules.	Regulation 13	Following the inspection the existing cleaning checklist has been modified accordingly to record the date and responsible staff for cleaning procedure.	Majid Jamshad	Immediate
2	The registered manager must ensure that the infection control audit is undertaken annually. We recommend that the practice includes infection control audit to their programme of planned annual audits.	WHTM 01-05	Following the inspection 2 sets of infection control Audit has been undertaken. As suggested we have created a matrix in which all our obligations and responsibilities are clearly highlighted. This matrix is displayed in such place that can be seen on a daily basis	Majid Jamshad	Immediate

			which is prompting us of undertaking of the infection control audits and other obligations.		
3	The registered manager must ensure that both the statement of purpose and patient information leaflet is reviewed at least once every twelve months in order to fully comply with the regulation. We also recommend that the registered manager improve their knowledge and understanding of some areas of The Private Dentistry (Wales) Regulations 2017.	Regulation 7	Following the inspection we have put a system in place to remind us of this obligation. As suggested a matrix has been created in which all our obligations and responsibilities are clearly highlighted. This matrix is displayed in such place that can be seen on a daily basis which is prompting us of the undertaking of all these obligations and responsibilities.	Majid Jamshad	Immediate
4	The registered manager must ensure more detail is captured when undertaking audits to ensure a full audit trail is in place.	Standard 3.1	Following the inspection we have changed our audit templates accordingly with extra columns to capture more details such as date of audit , patients unique reference number, who has undertaken the audit etc.	Majid Jamshad	Immediate

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.

Name: Majid Jamshad

Date: 06/04/2021