

Quality Check Summary

Trefynwy Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Trefynwy Dental Practice as part of its programme of assurance work. The practice offers a wide range of private and NHS treatments and services.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the NHS - Health and Care Standards 2015 and 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. 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 assurance and inspections can be found [here](#).

We spoke to the registered manger/principal dentist and the responsible individual/principal dentist on 18 October 2021 who provided us with information and evidence about their service. 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 do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How has the practice and the services it provides adapted during this period of COVID-19?
- 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 responded to the challenges presented by COVID-19 and 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:

- Environmental risk assessment
- COVID-19 risk assessment
- Cleaning policy.

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 were told of the changes that had been made to the practice environment as a result of the pandemic. Personal Protective Equipment (PPE) for staff and patients is available as well as hand sanitizing stations throughout the building. Cleaning schedules had been amended to enable more frequent cleaning. We were told that the practice were continually updating staff and their policies and procedures in line with updates and advice from external bodies. This included the guidance issued for the dental management of patients in Wales during the C-19 pandemic recovery.

We were told of the changes made to the environment to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms. These included social distancing measures and only patients with pre-arranged appointments could visit the practice. The waiting area is not in use as patients are escorted to the surgery upon their arrival. Staff had designated areas for donning and doffing¹ PPE and the surgeries have been decluttered of all unnecessary items.

We saw evidence of an environmental and COVID-19 specific risk assessment. Both were updated in October 2021. The two assessments documented the existing controls and any actions required.

Prior to an appointment, staff will telephone the patient and complete a COVID-19 screening questionnaire. Staff will also provide patients with information about the patient journey and payment options. These measures help reduce the amount of time a patient spends at the practice.

When patients arrive for appointments they are asked if they have any symptoms of COVID-

¹ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

19 and temperatures are taken. Hand sanitizer is given upon entry into the building. Face masks must be worn until the patient is seated in the surgery, unless they are exempt.

We were told the practice had very few patients whose first language was not English. However, the practice does have access to a translation service and also has information in Welsh and English available.

We were told that all surgeries are equipped to perform Aerosol Generating Procedures (AGP)². Ventilation and extraction units are installed in the surgeries to facilitate the removal of contaminated air.

The number of appointments has been reduced to enable sufficient fallow time³ and to allow for adequate time to disinfect the surgeries. Staff stated that this had not had any impact on the patient experience or the care that patients received. Both the registered manager and responsible individual stated that they felt staff worked and adapted well within the restrictions and guidelines.

The following areas for improvement were identified:

We noted that the COVID-19 practice risk assessment did not have the risk rating column completed. We recommend this is populated to help identify the severity of the risks being identified.

² An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

³ Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it 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 WHTM01-05 decontamination audit and action plan
- Cleaning policy
- Cleaning policy (schedule)
- Surgery Cleaning schedules
- Autoclave Daily checks
- Washer disinfectant daily and weekly checks
- Manual cleaning protocol.

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included a cleaning policy. We saw evidence of the practice cleaning schedules and records for the decontamination of instruments and dental equipment.

We were told of the systems in place to ensure all staff were aware of, and discharged their responsibilities for preventing and controlling infection. This was evidenced in the cleaning policy and cleaning schedule document. In addition, we were told that PPE training, including FFP3 mask training and donning and doffing of PPE had been delivered to all staff.

We were told that when AGPs are being carried out, the triage⁴ call helps identify the equipment that will be required. This is prepared in advance to minimise staff entering or leaving the surgery during the procedure. Staff told us that a buddy nurse is available should something be required. These practises ensure that infection risk is minimised during AGP procedures.

Staff explained that patients were contacted by telephone prior to their appointment and asked a series of questions to determine whether they were at risk of transmitting the virus. Patients who were displaying symptoms or were awaiting results of a COVID-19 test were asked to stay home and not attend the practice. This guidance is for patients receiving routine care. Staff refer to their SOP and the C-19 recovery guidance for patients with urgent care requirements.

We were told the practice had sufficient stock of PPE and that weekly stock checks are

⁴ Triage is the prioritisation of patient care based on illness/injury, severity, prognosis and resource availability

undertaken and any supplies required are ordered by the registered manager.

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. 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:

- Assessing and monitoring the quality of service provision report (prepared under Regulation 23 of the Private Dentistry (Wales) Regulations 2017)
- Consent policy
- Business continuity plan
- Mandatory training records for all staff
- Record card audit
- IR(ME)R audit
- Copy of the latest statement of purpose
- Copy of the latest patient information leaflet.

The following positive evidence was received:

We saw evidence of training records, which showed compliance with mandatory training. Some staff were waiting to complete part 2 of the cardiopulmonary resuscitation (CPR) course. The lapse in this training is an unfortunate result of the pandemic which resulted in face to face courses being cancelled. Staff explained the process for ensuring training was up to date, with staff continuing to use e-learning⁵ packages for Continued Professional Development (CPD).

The practice has maintained their processes for the reporting of any incidents, with the registered manager and responsible individual having an oversight of any incidents. We were told that staff were aware of their roles and responsibilities in reporting incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW). Any updated guidance for healthcare professionals was delivered to staff via team meetings and their messaging app group.

We were told that the practice continuously strives to improve the service provided to patients. This was evidenced in the audit documentation provided with the self-assessment, which included the assessing and monitoring the quality of service provision report, clinical

⁵ Learning conducted via electronic media, typically on the internet.

records audit, X-Ray quality and safety audit and a WHTM 01-05 decontamination audit.

The process of checking emergency equipment and medicines was explained. Staff have the responsibility for performing the weekly checks, recording the findings and ordering stock as required.

We reviewed the statement of purpose⁶ and patient information leaflet⁷ which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

The following areas for improvement were identified:

We reviewed the action plan that was put in place by the practice following their WHTM 01-05 decontamination audit. We saw that all the timescales stated as soon as possible, which does not help to manage/prioritise the tasks. Discussions with the registered manager did confirm that some of these had been completed. We therefore recommended that the action plan is updated to reflect the current position of the actions and that those remaining are given specific target completion dates.

⁶ “statement of purpose” (“*datganiad o ddiben*”) means the statement compiled in accordance with regulation 5(1) of the Private Dentistry (Wales) Regulations and Schedule 1.

⁷ Information as required by Schedule 2 of the above regulations.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

Improvement plan

Setting: Trefynwy Dental Practice

Date of activity: 18 October 2021

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.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The registered manager must review the COVID-19 practice risk assessment and ensure the risk rating column is completed to help identify the severity of the risks identified.	Health & Care Standards - 3.5 Record keeping The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (2) (d) (ii)	The registered manager has reviewed the COVID-19 risk assessment such that the risk rating column has been assessed and fully populated. The completed amended COVID-19 risk assessment document has been forwarded to HIW.	Edward Cronin	Reviewed, amended, and completed document sent to HIW on 10/11/2021
2	The registered manager should update the WHTM 01-05 action plan to ensure the current position of the actions and	Health & Care Standards - 3.5 Record keeping	The registered manager has reviewed and updated the WHTM 01-05 action plan to ascertain the current position of the actions and	Edward Cronin	Reviewed, amended, and completed

	that those remaining are given specific target completion dates.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (2) (d) (ii)	ensure that those remaining have been given specific target completion dates. The completed amended action plan with the relevant specific target completion dates has been forwarded to HIW.		document sent to HIW on 10/11/2021
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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:
Edward
Cronin

Date:
10/11/2021