

Quality Check Summary

West Cross Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of West Cross Dental Practice as part of its programme of assurance work. The Practice offers solely NHS dental treatment and has one dentist and three dental nurses. West Cross Dental Practice forms part of the dental services provided in the area serviced by Swansea Bay University Health Board.

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 Health and Care Standards 2015. 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 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:

- The most recent environmental risk assessments / audits
- Practice 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:

The principal dentist provided details of the changes that had been made to the practice environment that allowed patients to be seen during the COVID-19 pandemic. In order to protect patients and staff we were informed that the front door of the practice was locked, ensuring only those individuals with pre-booked appointments could enter the practice. Patients were told to attend wearing a mask and were told to notify the receptionist of their arrival by way of the video doorbell. Patients would then be screened for symptoms of COVID-19 and escorted directly from the front door of the practice to the treatment room.

The principal dentist informed us that posters had been placed on the walls of the stairway leading up to the surgery to remind patients of the procedures to follow for COVID-19. We were told that as this was a single dentist practice with one treatment room, appointment times were strictly controlled to ensure only one patient was permitted into the practice at a time. The practice waiting area was closed to patients.

We asked what measures were in place to keep patients informed about the safety procedures relating to COVID-19. We were told that every patient was telephoned prior to their appointment to explain COVID-19 safety procedures and the patient journey. Patients would have the opportunity during this telephone call to ask any questions they may have regarding the safety procedures in place. These actions helped to reduce the amount of time that patients would need to spend in the practice.

We asked what measures the practice had in place to support those who wished to communicate through the medium of Welsh. The principal dentist informed us that posters encouraging patients to communicate in Welsh were displayed in the practice. In addition practice literature was available in Welsh. Although the practice did not have any Welsh-speaking staff, we were told that the practice had access to a language line facility available via the local health board which would provide interpretation facilities if required.

The principal dentist explained that access to the practice was via a steep staircase. Accessibility for those patients with mobility requirements was therefore not possible. To ensure patients with these requirements could receive dental care, the principal dentist explained that they referred patients to a local practice nearby or to the local community dental service. The principal dentist told us that the practice had up to date equality and diversity and anti-discrimination policies that was signed by all staff to ensure understanding. In addition the principal dentist informed us that they would be purchasing a hearing loop for those patients who were hard of hearing.

We saw evidence of a practice cleaning policy and surgery cleaning schedules that took into account increased measures for COVID-19. There was also an up-to-date practice risk assessment that demonstrated a safe practice environment. These documents listed various risks, control measures and precautions that were in place to mitigate the highlighted risks.

No areas for improvements were identified.

Infection prevention and control (IPC)

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 most recent 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.

The following positive evidence was received:

The principal dentist confirmed the processes in place to protect patients and staff when an aerosol generating procedure (AGP)¹ was taking place. This process followed the most recent guidance issued by the Chief Dental Officer (CDO) for Wales. All staff were kept informed of the guidance issued by the CDO via regular staff meetings and notifications sent in a group mobile messenger application.

We were told that fixed air filtration units had not yet been installed in the treatment room

¹ 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.

to allow for shortened fallow time between patients. Instead, a large window would be opened and fallow time increased to 30 minutes as per the current guidelines. We saw evidence of an up-to-date COVID-19 policy that was version controlled, dated and in line with current guidance.

We confirmed the process to check that patients attending the practice were not displaying symptoms of COVID-19 with the principal dentist. We were informed that patients would be telephoned before their appointment and asked a series of screening questions. Patients would then be re-screened on attendance at the practice. Should a patient attend, who was displaying symptoms of COVID-19, staff would ask the patient to re-book and they would provide advice should the patient be in pain.

We were told that staff were up-to-date with training in the use of enhanced personal protective equipment (PPE), including the correct method of donning and doffing². This was achieved through a dedicated training session that took place at the practice. The principal dentist informed us that staff wore the correct PPE including FFP3³ masks, gowns, aprons and visors when treating patients and that staff had been professionally fitted for their masks by a certified fit-tester from the local health board. In addition, visual reminders such as posters reminding staff of the correct use of PPE were displayed in prominent areas within donning, doffing and treatment areas.

During an AGP procedure, the principal dentist confirmed that a rubber dam⁴ would be used where possible to lessen the risk of airborne particles (aerosols)⁵ alongside high volume suction⁶. The treatment room had been entirely cleared of any unnecessary equipment and would be prepared on a patient by patient basis with only the equipment that would be needed.

When asked about the arrangements for sourcing PPE, we were informed that responsibility for checking stock was delegated to a dedicated member of staff who would check stock on a weekly basis. The practice had not experienced any difficulties in sourcing PPE during the pandemic and continued to be well supported by the local health board.

We saw evidence of recently completed and compliant infection control audits, daily checklists for decontamination and sterilisation equipment and cleaning schedules covering the previous two weeks.

² Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

³ The need for FFP3 Mask (oral nasal disposable mask respiratory protection) to be worn is identified through clinical risk assessment. The mask is used to protect against respiratory borne pathogens. To use these masks, relevant staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

⁴ A rubber dam or dental dam is a thin sheet of latex or latex-free material. It is used to isolate teeth from the rest of the mouth during a dental procedure to improve the success of tooth repairs.

⁵ Dental aerosols can carry viruses and transmit infection.

⁶ A High Volume Evacuator (HVE) is a suction device that draws a large volume of air over a period of time.

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:

- Informed consent policies / procedures
- Business continuity plans
- Mandatory training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety.

The following positive evidence was received:

We were informed by the principal dentist that the practice closed to patients at the beginning of the pandemic. However, the practice continued to provide support and advice via telephone for patients with a dental emergency.

The principal dentist spoke highly of the staff, informing us that they were a very close knit team who worked well together. We were told that all staff adapted well, despite the challenges created by the pandemic. The practice was fully staffed at all times and did not need to use agency staff.

We were told that regular staff meetings were held to provide updates to guidance and information as necessary to staff. This was the preferred manner used by the practice to ensure that staff understood their roles within the practice. The practice also used a mobile messaging service to inform staff of any updates, courses and to check staff wellbeing.

We were informed that the practice had a robust audit process in place and we were provided with examples covering radiography and record keeping. The principal dentist informed us that audit processes had continued throughout the pandemic with outcomes discussed with staff during practice meetings. These audits were regularly repeated to ensure improvements were maintained.

We asked the principal dentist to describe the processes and procedures that ensured emergency drugs and equipment were present and in date. We were told that the emergency drugs were checked on a weekly basis on a dedicated day by the most senior

member of nursing staff. Drugs that were close to expiry would be ordered by the same member of staff for replacement. The practice has an Automated External Defibrillator (AED)⁷ and this was also checked weekly alongside the emergency drugs to ensure it was working correctly and has sufficient battery power at all times.

The following areas for improvement were identified:

The practice provided a comprehensive and completed record of mandatory training that demonstrated that all staff were up-to-date and fully compliant with most mandatory training requirements. However, we noted that three members of staff had not completed Basic Life Support (BLS)⁸ training since March 2020. We were informed by the principal dentist that this was due to difficulties accessing this training during the pandemic. We were told that staff had been booked onto an online course with the local deanery⁹ to undertake the theoretical part of this training and that this would be followed by the practical component.

The principal dentist must ensure that staff have completed their online BLS training and inform HIW once this has been completed.

During the quality check the principal dentist informed us that the emergency glucagon was stored in a vented cupboard that was not temperature controlled and did not undergo regular temperature checks. As the lifespan of this drug is affected by temperature it is important to check this regularly and adjust expiry dates as necessary.

The principal dentist must ensure daily temperature checks are carried out on the cupboard in which the emergency glucagon is stored. A record of these checks needs to be maintained on file and kept for any future review.

⁷ An automated external defibrillator (AED) is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation (VF) and pulseless ventricular tachycardia. It treats them through defibrillation, the application of electricity, which stops the arrhythmia, allowing the heart to re-establish an effective rhythm.

⁸ Basic Life Support, or BLS, generally refers to the type of care that first-responders, healthcare providers and public safety professionals provide to anyone who is experiencing cardiac arrest, respiratory distress or an obstructed airway. It requires knowledge and skills in cardiopulmonary resuscitation (CPR), using automated external defibrillators (AED) and relieving airway obstructions in patients of every age

⁹ An NHS deanery is a regional organisation responsible for postgraduate medical and dental training, within the structure of the National Health Service (NHS) in Scotland, Wales and Northern Ireland.

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: West Cross 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.

	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The principal dentist must ensure that staff have completed their online BLS training and inform HIW once this has been completed.	Standard 7.1 Workforce (Health and Care Standards 2015)	BLS training has already been arranged and paid for through HEIW. We are awaiting a link to the online training part prior to the in-practice session. Once training completed I will inform HIW.	Andrew Llewellyn	ASAP- awaiting contact from HEIW
2	The principal dentist must ensure daily temperature checks are carried out on the cupboard in which the emergency glucagon is stored. A record of these checks needs to be maintained on file and kept for any future review.	Standard 2.6 Medicine Management (Health and Care Standards 2015)	Thermometer and record notebook purchased. Recording of temperatures has already been incorporated into the weekly Defibrillator and emergency drug kit checks.	Kaylee Evans	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.

Name: Andrew Llewellyn

Date: 3-11-21