

# Quality Check Summary

## Llantrisant Dental Surgery

Activity date: 22 February 2022

Publication date: 29 March 2022



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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Llantrisant Dental Surgery as part of its programme of assurance work. Llantrisant Dental Surgery provides services to patients in the Llantrisant area. The practice forms part of dental services provided within the area served by Cwm Taf Morgannwg University Health Board. The practice provides care and treatment to NHS patients only.

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 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 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, who is also the owner of Llantrisant Dental Surgery, on 22 February 2022, who provided us with information and evidence about their service. We used the following key lines of enquiry:

- What changes have been implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How is the practice ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely
- How does the practice 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 does the practice 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 practice's environmental risk assessment.

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 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.

We were told that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed to aid and improve infection control. We were told that the following changes were made:

- Implemented clear desk procedures and unnecessary items were removed from the surgery, reception and waiting area
- Social distancing signage displayed
- Hand sanitiser dispensers provided at various locations
- Cough and sneeze posters displayed
- Protective screen installed at reception.

All patients who need 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.

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

The principal dentist confirmed that all leaflets and signs displayed at the practice are

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bilingual. We were told that the practice has one clinician who is a fluent Welsh speaker, which helps to meet the needs of Welsh speaking patients who wish to communicate in their preferred language. We were also informed that the practice has access to translation services. However, we were told that these services are not being promoted. We were informed, after the quality check call, that arrangements had been made for these services to be promoted at the practice using the laith Gwaith brand. The laith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers.

**The following areas for improvement were identified:**

We were provided with details of staff training records and it was noted that not all staff had received fire safety training. The principal dentist must arrange for all staff at the practice to receive fire safety training.

We also recommend that the receptionist undertakes training in safeguarding and data protection.

## 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:

- Surgery cleaning schedule checklist
- Cleaning policy and cleaning schedules
- Decontamination audit
- Records of daily checks of the autoclave
- Records of daily checks of ultrasonic bath
- Manual cleaning procedures.

**The following positive evidence was received:**

The principal dentist confirmed that all staff have a clear understanding of the latest guidance for the dental management of patients in Wales during C-19 pandemic recovery<sup>1</sup>. The guidance is intended for use by all general dental care settings in Wales.

It was confirmed that all staff have received a detailed COVID-19 risk assessment<sup>2</sup> to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic.

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<sup>1</sup> Dental management of patients during COVID-19 recovery | GOV.WALES

<sup>2</sup> This Risk Assessment Tool has been developed to help people working in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus.

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It was also confirmed that staff who are required to use filtering face piece 3 (FFP3)<sup>3</sup> masks have been fit tested to ensure the mask fits properly and will offer adequate protection.

We saw evidence that the practice has a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave<sup>4</sup> and the ultrasonic bath<sup>5</sup> evidencing that the start and end of the day safety checks were taking place.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a weekly basis by the principal dentist.

We saw evidence that cleaning schedules for the surgery and the practice environment are in place and daily checklists maintained.

**The following areas for improvement were identified:**

We saw evidence that a combined decontamination and infection control audit had been completed on 20 December 2021. However, we noted that the audit had been based on the British Dental Association (BDA) audit tool. We recommend that the practice completes the Health Education and Improvement Wales<sup>6</sup> audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance<sup>7</sup>. This will ensure that any differences between the standards in England and Wales are 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:

- Patient Information Leaflet
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Record card audit

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

<sup>4</sup> Autoclaves are items of equipment that are used in dental practices to sterilize all of the instruments and all of the materials used in professional procedures.

<sup>5</sup> Ultrasonic cleaner removes bioburden by using sound waves generated by electrical energy. As the sound waves move through the liquid cleaning solution, they cause the formation and bursting of millions of small bubbles.

<sup>6</sup> 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.

<sup>7</sup> 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.

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- Informed consent policies / procedures
  - COVID-19 policy
  - Business continuity plan
  - Mandatory training completion rates for all staff.

**The following positive evidence was received:**

The owner / principal dentist of Llantrisant Dental Surgery takes overall responsibility for management of the practice. The practice consists of one dentist, one dental nurse and a receptionist, all of whom had worked together at the practice for approximately 15 years. This meant that patients received care from staff who were familiar with the service and ethos of the practice.

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

We were provided with evidence which confirmed that all clinical staff have attended training on a range of topics relevant to their roles and in order to meet the Continuing Professional Development (CPD) requirements.

We were provided with a copy of the patient information leaflet which included relevant information about the services being offered.

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.

We were provided with a sample of the practice's policies and procedures. We saw that these had been reviewed during the year and we also saw that they contained a review date.

We saw that the practice had recently reviewed their business continuity plan to ensure continuity of service provision and safe care of patients during the pandemic.

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

**The following areas for improvement were identified:**

The principal dentist 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 principal dentist confirmed that a system was in place to check the equipment and emergency drugs on a monthly basis. We were also told that the oxygen cylinder and the defibrillator are checked on a daily basis. In accordance with

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standards set out by the Resuscitation Council (UK) we recommend that the practice undertakes weekly checks of the equipment and emergency drugs to ensure they remain in date and ready for use.

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## 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: Llantrisant Dental Surgery**

**Date of activity: 22 February 2022**

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	<p>The principal dentist must arrange for all staff at the practice to receive fire safety training.</p> <p>We also recommend that the receptionist undertakes training in safeguarding and data protection.</p>	Standard 7.1 Workforce	All training required will be completed within the next month	Huw Wilding	
2	We recommend that the practice completes the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.	(WHTM) 01-05	HEIW have been contacted. Information received. Audit will be started very soon	Huw Wilding	Within the next few weeks

3	We recommend that the practice undertakes weekly checks of the equipment and emergency drugs to ensure they remain in date and ready for use.	Resuscitation Council (UK)	Weekly checks are being undertaken	Huw Wilding	Immediately
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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: Huw Wilding

Date: 14/03/2022