

Quality Check Summary

Service name: Glynneath Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Glynneath 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 Health and Care Standards 2015 and 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 principle dentist/responsible individual and the practice manager/registered manager on 7 March 2022 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
- Risk Assessment
- Cleaning plan & schedule
- COVID-19 Standard Operating Protocols.

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. Chairs in the waiting area have been organised to ensure social distancing. The surgeries have been decluttered of all unnecessary items.

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

When patients arrive for appointments they are asked if they have any symptoms of COVID-19. Hand sanitiser is given upon entry into the building and face masks must be worn until the patient is seated in the surgery, unless they are exempt.

We were told that the practice has access to a translation service and also has information available in English and Welsh. Providing treatments to patients in another language is documented in policies at the practice.

We were told that all surgeries are equipped to perform Aerosol Generating Procedures (AGP)¹. Ventilation and extraction units are installed in three of the surgeries to facilitate the removal of contaminated air.

The number of appointments has been reduced to enable sufficient fallow time² and to allow for adequate time to disinfect the surgeries between patients. Staff stated that this had not had any impact on the patient experience or the care that patients received.

We saw evidence of an environmental risk assessment which had been updated in December 2021. The assessment documented the hazards and the existing controls and any actions required.

The following areas for improvement were identified:

We recommend the risk assessment is updated, specifically the manual handling control column to clearly document where the HSE leaflet is kept. In addition, under the fire hazard control column, it states 'fire alarm system (if fitted)' This needs to be updated to accurately reflect that there is a fire alarm system at the practice.

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:

- WHTM01-05 decontamination audit
- Cleaning plan & schedule
- Autoclave Daily and weekly checks
- Ultrasonic cleaner daily and weekly checks

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.

² Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place.

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- Procedures for patients requiring non-AGP/AGP.

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included a cleaning plan and schedule and records for the decontamination of instruments and dental equipment. We were told that the practice uses an audit tool which records the tasks completed and the staff member responsible for completing it.

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 plan and schedule documentation. In addition, we were told that PPE training, including FFP3 mask training and donning and doffing³ 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 practices ensure that infection risk is minimised during AGP procedures.

Staff explained that patients were contacted 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. Patients with urgent care requirements are risk assessed accordingly and additional measures are put in place in-line with the practice's policies and procedures 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 undertaken and any supplies required are ordered by the principle dentist.

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

³ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

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

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:

- Consent policy
- Business continuity plan
- Mandatory training records for all staff
- Record card audit
- IR(ME)R audit
- Business continuity plan
- COVID-19 policy
- 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. Staff explained the process for ensuring training was up to date, with staff using mainly 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 their record keeping audit, radiograph quality audit and a WHTM 01-05 decontamination audit.

A Regulation 23⁶ report was submitted to HIW following the quality call. The report includes the areas required by the regulation. The report also documents any actions arising and timescales for their completion.

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

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

⁶ Regulation 23 from the Private Dentistry (Wales) Regulations 2017 requires visits by the registered provider to private dental practice

required.

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

The following areas for improvement were identified:

The statement of purpose⁸ submitted needs to be updated, to include all the areas required by the Private Dentistry (Wales) Regulations 2017. A copy should be submitted to HIW.

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

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

⁸ "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.

improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

Setting: Glynneath Dental Practice

Date of activity: 7 March 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	The registered manager must review the risk assessment and update it to clearly document where the HSE leaflet is kept and reflect that a fire alarm is fitted at the practice.	Health & Care Standards - 3.5 Record Keeping The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (b)			
2	The registered manager must update their statement of purpose to include all the areas required by the regulations. A copy needs to be	The Private Dentistry (Wales) Regulations			

	sent to HIW.	2017 - Regulation 5 (1) & (2)			
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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:

Date: