

Quality Check Summary

St Mellons Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of St Mellons Dental Practice as part of its programme of assurance work. St Mellons Dental Practice provides services to patients in the St Mellons area of Cardiff. The practice is part of Restore Dental Group, which has a network of dental practices across South Wales. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board. The practice provides a range of NHS and private general dental 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 the Private Dentistry (Wales) Regulations 2017 (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 practice manager for St Mellons Dental Practice and the group operational clinical manager for Restore Dental Group on 1 March 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
- COVID-19 risk assessment checklist.

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.

The practice manager informed us that they actively monitor the practice environment on a regular basis to ensure the environment is safe, clean and clutter free.

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 some areas of the practice had been refurbished and that the following changes were made:

- Implemented clear desk procedures and unnecessary items were removed from the surgeries, reception and waiting area
- Extractor fans installed at the surgeries
- Protective glass screen installed at reception
- Social distancing signage displayed
- Hand sanitiser dispensers located at various locations.

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 the practice unattended and without an appointment.

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

COVID-19. We were also told that patients' temperatures are also taken and recorded on arrival.

We were told that unnecessary chairs have been removed from the waiting area to ensure patients are socially distanced.

The practice 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 practice manager confirmed that a system was in place to check the equipment and emergency drugs on a daily basis to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

We also noted that all staff had completed cardiopulmonary resuscitation (CPR) training and received fire training.

The practice manager confirmed that leaflets and signs displayed at the practice are bilingual. We were informed that two members of staff can communicate bilingually with patients. We were told that this service was being promoted by staff identifying themselves by wearing the laith Gwaith lanyard. The laith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers. Furthermore, we were informed that a member of staff can also communicate with patients in Portuguese. The practice also has access to an interpreter.

No areas for improvements were identified.

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:

- COVID-19 policy
- Records of daily checks of ultrasonic bath and manual cleaning procedures
- Records of daily checks of autoclaves
- Surgery daily maintenance checklist
- The most recent Welsh Health Technical Manual (WHTM) 01-05¹ decontamination audit and the action plan to address any areas for improvement

¹ 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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- Decontamination of environment policy
 - Cross Infection control policy
 - All Wales COVID-19 workforce risk assessment.

The following positive evidence was received:

The practice manager 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. The guidance is intended for use by all general dental care settings in Wales

The practice manager confirmed that staff have received regular COVID-19 updates via a dedicated WhatsApp² group, daily huddles and by email. Any new guidance and procedures are discussed in detail at formal team meetings, which are recorded. Guidance and procedures are also displayed on a dedicated staff notice board. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

We were told that all staff have received internal training and guidance on topics such as recognising COVID-19 symptoms, the management of patients with COVID-19 symptoms, correct use of PPE, including the donning, doffing and safe disposal of used equipment.

We saw evidence that all staff using FFP3³ masks have been fit tested to ensure the mask fit properly and will offer adequate protection.

It was confirmed that all staff have received a detailed COVID-19 risk assessment⁴ to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a weekly basis by a member of the dental nursing team.

We saw evidence that an infection control audit has been completed using recognised audit tools, including the Health Education and Improvement Wales⁵ audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. We saw evidence that the resulting action plan was in place and being monitored. We also noted that all staff had completed infection prevention and control training.

² WhatsApp Messenger is a cross-platform instant messaging application that allows iPhone, BlackBerry, Android, Windows Phone and Nokia smartphone users to exchange text, image, video and audio messages for free. In addition to basic messaging, WhatsApp provides group chat and location sharing options.

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

⁴ 'This Risk Assessment Tool has been developed to help people 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.

⁵ 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.

We saw evidence that the practice has a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave⁶ and the ultrasonic bath⁷ evidencing that the start and end of the day safety checks were taking place.

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:

- Statement of Purpose
- Patient Information Leaflet
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Radiation protection adviser (RPA) report
- Record card audit
- Informed consent policies / procedures
- Business continuity plan
- Mandatory training records
- The Regulation 23 (responsible individual visit) report.

The following positive evidence was received:

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

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.

From the key documents we reviewed, it was evident that the practice was seeking to continuously improve the service provided to patients. We were provided with copies of

⁶ 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.

⁷ 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.

relevant audits that had recently been completed, such as cross infection, clinical notes, X-rays and clinical waste. Where required, an action plan had been developed and maintained.

We were provided with the 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 meet the requirements of the regulations and relevant standards.

We saw that the practice had a business continuity plan in place to ensure continuity of service provision and safe care to patients during the pandemic.

We were told that due consideration is given to equality and patients' rights. During the pandemic, the practice utilised the 'Attend Anywhere'⁸ service and remote triage to reach patients who were too nervous to attend the practice due to COVID-19. We were also told that protected appointment slots are made available for vulnerable or at risk patients at the start or end of each day or session. We noted from the patient information leaflet that there is disabled access and other facilities available at the practice including a surgery that is accessible to wheelchair users on the ground floor. As mentioned previously, the practice also has access to language line interpreters and Welsh speaking staff are on hand at the practice.

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, in order to be fully compliant with the regulations, the registered manager should arrange for both documents to be published on their website.

⁸ The NHS Wales Video Consulting (VC) Service offer healthcare services a safe and secure way to see patients via a video appointment, rather than seeing them in-person. The VC Service is delivered via a communication platform called 'Attend Anywhere'.

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: St Mellons Dental Practice

Date of activity: 1 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 should arrange for the statement of purpose and patient information leaflet to be published on their website.	The Private Dentistry (Wales) Regulations 2017, Section 5 (2) Section 6 (2)	Upload for each site on our website. (Ponthir, Whichurch Rd, St Mellons)	Laura Borley	One month 23/04/2022

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: Laura Borley

Date: 24/03/2022