

# Quality Check Summary

## Y Bont Faen Dental Surgery

Activity date: 10 March 2022

Publication date: 14 April 2022



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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Y Bont Faen Dental Surgery as part of its programme of assurance work. Y Bont Faen Dental Surgery provides services to patients in the Cowbridge area. 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 both principal dentists, who are also the practice owners, on 10 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 COVID-19 pandemic?
- 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 environment risk assessment
- COVID-19 practice 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 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 in all surgeries
- Implemented one way system throughout the practice
- Protective glass screen installed at reception
- Social distancing signage displayed
- Hand sanitiser dispensers located at various locations
- Wipeable keyboards.

Any patients who need to see a 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.

The principal dentists confirmed that the emergency drugs and equipment are stored securely and in a location making them immediately available in the event of a medical

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emergency (patient collapse) at the practice. It was confirmed that a system was in place to check the equipment and emergency drugs on a weekly basis to ensure they were ready for use in accordance with standards set out by the Resuscitation Council (UK). However, we were told that the expiry dates for the equipment were checked monthly. We informed the practice that the expiry dates for the equipment and the emergency drugs should be checked weekly. We also advised the practice to check the oxygen cylinder and the defibrillator on a daily basis, which the practice agreed to do. We received confirmation immediately following our quality check that the checking of the expiry dates had been added to the weekly checks. We also received confirmation that the oxygen cylinder and the defibrillator had been added to the daily checklist.

We were informed that some leaflets and signs displayed at the practice are bilingual. We were told that the practice is currently arranging for their complaint process and patient information leaflet to be translated and made available bilingually. We were also told that the practice has access to Language Line translation services and some staff at the practice are able to greet patients in Welsh.

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

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

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

We also recommend that the receptionists undertake 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:

- The most recent Welsh Health Technical Manual (WHTM) 01-05<sup>1</sup> decontamination audit
- Cleaning policy
- Surgery cleaning schedules
- Records of daily checks of autoclaves

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<sup>1</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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- Records of daily checks of ultrasonic bath.

**The following positive evidence was received:**

The principal dentists confirmed that all staff have a clear understanding of the latest guidance for the dental management of patients in Wales during COVID-19 pandemic recovery<sup>2</sup>. The guidance is intended for use by all general dental care settings in Wales.

It was confirmed that all staff have received regular COVID-19 updates via a dedicated WhatsApp<sup>3</sup> group, by email and discussed at team meetings. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

We were also told that all staff who are required to use filtering face pieces 3 (FFP3)<sup>4</sup> masks have been fit tested to ensure the mask fits properly and will offer adequate protection.

It was confirmed that all staff have received a detailed COVID-19 risk assessment<sup>5</sup> to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic.

We saw that an infection control audit has been completed using recognised audit tools, including the Health Education and Improvement Wales<sup>6</sup> 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 saw that the practice has a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave<sup>7</sup> and the ultrasonic bath<sup>8</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 dental nurse and ordered by one of the principal dentists.

We saw that cleaning schedules for the surgeries are in place and daily checklists were being maintained.

**No areas for improvements were identified.**

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<sup>2</sup> Dental management of patients during COVID-19 recovery | GOV.WALES.

<sup>3</sup> 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.

<sup>4</sup> FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

<sup>5</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.

<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> 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>8</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.

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

**The following positive evidence was received:**

One of the owners / principal dentists of Y Bont Faen Dental Surgery is the registered manager<sup>9</sup> and the nominated responsible individual<sup>10</sup>.

We were provided with a copy of the statement of purpose and 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. All audits had been completed and, where required, an action plan developed and maintained.

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 a business continuity plan in place to ensure continuity of service provision and safe care to patients during the pandemic.

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<sup>9</sup> "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

<sup>10</sup> "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

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

We were provided with mandatory training statistics for the clinical team which showed an overall compliance rate of 69%. The principal dentists informed us that plans are in place for staff to renew any outstanding training over the next month. We were told that there was no current system in place to monitor overall training compliance. The principal dentists confirmed that arrangements will be put in place to ensure that mandatory training data is reviewed regularly.

We received evidence immediately following our quality check that a training matrix has been developed to ensure all staff members renew their training in a timely way.

The registered manager must provide HIW with updates in relation to the mandatory training completion rates within three months of this quality check.

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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: Y Bont Faen Dental Surgery**

**Date of activity: 10 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                | <p>The registered manager must arrange for all staff at the practice to receive fire safety training.</p> <p>We also recommend that the receptionists undertake training in safeguarding and data protection.</p> | Standard 7.1 Workforce. Regulation 22 (3) (c) and Regulation 14 (1) (b) | Nathan Welch signposted staff to where fire safety training could be completed online. The staff then all completed the training and provided Lara Welch with their certificate. The training matrix was then updated. All staff will completed safeguarding and GDPR training online. | Lara Welch          | By 12 <sup>th</sup> April |
| 2                | The registered manager must provide HIW with updates in relation to the mandatory training completion rates within three  | Standard 7.1 Workforce. Regulation 17                                   | New training matrix made so we can log all staff training dates and will be checked monthly to ensure all compliant. This will be sent to HIW to show  | Lara Welch          | By 1 <sup>st</sup> May    |

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|--|-------------------------------|--|--|--|--|
|  | months of this quality check. |  | completion rates of mandatory training |  |  |
|--|-------------------------------|--|--|--|--|

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: Lara Welch

Date: 25/3/22