

# Quality Check Summary

## Prestatyn Dental

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Prestatyn Dental as part of its programme of assurance work. Prestatyn dental is owned by Cordon Blue Ltd. The practice provides a range of private 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 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 to 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 registered manager on Wednesday 16 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:

- Environmental impact analysis
- Environmental policy statement
- General 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 necessary risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We saw that a comprehensive general risk assessment had been undertaken which included assessments of the environment, equipment and the health, safety and wellbeing of staff, and patients visiting the practice.

We were told that, in order to protect staff and patients, any patients who need to attend the practice do so by pre-booked appointment only. We were told that all patients are screened for symptoms of COVID-19 at the point of booking an appointment. Patients are asked to ring the front door bell, before being attended to by staff and screened for COVID-19 symptoms, before being allowed into the practice on the day of their appointment.

We were told that all the surgeries are accessible through the main entrance. We were also told that care is taken to limit the number of patients attending at the same time and that floor markings have been provided to aid social distancing. Staff admitting patients onto the premises wear appropriate personal protective equipment (PPE).

We were told that the Lead Nurse checks the emergency equipment, drugs and oxygen daily and that these checks are recorded.

**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:

- Infection control policy
- A copy of the most recent WHTM01-05<sup>1</sup> decontamination audit and the action plan to address any areas for improvement
- Cleaning schedules
- Autoclave testing record
- Autoclave protein residue test
- Cleaning Guidance
- Manual cleaning policy and protocol
- Manual cleaning procedure
- COVID-19 risk based clinical protocols alert
- Surgery cleaning schedules
- Ultrasonic bath cleaning record.

### **The following positive evidence was received:**

We were told that all staff have a clear understanding of the latest guidance issued by the Chief Dental Officer for the dental management of patients in Wales during C-19 pandemic recovery<sup>2</sup>. The guidance is intended for use by all dental care settings in Wales. Changes to the practice's Standard Operating Procedure were communicated to staff by means of e-mail and face to face discussions.

We were told that that staff have received regular COVID-19 updates. Any new guidance and procedures are discussed with staff to ensure that they understand the implications of the changes on their work.

We were also told that staff have received various internal training to include infection prevention and control and the correct use of PPE i.e the donning, doffing.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a regular basis. The registered manager did not foresee any issues with sourcing PPE in the future.

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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, Health Education and Improvement Wales.

<sup>2</sup> [dental-management-of-patients-in-wales-during-c-19-pandemic-recovery.pdf \(gov.wales\)](#)

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We saw that an infection control audit had been conducted, aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance, and we saw that an action plan had been drawn up to address any issues highlighted during the audit.

Documented evidence presented showed that all surgeries are thoroughly cleaned daily. We also saw evidence to demonstrate that the autoclaves<sup>3</sup> and ultrasonic bath<sup>4</sup> are being checked on a daily basis to ensure that they are working correctly.

We were told that Aerosol Generating Procedures (AGP)<sup>5</sup> have been risk assessed to minimise aerosol transmission. More time is allowed for enhanced cleaning following AGPs and additional time is allowed for staff to put on and take off PPE. A decision has also been made to continue with the current AGP protocol due to the prevalence of the Omicron variant.

**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:

- Copy of the latest annual report prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017
- Consent policy
- Business continuity plan
- The current percentage completion rates for mandatory training
- Statement of purpose<sup>6</sup>

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<sup>3</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>4</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>5</sup> 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.

<sup>6</sup> The statement of purpose is the information required in accordance with Schedule 1 to the Private Dentistry (Wales) Regulations. This includes the practice aims and objectives and the names and qualifications of the dentists and dental staff. Additionally, it should list the kinds of treatment, facilities and all other services provided in or for the purposes of the private dental practice, including details of the range of needs which those services are intended to meet.

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- Patient information leaflet
  - Patient record audit
  - X-ray image audit.

**The following positive evidence was received:**

We were provided with a copy of the statement of purpose and patient information leaflet<sup>7</sup> which contain relevant information about the services offered. The practice also has a website which provides useful information for patients.

We were told that the practice management team continuously strive to improve the service provided to patients. This was evidenced in the audit documentation provided with the self-assessment.

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

The registered manager confirmed that they were aware of incident reporting processes and knew how to contact HIW to report incidents or to seek advice. We were told that incidents are recorded and reviewed monthly with any learning points communicated to staff.

We were told that there are no current staff sicknesses and there are no current vacancies at the practice. We were also told that agency staff are not used.

We saw evidence of staff training records, which showed high compliance with mandatory training.

We were told that translation services were available to patients wishing to access services or information in languages other than English. We were told that the practice currently employs one Welsh speaking staff member.

The registered manager is also the principal dentist at Prestatyn Dental. The registered manager works full time at the practice and is on hand, on a daily basis, to monitor the quality of the service provided. The registered manager is supported by the practice Business Manager/Compliance Lead, Lead Nurse and the Area Lead. The responsible individual<sup>8</sup> also works at the practice and undertakes regular formal assessments of the quality of service provision as required by Regulation 23 of The Private Dentistry (Wales) Regulations 2017.

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<sup>7</sup> The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations. The information included a summary of the statement of purpose, arrangements seeking patients' views, access to the premises and keeping appointments.

<sup>8</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.

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**No areas for improvements were identified.**

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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.