

Quality Check Summary

Eastside Dental Centre

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Eastside Dental Centre as part of its programme of assurance work. The practice offers a range of NHS and private treatments and employs 10 dentists, three dental hygienist/therapists, 17 dental nurses and a number of receptionists and support staff. The practice forms part of the dental services provided in the area serviced by Swansea Bay University Health Board.

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 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 of the dental practice managers on 8 December 2021 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:

- The most recent environmental risk assessments / audits.

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:

The practice managers provided details of the changes that had been made to the practice environment that allowed patients to be seen during the COVID-19 pandemic. We were told that the practice limited the number of patients present in the practice at any one time. Patients would be asked to attend wearing a face covering and to arrive only at their appointment time. The practice managers informed us there was a sign displayed at the door of the practice which informed patients to wait outside and to ring the reception desk to notify the practice of their arrival. A dedicated member of staff would then escort the patient through the practice following a one way system. A hand sanitiser station was present at the entrance to the practice and patients would be encouraged to use it both on entry and exit.

The practice managers informed us that clear plastic screens had been installed at the reception desks for the protection of patients and staff. Posters were displayed inside the practice to remind patients of the increased infection control requirements due to the COVID-19 pandemic and the need to socially distance. We were told that toys and magazines had been removed from the waiting area and seating had been reduced and spaced out to allow for appropriate social distancing.

We asked what measures were in place to keep patients informed about safety procedures relating to COVID-19. We were told that up to date information concerning the increased measures was available on the dental practice website. In addition, a link to the restrictions and procedures in place at the practice was emailed or sent via text message to the patient prior to their appointment. Patients would also be telephoned to explain the COVID-19 safety procedures. For patients without internet access, a leaflet was provided outlining the measures in place at the practice and staff would take extra time to speak with them to ensure they understood what was asked of them.

The practice managers told us about the facilities to ensure accessibility to the practice for those with disabilities. The practice managers told us that the practice is based on the first

floor of a purpose built health centre. We were told that the practice had a lift for patients to access the practice and several disabled parking spaces outside the building. In addition, we were told that there was an accessible toilet and a lowered reception desk for patients to use. We were informed that there was a hearing loop¹ system to assist those patients that may be hard of hearing. The practice had access to a telephone based translation service provided by the local health board for patients where English was not their first language.

We were told that patients were encouraged to communicate through the medium of Welsh. The practice had several Welsh speaking members of staff and other staff members were being supported in learning to speak Welsh. Should patients request to communicate in Welsh a note was placed on their file to remind staff. All information was available in both English and Welsh.

We saw evidence of surgery cleaning schedules that took into account the increased measures due to the COVID-19 pandemic as well as risk assessments for all practice areas. These documents listed various risks, control measures and precautions that were in place to mitigate the highlighted risks and demonstrated a safe practice environment.

No areas for improvements were identified.

Infection prevention and control (IPC)

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:

- A copy of the most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement
- Generic infection control policies and COVID-19 specific policies
- Cleaning schedules.

The following positive evidence was received:

The practice managers confirmed the processes in place to protect patients and staff when an aerosol generating procedure (AGP)² was taking place. This process followed the most recent guidance issued by the Chief Dental Officer (CDO) for Wales. All staff were kept

¹ A **hearing loop** (sometimes called an audio induction loop) is a special type of sound system for use by people with hearing aids.

² 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.

informed of the guidance issued by the CDO and associated practice policies and procedures via regular staff meetings and daily team meetings that took place each morning. In addition, staff were kept informed of updates via a mobile messaging application.

We saw evidence provided in the practice Standard Operating Procedure (SOP) that during an AGP procedure, high volume suction³ would be used where possible to lessen the risk of airborne particles (aerosols)⁴. In addition, we were told that surgeries undertaking AGP procedures had notices on them to notify staff not to enter until the fallow time⁵ had been observed. Patients who were assessed as increased risk of COVID-19 were offered appointments at the start of the day.

We were informed that fixed air filtration units and air purifiers had been installed into most of the surgeries which enabled the practice to operate with the minimum fallow time⁶ of 10 minutes following an AGP. The practice managers confirmed with us that the remaining surgeries had mobile air filtration units and that all staff had been trained and knew how to correctly operate both types of unit.

We confirmed with the practice managers the process to check that patients attending the practice were not displaying symptoms of COVID-19. We were informed that patients would be telephoned before their appointment and asked a series of screening questions in addition to being sent a screening questionnaire to complete online. Patients would then be re-screened on attendance at the practice and would be offered a face mask should they not attend wearing one and encouraged to use the hand sanitiser. The practice managers confirmed that if a patient attended the practice displaying symptoms of COVID-19, they would be told to re-book and they would be provided with advice in the first instance. If the patient still required an appointment, they would be booked at the end of the day at a time when no other patients were present at the practice.

We were told that all staff undertaking AGP's had been correctly fit-tested for filtering-face-piece masks (FFP3⁷) and were up-to-date with training in the use of enhanced personal protective equipment (PPE), including the correct method of donning and doffing⁸. This was achieved through face to face instruction provided by a trained member of staff within the practice. Additionally, posters reminding staff of the correct use of PPE were displayed in prominent positions within donning and doffing areas. The practice managers informed us

³ A High Volume Evacuator (HVE) is a suction device that draws a large volume of air over a period of time.

⁴ Dental aerosols can carry viruses and transmit infection.

⁵ Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place which allows any droplets to settle before cleaning and decontamination takes place

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⁷ The need for FFP3 Mask (oral nasal disposable mask respiratory protection) to be worn is identified through clinical risk assessment. The mask is used to protect against respiratory borne pathogens. To use these masks, relevant staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

⁸ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

that staff wore the correct PPE including FFP3 masks, gowns, aprons and visors when treating patients.

The practice managers informed us that they had experienced some difficulties sourcing enough PPE during the pandemic. However they had overcome this by working together with nearby dental practices to share supplies. Also with the additional support from the local health board, they had coped well and ensured that they were able to continue to offer a safe service to patients. We were told that visual stock checks take place on a daily basis by a dedicated member of staff and stock is ordered on a weekly basis by the practice manager.

We saw evidence of recently completed and compliant infection control audits, daily checklists for decontamination and sterilisation equipment and cleaning schedules covering the previous two weeks as well as up to date written procedures for the prevention of COVID-19 that were in line with current guidelines. We were also provided with an infection control policy document that covered all areas.

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:

- A copy of the latest annual report prepared under regulation 16(3) of the Private Dentistry (Wales) Regulations 2017
- Informed consent policies / procedures
- Business continuity plans
- Mandatory training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety

The following positive evidence was received:

The practice managers informed us that the practice did not close during the pandemic and continued to provide support and advice to patients who required it, via telephone. We were told that at the start of the pandemic, staff were split into “bubbles” of staff with each staff bubble working only at set times. This meant that the practice did not need to change their opening hours and also helped to keep staff safe.

The practice managers spoke highly of the staff, informing us that they had adapted well, despite the challenges created by the pandemic. They confirmed to us that all staff had completed COVID-19 risk assessments and those that identified as vulnerable had been moved to work in alternative areas of the practice. The practice managers explained that staff had been supported during the pandemic by management and also had access to a staff wellbeing telephone support line provided by the local health board. Staff requiring additional support due to the pandemic were offered regular reviews and discussions with the practice management team.

We were informed that the practice had a robust audit process in place and we were provided with examples covering radiography and record keeping that demonstrated excellent results. The practice managers informed us that audit processes had continued throughout the pandemic with peer-reviews taking place on a daily basis between staff allowing any issues to be highlighted and addressed immediately. Additionally, we were told that audits were carried out on a weekly basis for disinfection and sterilisation equipment and a practice wide audit was undertaken every three years.

We asked the practice managers to describe the processes and procedures that ensured emergency drugs and equipment were present and in date. We were told that the emergency drugs were checked on a weekly basis on a dedicated day by the practice manager or lead nurse. As the practice offers intravenous conscious sedation for dentistry, we were told that oxygen cylinders were checked on a daily basis and a visual check of all emergency drugs completed daily. Weekly checks were recorded in a log book alongside drug expiry dates. Emergency drugs and equipment were kept in an area that was accessible to all staff via an entry card.

The following areas for improvement were identified:

During the quality check call we were informed that the practice had a number of linked cases of COVID-19 earlier in the year. We asked the practice managers if they were aware of the correct process to ensure prompt notification to HIW of any such incidents. However, there was some confusion as to who would notify HIW should this be necessary. Upon checking our records, no notification had been made to us.

The registered manager must ensure that staff are aware of and follow the correct procedure for notifying HIW of notifiable events according to the Private Dentistry (Wales) Regulations 2017.

As part of the quality check process, the practice managers submitted to HIW evidence of mandatory training for all staff. At the time of the quality check, many staff were not compliant with requirements for fire training and training in Ionising Radiation (Medical Exposure) Regulations⁹. Some new staff had not yet completed any training in Basic Life

⁹ Ionising Radiation (Medical Exposure) Regulations 2017 training relates to the training and continuous professional development of healthcare staff that are responsible for the taking or processing of images

Support (BLS) or in Child Protection or training in the Protection of Vulnerable Adults. It is important that all staff are up to date with their knowledge and skills in relation to their responsibilities and role within a clinical setting in order to protect patients and staff. During the quality check, we asked the practice managers to explain to us the provisions in place to ensure staff were adequately trained and up to date with their mandatory training and were informed that staff were due to undertake training in the areas in which they were non-compliant imminently.

The registered manager must ensure that all staff are fully up to date with mandatory training requirements and inform HIW when staff have completed their mandatory training.

During the quality check we were informed that the registered manager¹⁰ of the dental practice had been away from the practice and shielding¹¹ since the start of the pandemic. It is a requirement under the Private Dentistry (Wales) Regulations 2017 that the registered manager must have day to day management of the private dental practice. Should they be absent for a continuous period of 28 days or more, the registered manager must notify HIW of their absence and provide details to us of:

- The expected length of absence
- The reasons for it
- The arrangements to be made in their absence for the running of the dental practice
- The name, address and qualifications of the person that they have appointed to be responsible for the running of the practice and
- Whether another person will be appointed to become the registered manager.

This information had not been provided to us at the time of the quality check. However, we were informed that arrangements to appoint another registered manager were being discussed.

The registered manager must notify HIW of their absence and of any arrangements in place to appoint an alternative person or person(s) to act as or become the registered manager for the purposes of the private dental practice.

captured by x-ray. This training ensure that staff are up to date with best practice and guidance relating to the use of x-rays and/or the equipment used within a healthcare setting.

¹⁰ The “registered manager” means a person who is the registered with HIW under part 2 of the Private Dentistry (Wales) Regulations 2017 to act as the manager of a private dental practice.

¹¹ “Shielding” means the act of protecting oneself from threat of contracting COVID-19 by preventing all but essential contact with others.

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: Eastside Dental

Health Board: Swansea Bay University Health Board

Date of activity: 8 December 2021

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.

	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The registered manager must ensure that staff are aware of and follow the correct procedure for notifying HIW of notifiable events according to the Private Dentistry (Wales) Regulations 2017.	Regulation 25 of The Private Dentistry (Wales) Regulations 2017	Now that we have clarification of the notifiable events, we will ensure that HIW are made aware if such events were to occur.	Dr. Paul Ridgewell (Responsible Individual), Dr. Mark Williams & Dr. James Crouch-Baker (Registered Managers), Mrs. Jodie Litchfield & Miss. Caitlin Falvey (Practice Managers).	With immediate effect.
2	The registered manager must ensure that all staff are fully up to date with mandatory training requirements and	Regulation 17 of The Private Dentistry	BLS completed by all staff members 09/12/2021. Child &	Dr. Paul Ridgewell (Responsible Individual), Dr. Mark Williams &	See dates associated with action

	inform HIW when staff have completed their mandatory training.	(Wales) Regulations 2017	Adult Protection booked for all staff on 20/01/2022. Fire training will be completed by the end of 02/22. First Aid refresher courses completed by 03/2022. IRMER and Infection Control will be completed by staff members when due within their 5 year cycles.	Dr. James Crouch-Baker (Registered Managers), Mrs. Jodie Litchfield & Miss. Caitlin Falvey (Practice Managers).	plan.
3	The registered manager must notify HIW of their absence and of any arrangements in place to appoint an alternative person or person(s) to act as or become the registered manager for the purposes of the private dental practice.	Regulation 26 (1)(b) (2)(a-e) (4)(b) of The Private Dentistry (Wales) Regulations 2017	In future, if there is cause for a registered manager to be out of the practice for any period of time, we will ensure that HIW are notified immediately. We will also ensure adequate cover during the Registered Manager's absence.	Dr. Paul Ridgewell (Responsible Individual), Dr. Mark Williams & Dr. James Crouch-Baker (Registered Managers).	With immediate effect.

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: *Caitlin Falvey*

Date: 21/12/2021