

# Quality Check Summary

## Portland Street Dental

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Portland Street Dental Practice as part of its programme of assurance work. Portland Street Dental Practice provides services to patients in and around Aberystwyth, Ceredigion. The practice is part of the Colosseum Dental Group, which had a network of dental practices across the UK. The practice provides a range of NHS and 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 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 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 practice manager, lead nurse and lead receptionist for Portland Street Dental on 17 May 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

### Dental Practices

- 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?

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## 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 recent 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 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 was available as well as hand washing and sanitising stations throughout the building. Cleaning schedules had been amended to enable more frequent cleaning.

The changes made to the environment to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms were described. These included social distancing measures and a one-way system for patients and staff. There are eight dental surgeries and three waiting rooms at the practice.

To protect staff and patients at the practice, we were told that the front door was locked at all times to prevent members of the public from entering the practice unattended and without an appointment.

Patients who needed to see the dentist attended the practice by invitation and pre-booked appointment only. We were informed that staff wore appropriate PPE. Staff explained that patients were contacted by telephone prior to their appointment and asked a series of questions to determine whether they were at risk of transmitting the virus. This information was also confirmed on arrival for their appointment.

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

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<sup>1</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.

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The practice manager confirmed that all information leaflets, signs and posters displayed at the practice were in both Welsh and English. We were informed that some members of staff could speak Welsh. Furthermore, the practice manager informed us of their work with the “Ask Nicely”<sup>2</sup> service to ensure that their patient information was available bilingually.

**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:

- The most recent Welsh Health Technical Memorandum (WHTM) 01-05<sup>3</sup> decontamination audit and the action plan to address any areas for improvement
- Infection control policy
- Records of daily checks of ultrasonic bath and manual cleaning procedures
- Records of daily checks of autoclaves
- All Wales COVID-19 workforce risk assessment.

**The following positive evidence was received:**

Various documents for the prevention and control of infection, were provided before the quality check, which included a cleaning policy and infection control policy. We saw evidence of the practice cleaning schedules and records for the decontamination of instruments and dental equipment.

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 practice infection control policy and surgery cleaning schedules, which set out the actions and responsibilities of management and staff to prevent the spread of infection. In addition, we were told that PPE training, including donning and doffing<sup>4</sup> of PPE had been delivered to all staff and that PPE spot checks and audits were conducted. We were told that clinical staff wore PPE hoods rather than masks and that this had helped with patients that needed to lip read.

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<sup>2</sup> Ask Nicely is software that can gather opinions, reviews and feedback from customers in real time

<sup>3</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.

<sup>4</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

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We were told that when AGP were carried out, the mechanical ventilation system helped to reduce the concentration of aerosols in the air and reduced the amount of fallow<sup>5</sup> time between each patient. We were informed that surgeries had reduced the amount of clutter and taken excess instruments out of surgeries and kept in a dedicated storage room and only the equipment relevant to the treatment was kept in the surgery. These practises ensured that infection risk was minimised during AGP procedures.

If a patient, with COVID-19 signs and symptoms, required emergency treatment, appointments would be arranged for the patient to be seen using the practices respiratory pathway. If treatment was not deemed urgent, the treatment would be delayed until they did not have signs or symptoms of COVID-19.

We were told the practice had sufficient stock of PPE and that weekly stock checks were undertaken and any supplies required were ordered.

**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 23 of the Private Dentistry (Wales) Regulations 2017
- Informed consent policy
- Business continuity plan
- Training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety
- Record card audit
- IRMER audit
- Copy of the latest statement of purpose
- Copy of the latest patient information leaflet.

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<sup>5</sup> After an AGP treatment has been performed, appropriate fallow time is required. Fallow time is the time where the empty surgery is left undisturbed for aerosols to settle in the surgery before cleaning can commence and the next appointment is due.

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

We saw evidence of training records, which showed compliance with mandatory training including cardiopulmonary resuscitation (CPR) and fire training. The practice manager explained the process for ensuring training was up to date, with staff continuing to use e-learning<sup>6</sup> packages and in person training for Continued Professional Development (CPD).

The registered manager informed us that there was a system in place to keep staff up-to-date with any changes to guidance, policies and procedures within the practice. We were told that information was also available for staff on the company intranet and any changes would be discussed in regular meetings and also emailed out to staff

We were told that the practice closed to patients during the initial stages of the pandemic. However, the practice had maintained a rota system of taking calls for remote triage<sup>7</sup>. This ensured patient care could be delivered according to their needs.

The practice had a process in place for the reporting of any incidents, with the practice manager having an oversight of any incidents. We were told that any incidents would be reported to the head office and any lessons learned were shared with staff at the practice. Staff at the head office would report any incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW). Any updated guidance for healthcare professionals was communicated to staff via staff meetings, emails and their online portal.

We were told that the practice aimed to continuously improve the service provided to patients. This was evidenced in the audit documentation provided with the self-assessment, which included a radiograph quality audit, record card audit and a WHTM 01-05 decontamination audit. Audit reports were dated, actions noted and themes monitored.

The process of checking emergency equipment and medicines was explained. The checks would be recorded in the appropriate logs.

We reviewed the statement of purpose<sup>8</sup> and patient information leaflet<sup>9</sup> which contained all the information required by the Private Dentistry (Wales) Regulations 2017. In addition, we were provided with a sample of policies and procedures which were all up to date, version controlled and signed.

### **No areas for improvements were identified.**

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<sup>6</sup> Learning conducted via electronic media, typically on the internet.

<sup>7</sup> The assignment of degrees of urgency to decide the order of treatment of a number of patients.

<sup>8</sup> "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.

<sup>9</sup> Information as required by Schedule 2 of the above regulations.

# 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.