

Quality Check Summary

West End Dental (Porthmadog)

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of West End Dental (Porthmadog) as part of its programme of assurance work. This is a private dental practice, based in Porthmadog, North Wales.

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 the registered managers on 16/05/2022 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:

- Environmental risk assessment (including any COVID-19 specific 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 reviewed the key documents listed above and confirmed all were adequately completed and dated.

The practice manager informed us of the changes made to minimise the risk of COVID-19 transmission in the practice communal areas and treatment rooms. We were told that:

- The practice currently keeps the front door locked to prevent anyone without an appointment entering the practice.
- Appointments are longer to allow for extra cleaning in between patients, and to avoid patient cross over.
- The waiting room has been rearranged to allow for social distancing.
- Patients are asked to wear face coverings in the practice and there are signs in the practice encouraging patients to use the hand sanitizer dispensers.
- Patients are asked to leave their belongings in a box at reception to avoid taking them into the surgery. .

The practice manager informed us that, when appointments are booked, patients are encouraged to visit the practice's website to read all the relevant COVID-19 information. For patients with no access to the internet, reception staff will relay all the relevant information over the phone.

The practice manager also told us of the processes put in place during the pandemic to safely treat COVID - 19 positive or suspected positive patients. They informed us that patients are offered a telephone consultation. Following this, if an appointment is needed, staff would dedicate a specific surgery for the treatment. Staff would wear full personal protective equipment (PPE) and the patient would be seen at the beginning or end of the day, to avoid interaction with other patients and allow for deep cleaning after the appointment. We were also told that, despite the Porthmadog practice being open 9.00am-5.00pm, West End dental company's opening hours are 8.00am-8.00pm. This allows the practice to stay open later to accommodate patients.

Staff informed us that there are welsh speaking customer care and nursing staff working at the practice and these staff members wear the relevant badges to indicate this. The practice manager told us that they are currently working to implement bilingual information leaflets in the practice and staff also have access to a translation service if ever needed.

We were told all surgeries are equipped for Aerosol Generating Procedures (AGP)¹ procedures and have been fitted with air filtration systems. We were told that each surgery used during the day is either dedicated to AGP or non AGP procedure for the whole day, or the day is split into two sessions, where the room will be used for AGP procedures for one half of the day, and non AGP procedures for the other half.

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:

- Surgery cleaning schedules for the last week
- Copy of cleaning policy
- Copy of the most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement
- Copies of the daily checks records for each autoclave
- Manual cleaning policy

The following positive evidence was received:

We were provided with documents for the prevention and control of infection. We also saw evidence of practice cleaning schedules and a cleaning policy, as well as records for the decontamination of instruments and surgery equipment, and a copy of the completed WHTM01-05 decontamination audit. All of these were complete.

The practice manager informed us of the systems in place to ensure all staff are aware of their responsibilities for preventing and controlling infection. All staff have undertaken

¹ 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

training around the correct use of FFP3 masks and donning and doffing. We were also told that staff have access to an online training portal and have completed their safeguarding refresher training virtually.

We were told that any changes to policies and procedures are uploaded to an electronic online system, which all staff members have access to. Staff are notified of the update and the practice managers are able to see when staff have read the update via the online system.

Staff informed us that, from the start of the pandemic, they avoided PPE stock shortages by keeping a 3 month stock in all of the West End practices, which is replenished monthly by the assistant operations manager for all sites.

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 latest Statement of Purpose
- Copy of latest Patient Information Leaflet
- IR(ME)R audit
- Record card audit
- Informed consent policy / procedure
- Copy of latest COVID-19 policy

The following positive evidence was received:

We saw evidence of up to date IR(ME)R and record card audits. We also saw a complete patient information leaflet and statement of purpose, as well as up to date COVID-19 and informed consent policies.

We were told that staff are aware of their roles and responsibilities in reporting incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW). Staff informed us that each site also has an accident book and incident log to be completed, before reporting to relevant individuals.

The practice manager confirmed that the emergency drugs and equipment are stored securely

and in a location making them immediately available in a medical emergency (patient collapse). The practice manager told us that a system is in place, whereby the onsite dental nurse supervisor checks the emergency equipment daily and the emergency drugs monthly. These checks are recorded in a logbook and then uploaded to an electronic system.

The following areas for improvement were identified:

Staff informed us that the responsible individual for all of the West End dental practices is yet to produce regulations 23 reports². This report should be produced annually and provide a written account of the conduct of the dental practice, as outlined in the Private Dentistry (Wales) Regulations 2017. HIW requires a regulation 23 report to be produced as soon as possible for the dental practice.

² Regulation 23 of the Private Dentistry (Wales) Regulations 2017 - The registered provider should visit the practice annually and produce a report in line with the point set out under this regulation.

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: West End Dental (Porthmadog)

Date of activity: 16/05/2022

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	Staff informed us that the responsible individual for all of the West End dental practices is yet to produce a regulation 23 report. This report should be produced annually and provide a written account of the conduct of the dental practice, as outlined in the Private Dentistry (Wales) Regulations 2017. HIW requires a regulation 23 report to be produced for the dental practice.	Regulation 23 - Private Dentistry Regulations 2017	Work is underway to produce and complete a regulations 23 report and will be submitted to HIW by the requested date issued. Going forward, this report will be factored into our annual policy review and renewed accordingly.	Dr Trevor W Ferguson	16/08/2022

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: Anthea Goodman, Operations Manager

Date:01/06/22