

# Quality Check Summary

## Cloves Dental Care

Activity date: 19 April 2021

Publication date: 24 May 2021



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# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Cloves Dental Care (trading as North Cardiff Dental and Implants) as part of its programme of assurance work. The practice offers a range of general and cosmetic private dental treatments.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 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 settings. 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 inspections can be found [here](#).

We spoke to the registered manager on 19 April 2021 who provided us with information and evidence about their setting. 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 has the practice and the services it provides adapted during this period of COVID-19?

## Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients and staff. We reviewed recent risk assessments and incident reviews and questioned the setting 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:**

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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 is available as well as hand sanitizing stations throughout the practice. Cleaning schedules had been amended to enable more frequent cleaning. We were told that the practice were updating their own Standard Operating Procedure (SOP) in line with updates and advice from external bodies. This included the guidance issued within the Standard Operating Procedure for the dental management of non-COVID-19 patients in Wales. We were told that a dedicated nurse was appointed as a buddy to escort patients to and from the surgery. This helps minimise unnecessary contact between other staff members, which helps maintain services.

We were told of the changes made to the environment to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms. These included social distancing measures and only patients with pre-arranged appointments could visit the practice. The surgeries had been decluttered of all unnecessary items and only one surgery is used to provide care and treatments to patients.

When patients arrive for appointments they are asked to wait in their cars or outside until a member of staff instructs them to enter. Temperature checks are taken, a new face mask provided and hand sanitizer given upon entry into the practice. A nurse then escorts patients to the surgery for their treatment.

We were told that COVID-19 risk assessments had been completed for all staff. Depending on the outcome of the assessment, the practice would determine if the staff member needed to shield<sup>1</sup> or undertake a different role within the practice.

We were told that both surgeries are equipped to perform Aerosol Generating Procedures (AGP)<sup>2</sup>. Ventilation and extraction units are installed in the two surgeries to facilitate the removal of contaminated air. Where possible, patients requiring AGP treatments were given appointments towards the end of the day so that additional cleaning could be carried out with minimal disruption to appointment times.

In order to allow for adequate time to disinfect the surgery between patients, a reduced amount of appointments were available. Staff stated that this had not had any impact on the patient experience or the care that patients received. The registered manager stated that they felt staff worked and adapted well within the restrictions and guidelines.

We saw evidence of a general health and safety risk assessment and COVID-19 specific risk assessment. Both these documents had been completed in 2021 and areas of concern have action points to mitigate any issues identified.

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<sup>1</sup> This word is used to describe how people at high-risk should protect themselves by not leaving their homes and minimising all face-to-face contact.

<sup>2</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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**No improvements were identified.**

## Infection prevention and control

During the quality check, we considered how the practice has responded to the challenges presented by COVID-19. We considered how well the practice manages and controls the risk of infection to help keep patients and staff safe. We reviewed infection control policies, infection rates and risk assessments.

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

We were provided with various documents for the prevention and control of infection, which included their SOP. We saw evidence of Infection Prevention and Control (IPC) audit, together with 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's SOP document which set out the actions and responsibilities of management and staff in order to prevent the spread of the virus. In addition, we were told that PPE training, including mask training and donning and doffing<sup>3</sup> of PPE had been delivered to all staff.

We were told that when AGPs are being carried out, the triage<sup>4</sup> call helps identify the equipment that will be required. This is prepared in advance to minimise staff entering or leaving the surgery during the procedure. Staff told us that a buddy nurse is on duty at all times. They escort patients to and from the surgery and ensure routes to and from treatment areas remain clear. These practises ensure that infection risk is minimised during AGP procedures.

We were told that staff at the practice had received COVID-19 vaccinations, with all staff having received both the doses required.

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. Patients who were displaying symptoms or were awaiting results of a COVID-19 test were instructed to stay home and not attend the practice.

The practice stated they had sufficient stock of PPE and that twice weekly stock checks are undertaken. We were told that there are two central stock areas within the practice and that

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<sup>3</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

<sup>4</sup> Triage is the prioritisation of patient care based on illness/injury, severity, prognosis and resource availability

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each surgery contained sufficient PPE supplies. The lead nurse has the responsibility for maintaining appropriate stock levels and order supplies.

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

The decontamination audit submitted did not have a date to confirm when it was completed. We were told that it was completed a month ago, but recommended that the date is documented to clearly evidence this.

## Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff available to provide safe and effective care.

We reviewed staffing and patient levels, staff training and absences, management structures, practice functions and capacity, incidents and a variety of policies.

**The following positive evidence was received:**

We saw evidence of training records, which showed compliance with mandatory training. The registered manager explained the process for ensuring training was up to date, with staff continuing to use e-learning<sup>5</sup> packages for Continued Professional Development (CPD). In addition, small group face to face training has taken place for staff to ensure skills and knowledge remain up to date.

We were told that the practice did not close during the initial stages of the pandemic. Throughout the pandemic the practice has maintained a system of taking calls for remote triage<sup>6</sup>. This ensures patient care can be delivered according to their needs.

The practice has maintained their processes for the reporting of any incidents, with the principal dentist and practice manager having an oversight of any incidents. We were told that staff were aware of their roles and responsibilities in reporting incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW). Any updated guidance for healthcare professionals was delivered in regular staff meetings, via their social media group, emails and video calls.

The process of checking emergency equipment and medicines was explained. One member of staff has responsibility for performing the weekly checks and recording the findings in the appropriate logs. We were told that if an external contractor is required to attend the

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<sup>5</sup> Learning conducted via electronic media, typically on the internet.

<sup>6</sup> The assignment of degrees of urgency to decide the order of treatment of a number of patients.

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practice, then appointments are arranged when there is no surgery taking place.

We reviewed the Statement of Purpose<sup>7</sup> and Patient Information Leaflet<sup>8</sup>, which contained all required information.

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

Regulation 23<sup>9</sup> of the Private Dentistry (Wales) Regulations 2017 requires the registered provider to visit the practice and prepare a written report on the conduct of the practice. No such report was available for HIW to review as part of this quality check therefore we recommend that the responsible individual reviews the requirements of Regulation 23 and undertakes a visit at the earliest opportunity. The report produced following the visit should be submitted to HIW and the other persons identified in Regulation 23.

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## What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- 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 findings 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 findings 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.

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<sup>7</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>8</sup> Information as required by Schedule 2 of the above regulations.

<sup>9</sup> Regulation 23 from the Private Dentistry (Wales) Regulations 2017 requires visits by the registered provider to private dental practice

# Improvement plan

Setting: Cloves Dental Care

Date of activity: 19 April 2021

The table below includes improvements identified during the Tier 1 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	The registered manager must ensure that a report covering Regulation 23 is completed and a copy sent to HIW	The Private Dentistry (Wales) Regulations 2017 - Regulation 23 (2) (a) (b) (c); (3); (4) (a) (b) (c)	This report is being constructed and will be sent to HIW as agreed with the HIW inspector.	Lauren Venables	This action will be completed by 20/05/2021
2	The registered manager must ensure the decontamination audit is dated to clearly evidence when it was completed	The Private Dentistry (Wales) Regulations 2017 - Regulation 16	The decontamination audit has been updated to now include the date the WHTM 01-05 audit was carried out, which was 01/04/2021	Lauren Venables (Registered Manager)	This action was completed 26/04/2021



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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: Lauren Venables

Date: 05/05/2021