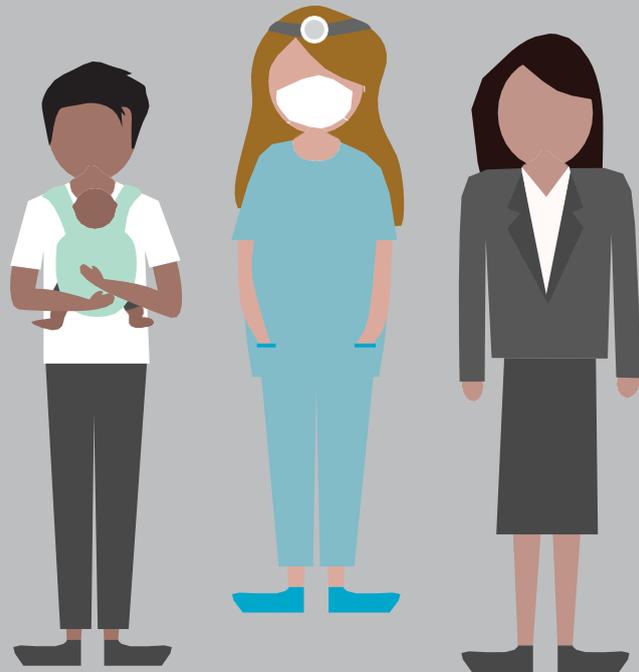


# Quality Check Summary

Rhos Dental Practice

Activity date: 27 April 2021

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# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Rhos Dental Practice, Wrexham as part of its programme of assurance work. The practice provides consists of four dentists, one of whom is the principal dentist and registered manager; one therapist and eight dental nurses. There was also a practice manager in post whose role it is to support the day-to-day running of the practice.

The practice predominantly provides NHS dental treatment, but also provides private treatments. These include: general dentistry treatments, tooth whitening, crowns, veneers, inlays and dentures.

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, 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 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 and practice manager on 27 April 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:**

We found that the practice had completed an environmental risk assessment in response to COVID-19. This was complete with actions, which we confirmed had been completed in a timely manner. This was supported by a practice standard operating procedure that had been written in line with the Chief Dental Officer (Wales) guidelines. Staff we spoke with were knowledgeable of these guidelines and how they affected the practice and the delivery of care and treatment.

We found that patients were triaged over the phone in order to assess and prioritise their needs, and to confirm that the treatment could be safely provided during the pandemic. We confirmed that there was a suitable triage process in place to manage emergency appointments and that there was a suitable set of COVID-19 symptom screening questions to protect staff and other patients.

To help keep patients informed, the practice told us that patients are sent email instructions outlining the changes associated with COVID-19 and that a reminder text is sent to patients the day prior to their scheduled appointment.

Staff told us that patients are asked to wear appropriate personal protect equipment (PPE), such as a face mask, and that hand gel was provided at the entrance to the practice. There was a closed door policy, which meant that patients are asked to wait before entering the practice. Upon entering, staff told us that patients are verbally screened for COVID-19 symptoms, before then being guided throughout the practice at all times. Staff confirmed that symptom checking results are recorded in each patient's notes.

We were told that social distancing had been implemented across the practice, with limited numbers of people allowed in each area of the practice. Staff added that face masks are required at all times, and that posters reminding staff and patients of this were displayed around the practice.

The practice described the arrangements for ensuring that emergency equipment and medicines remained in stock and in date. This included undertaking and logging weekly checks, which aims to ensure that the practice can respond to medical emergencies effectively.

**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 told that there were systems in place for ensuring that staff were familiar with maintaining good IPC practises. Staff confirmed that there were regular team meetings and that access to appropriate and on-going training was available.

We found that a number of risk assessments and audits had been completed in response to the pandemic. This included a COVID-19 practice risk assessment and a recent infection control audit, with actions that had been completed in a timely manner.

We found that each surgery had a daily cleaning checklist and we saw that these had been regularly completed. We noted that enhanced cleaning had been implemented for the surgeries, which included ensuring that surgeries were free from clutter and prepared in advance of each appointment.

Staff described the steps taken to ensure that dental instruments are sterilised before they are used. This included use of an ultrasonic bath which staff confirmed undergoes daily tests, including protein residue testing of instruments, to ensure the equipment remains effective. We also saw evidence to confirm that the autoclave<sup>1</sup> is also checked at the start and end of each day, with cycles logged and recorded appropriately.

We were told that the practice had been split into two AGP2 and two non-AGP surgeries in order to maintain an appropriate patient flow and for infection control reasons. Staff confirmed that all surgeries had windows that remained open, and that all surgeries had HEPA<sup>3</sup>-filter air scrubbers fitted. The practice was also undergoing refurbishment to install a new, additional surgery with a permanent air filtration system.

We confirmed that staff had received training in how to don and doff PPE. The practice told us that staff had been fit tested either by the local health board or by an in-house, trained fit-tester. This ensures that staff can be safely provide care and AGP treatments. Staff confirmed that that stocks of PPE were in plentiful supply.

### **No improvements were identified.**

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<sup>1</sup> An autoclave is a machine that is used to decontaminate dental instruments

<sup>2</sup> An aerosol generating procedure is a medical procedure that results in the production of airborne droplets

<sup>3</sup> High-efficiency particulate air filter used in air purification systems

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## 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:**

The practice manager was knowledgeable and was supportive of the way in which the whole team have worked throughout the pandemic, and the registered manager demonstrated a good awareness of the needs of the local population.

The practice told us that they had split into and worked as two teams throughout the pandemic. This ensured that the practice was able to continue providing care and treatment should it be necessary for one team to have had to self-isolate. Both the registered manager and practice manager were aware of process for reporting incidents, such as staff or patient COVID-19 outbreaks, to Healthcare Inspectorate Wales (HIW).

We saw evidence of training records and found that staff had continued to undertake a range of relevant CPD training in response to pandemic. We were told that whilst access to face-to-face training had been impacted by the pandemic, access to online CPD had continued. However, it was positive to note that the practice had re-commenced face-to-face training as it became available.

We confirmed that all staff had received their COVID-19 vaccination, which will aim to protect them against the effects of COVID-19.

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

The practice had completed a comprehensive records card audit. However, the outcome of the audit identified several areas in which record keeping could be improved. The practice advised us that the follow-up audit was due to take place in the near future in order to aid learning for the dental teams.

The practice is required to submit a copy of the follow-up audit to HIW as soon as it has been completed, in order for HIW to be assured that learning has been effectively applied.

## 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.

# Improvement plan

Setting: Rhos Dental Practice

Date of activity: 27 May 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 practice is required to submit a copy of the follow-up audit to HIW as soon as it has been completed, in order for HIW to be assured that learning has been effectively applied.	Health and Care Standards, Standard 3.3  Private Dentistry Regulations, Reg 20	Our practice is currently undertaking a follow-up record card audit to assess any shortcomings. Following completion, we will assess our findings and compare the outcome to our previous audit to see what improvements have been made since our last audit. As a practice we will have a briefing at the next practice meeting to advise improvements, provide training and procedures where needed to improve standards.	R JOHAL	22 July 2021

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: R Johal

Date:20/05/2021