

Quality Check Summary

Dant y Coed Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Dant y Coed Dental Practice (the practice) as part of its programme of assurance work. The practice runs seven surgeries on a day to day basis providing both NHS and private dental treatment.

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 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 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 manager, responsible individual and the practice manager on 10 June 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- 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 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
- The environmental policy.

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 service's representatives described a number of changes that were made to the environment to ensure the practice could maintain social distancing. These changes included clearing the waiting rooms of all chairs, other items of furniture and papers. The children's play area was also cleared and was used as a staff donning and doffing¹ station for personal protective equipment (PPE). A one way system was introduced to control the movement of patients through the practice. Staff also used walkie-talkies to contact each other to ensure patients did not meet when making their way to or from the treatment rooms. There was signage outside and inside the practice relating to COVID-19 safety measures including the two metre distancing floor stickers.

We were also told that the practice changed to a digital phone system, so that more calls could be received at any one time. Additionally, the practice used a link through their dental practice management software to enable patients to complete pre-appointment forms, including medical history. This was also used to triage patients ahead of their appointment to ensure they were symptom free from COVID-19 before they arrived. The aim being to limit the time at the practice and to ensure the patients were kept safe.

The management team we interviewed stated that the changes made had considerable impact on the practice's ability to deliver dental treatment at pre-pandemic levels. They were also complimentary of the wider practice team including working 12 hour days to see the same number of patients and to allow for cleaning and fallow time². The practice had now returned to operating seven surgeries daily, with normal hours, and they had managed to reduce the backlog. They stated that they purchased PPE as soon as the pandemic started and installed ventilation that was integral to the building. All staff were also fit tested for

¹ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

² Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place.

FFP3³ masks.

In addition to the ventilation installed as mentioned above, we were told of the adaptations that were made to the treatment rooms where aerosol generating procedures (AGP)⁴ were carried out. This included removing all the ancillary equipment from each surgery, including emptying all the drawers, preventing access during a procedure, and making up the dental kit in advance. A runner (messenger) was available with a walkie-talkie, should additional equipment be required. The surgery was then deep cleaned after the treatment including fallow time. There was a sign posted on the door, showing when the next procedure could take place in that surgery.

We were provided with evidence of the environmental risk assessment (including any COVID-19 specific assessment) for the practice that had been reviewed recently. This listed the various risks, control measures and precautions that were in place to reduce the risk. Additionally, we saw evidence of the practice standard operating procedure for managing AGP and non AGP procedures. We were told that this reduced clinical capacity by approximately 40 per cent (%).

The practice was aware of the latest update in the guidance for dental treatment in Wales and the latest All Wales standard operating procedures (SOP). We were told that staff training was given on the updates where necessary. All updates and changes in guidance were communicated to staff through a secure online messaging system, staff meetings and laminated signage in the practice. Practice meetings were normally held through an online platform.

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.

³ 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.

⁴ 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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- Generic infection control policies and Covid-19 specific policies
 - Most recent infection control risk assessments / audits
 - General Cleaning and Housekeeping Policies
 - Cleaning schedules including autoclave and ultrasonic checks.

The following positive evidence was received:

The processes to minimise the infection risks to staff and patients when AGP procedures were being carried out was described. This included changing the cleaning method at the practice and additional COVID-19 training for staff. Staff currently take lateral flow tests twice weekly. Checks are made to ensure that patients were not symptomatic and they were escorted when in the practice to reduce any contact points. Staff wore waterproof gowns, face shields and FFP3 masks during any treatment.

Initially, during the pandemic, we were told that a specific room was identified for AGP procedures. However, all surgeries are now used for all the procedures with the relevant cleaning and follow time as describe above, in the environment section. Additionally, all surgeries had windows, which were opened during the day, to increase the flow of air and reduce the risk of contracting the virus.

We were told that one dental nurse had been given the responsibility to ensure staff received the relevant one to one training on cleaning, keeping records and mask maintenance. Another nurse was responsible for ordering PPE and the practice manager was responsible for the lateral flow testing.

We saw evidence of the workplace risk assessment tool used and were told that all staff completed the tool and all staff were assessed as low risk.

Measures were put in place to ensure staff were confident and competent at using PPE, we were told this involved staff following signage in the donning and doffing area. This was a step by step guide for staff to follow when moving through the room from wearing no PPE to fully fitted PPE. A similar process was also in place for doffing PPE.

Various practice cleaning schedules, clinical surgery cleaning process and cleaning policies were provided with the evidence for this quality check. These showed that the practice was cleaned on a regular basis as required by the policy and the schedules were signed off by the practice manager.

Evidence of the Welsh Health Technical Memorandum (WHTM) 01-05⁵ decontamination audit and the action plan to address any areas for improvement, was provided. Additionally, copies of the daily check records for each autoclave and records of autoclave and ultrasonic daily

⁵ Scope, status and structure of WHTM 01-05 Welsh Health Technical Memorandum (WHTM) 01-05 is intended to progressively raise the quality of decontamination work in primary care dental services by covering the decontamination of reusable instruments within dental facilities.

checks, were provided and completed as required. This showed that there was effective decontamination of reusable dental equipment.

We were told that hand hygiene facilities were provided for staff and patients, with sanitising points at the entrance and exit to the practice. In addition, there were handwashing sinks available for staff in each surgery and there were sufficient supplies of hand sanitiser available throughout the practice.

The process that the practice followed to ensure patients were screened for symptoms prior to and on the day of their appointment was discussed. Initially, reception staff went through a COVID-19 symptoms triage checklist with patients when they made an appointment over the phone. When the patient received their text reminder for their appointment they were asked to click the link and fill in the COVID-19 triage checklist. The reception staff then checked all patient replies, the day before their appointment. Those that are not completed were contacted, to go over the details, over the phone. On the day of the appointment when patients were allowed into the building, they were screened again. This was also to ensure patients did not have any symptoms of COVID-19 and to reduce the risk to staff and patients.

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 2017⁶
- Informed consent policies / procedures
- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Business continuity plans
- Mandatory training records for all staff
- The current percentage completion rates for mandatory training
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety
- Record card audit
- IR(ME)R audit
- Copy of the latest statement of purpose⁷

⁶ <https://www.legislation.gov.uk/wsi/2017/202/regulation/16/made>

⁷ The statement of purpose is the information required in accordance with Schedule 1 to the Private Dentistry

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- Copy of the latest patient information leaflet⁸.

The following positive evidence was received:

We were told that the practice remained open throughout the pandemic, initially supporting patients and managing the risk to patient care through taking phone calls for remote triage⁹, throughout the day and evenings. This ensured patient care could be delivered according to their needs. Additionally, we were told that all patients were called to ensure there were no dental issues and information was sent to patients about the practice response to the pandemic. This information was also posted on the practice website. Patients awaiting a COVID-19 test result or displaying COVID-19 symptoms were not allowed to attend the practice and were told to isolate. If dental symptoms were severe, patients were signposted to a central location referred to as a “red site”¹⁰. We were told that patients were signposted through internet links on the practice website to the COVID-19 information available, prior to attending the practice.

The practice representatives we spoke with said that staff adapted very well during the pandemic and all staff were able to work after completing the All Wales COVID Risk Assessment Tool¹¹. They further explained the procedures in place for staff if they had COVID-19 symptoms or tested positive for COVID-19.

We were told that the lead nurse regularly checked emergency equipment both visually each day and recorded weekly, including the battery. A similar system was used to check medication held at the practice, including expiry dates for all items.

We were told the practice had an equality and a rights based approach with fair recruitment and a staff handbook with different policies. Staff had to sign that they had read and understood the handbook. Staff also had to maintain patients’ confidentiality and treat patients as they would expect to be treated themselves.

Regarding the use of Welsh Language at the practice, we were told that all signs at the practice were bilingual. There were two Welsh speakers at the practice who wore the

(Wales) Regulations. This includes the practice aims and objectives and the names and qualifications of the dentists and dental staff. Additionally it should list the kinds of treatment, facilities and all other services provided in or for the purposes of the private dental practice, including details of the range of needs which those services are intended to meet.

⁸ The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations. The information included a summary of the statement of purpose, arrangements seeking patients’ views, access to the premises and keeping appointments.

⁹ The assignment of degrees of urgency to decide the order of treatment of a number of patients.

¹⁰ <https://www.dental-referrals.nhs.wales/wp-content/uploads/2020/04/2020-04-03-Red-Alert-Phase-Escalation-PDF.pdf>

¹¹ The Risk Assessment Tool has been developed to help people working in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the Covid-19 virus.

recognised Welsh speaker emblem on their uniform. The staff we interviewed said that they tried to encourage all staff to use simple Welsh phrases. Additionally, the practice used a translation service for patients who could only speak other languages.

We reviewed the documents listed above that contained all the required information. This included the practice's patient consent policy along with a variety of informed consent policy documents used at the practice including for orthodontic treatment¹² and intravenous sedation¹³. These documents gave the description of the treatment along with the risks and benefits so that patients could make an informed decision about their treatment.

We were provided with evidence that medical histories were obtained from the patient at their first appointment and at every appointment after they were asked to check over and update this with any changes.

The following areas for improvement were identified:

We were told that the practice had recently started some face to face training and that they also continued with online training and electronic learning. We were also provided with evidence of the mandatory training record for all staff. This showed that the majority of staff were in date with:

- Cardiopulmonary Resuscitation (CPR)¹⁴ (100%)
- Infection Control (92%)
- Radiation Protection (80%) and
- Equality and Diversity (72%).

However, the record also showed that only 28% of staff had completed any Fire Training and only 40% had completed General Data Protection Regulation (GDPR)¹⁵ training.

The practice is required to ensure that all staff are fully compliant with all relevant mandatory training and that this compliance is in date.

¹² Orthodontics is a specialty of dentistry that deals with the diagnosis, prevention, and correction of malpositioned teeth and jaws, and misaligned bite patterns.

¹³ Intravenous (IV) sedation is a type of anesthesia (drugs that relax a patient and stop them from feeling pain) given through a tube placed in a vein.

¹⁴ Cardiopulmonary resuscitation is an emergency procedure that combines chest compressions often with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.

¹⁵ The General Data Protection Regulation (EU) 2016/679 (GDPR) is a regulation in EU law on data protection and privacy in the European Union (EU) and the European Economic Area (EEA).

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: Dant y Coed Dental Practice

Date of activity: 10 June 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.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	<p>The mandatory training record evidence provided showed that only 28 per cent of staff had completed any Fire Training and 40 per cent had completed General Data Protection Regulation (GDPR) training.</p> <p>The practice is required to ensure that all staff are fully compliant with all mandatory training and that this compliance is in date at all times.</p>	<p>Private Dentistry Regulations (Wales) 2017 s 17(3)(a) and 22(4)(c)</p> <p>Health and Care Standards, Standard 7.1 Workforce</p>	<p>We will ensure the remaining staff that are yet to complete their Fire Training and GDPR training are up to date as soon as possible.</p> <p>To ensure that this is maintained and kept up to date our CPD coordinator is going to monitor her spreadsheet monthly and relay back to staff via our various communication pathways any areas that need to</p>	<p>Michelle Williams (Practice Manager)</p> <p>CPD Coordinator</p>	<p>1 month.</p> <p>Monthly review of Mandatory training spreadsheet.</p>

		be looked at by individual staff members.	
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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: Michelle Williams

Date: 23rd June 2021.