

Quality Check Summary

Kieron Hastings Dental Surgery

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Kieron Hastings Dental Surgery as part of its programme of assurance work. Along with the full range of NHS dental services, the practice provides a selection of cosmetic treatments.

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/principal dentist and practice manager on 28 June 2021 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 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:

- Environmental risk assessment (including any COVID-19 specific assessment)
- Cleaning procedures for the waiting room, office and toilet.

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 is available as well as hand sanitising stations. Cleaning schedules had been amended to enable more frequent cleaning. We were told that the practice were updating their policies and procedures 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 where applicable, a member of staff will 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. Screens have been fitted to the reception desk and the surgery had been decluttered of all unnecessary items.

Prior to an appointment, staff will telephone the patient and complete their medical history and COVID-19 questionnaire. The patient journey is also explained. These measures help reduce the amount of time a patient spends at the surgery.

When patients arrive for appointments they are asked to wait in their cars or outside until a member of staff asks them to enter. COVID-19 health questions are checked again and hand sanitiser given upon entry into the practice.

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 shield¹ or undertake a different role within the practice.

We were told that the surgery is equipped to perform Aerosol Generating Procedures (AGP)². Ventilation and extraction units are installed in the surgery to facilitate the removal of contaminated air.

The number of appointments has been reduced to enable sufficient fallow time³ and to allow for adequate time to disinfect the surgery between patients. Staff stated that this had not had any impact on the patient experience or the care that patients received.

We saw evidence of the latest practice risk assessment that had been completed in February 2021. Identified risks and precautions are documented in the assessment along with findings to mitigate the issues raised.

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:

- WHTM01-05 decontamination audit and the action plan to address any areas for improvement
- Covid-19 non-aerosol generating and aerosol generating policy
- Cleaning schedules
- Daily check records for each autoclave
- Daily check records for the ultrasonic bath and washer disinfectant

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included their latest IPC audit. 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

¹ 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.

² 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.

³ Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place.

responsibilities for preventing and controlling infection. This was evidenced in the practice's COVID-19 non AGP and AGP policy, 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 doffing⁴ of PPE had been delivered to all staff.

We were told that when AGPs are being carried out, the triage⁵ 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. These practises ensure that infection risk is minimised during AGP procedures.

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.

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

- Patient consent policy
- NHS Quality Assurance self-assessment document
- Business continuity plan
- Mandatory training records for all staff
- Record card audit
- IR(ME)R audit
- Copy of the latest statement of purpose
- Copy of the latest patient information leaflet

⁴ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

⁵ Triage is the prioritisation of patient care based on illness/injury, severity, prognosis and resource availability

The following positive evidence was received:

We saw evidence of training records, which showed compliance with mandatory training. However, there was expired training in medical emergencies (see section below). The registered manager explained the process for ensuring training was up to date, with staff continuing to use e-learning⁶ packages for Continued Professional Development (CPD).

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 triage⁷. 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 registered manager 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 to staff via meetings, emails and video calls,

The process of checking emergency equipment and medicines was explained. Staff have the responsibility for performing the weekly and monthly checks and recording the findings in the appropriate logs.

We reviewed the statement of purpose⁸ and patient information leaflet⁹, which contained all required information.

The following areas for improvement were identified:

We saw evidence of core CPD courses taken for all staff. The list highlighted that medical emergencies training had elapsed for some staff.

The lapse in this training is an unfortunate result of the pandemic which resulted in face to face courses being cancelled. We were told there is currently some difficulty to book onto medical emergency training due to a backlog of staff/organisations requiring this training. However, we were told that an appropriate course will be booked as soon as possible. Therefore we recommend that the required training is booked as soon as possible to ensure staff have up to date skills and knowledge with this aspect of their continued professional development.

⁶ Learning conducted via electronic media, typically on the internet.

⁷ The assignment of degrees of urgency to decide the order of treatment of a number of patients.

⁸ "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.

⁹ 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.

Improvement plan

Setting: Kieron Hastings Dental Surgery

Date of activity: 28 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	The registered manager must ensure staff with expired medical emergencies training are booked onto a course as soon as possible to ensure skills and knowledge are updated	Health & Care Standards - Standard 7.1 workforce	Contact Medical Emergency Training Provider Lubas Medical advised complete online training prior to practical session	T Phillips	7/7/21 Completed
		The Private Dentistry (Wales) Regulations 2017 - Regulation 17 (1) (a)	All staff have completed online CPR training as advised	T Phillips	15/7/21 Completed
			Contact Lubas Medical to arrange in house session before 28/9/2021 Email sent 15/07/2021 Session booked 11/08/2021	T Phillips	11/08/2021

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: Kieron Hastings

Date: 15/07/2021