

Quality Check Summary

Castle Square Clinic

Activity date: 30 June 2021

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Castle Square Clinic as part of its programme of assurance work. Castle Square Clinic is owned by Castle Square Clinic Limited. The practice mainly offers private dental services to adults and NHS dental services to children, within the area served by Betsi Cadwaladr University Health Board.

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 practice manager, who is also the registered manager¹, and the assistant practice manager, on Wednesday 30 June 2021, who provided us with information and evidence about their service. We used the following key lines of enquiry:

- What changes have been implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How is the service 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?
- How does the service meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How does the practice ensure that equality and a rights based approach are embedded across the service?

¹ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

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:

- General health and safety risk assessment
- Disability access audit
- Fire risk 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 found that the service has conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We saw that a detailed general risk assessment had been undertaken which included assessments of the environment, equipment and the health, safety and wellbeing of staff, contractors and patients visiting the practice. We noted that the risk assessment contained a review date.

The registered manager told us that, in order to protect staff and patients, any patients who need to attend the practice do so by pre-booked appointment only and are checked in over the phone. We were told that all patients are screened for symptoms of COVID-19. They are also screened before being allowed into the practice on the day of their appointment.

We were told that all the surgeries are accessible through the main entrance. We were also told that care is taken to limit the number of patients attending at the same time and that two meter floor markings have been provided to aid social distancing. Staff admitting patients onto the premises wear appropriate personal protective equipment (PPE) and a protective screen has been erected in the reception area.

The registered manager confirmed that the emergency drugs and equipment are stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. The registered manager confirmed that they, or the assistant practice manager, check the emergency equipment, drugs, oxygen and the fire alarm system on a weekly basis.

The registered manager spoke highly of the practice staff in how they have responded to the

needs of the practice, the patients and in supporting each other during the COVID-19 pandemic.

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

- COVID-19 Standard Operating Procedure
- COVID-19 risk assessment
- Patient medical history assessment for COVID-19
- Infection prevention and control audit
- Daily infection prevention checklist
- Patient information leaflet
- COVID-19 specific patient information leaflet
- The most recent Welsh Health Technical Manual (WHTM) 01-05² decontamination action plan to address any areas for improvement highlighted during the most recent audit
- Environmental Cleaning Considerations and cleaning schedules
- Domestic cleaning policy and plan
- Records of daily checks of autoclaves
- Dental instruments manual cleaning procedure
- Legionella risk assessment

The following positive evidence was received:

The registered manager confirmed that all staff have a clear understanding of the latest Standard Operating Procedure³ for the dental management of non COVID-19 patients. The guidance is intended for use by all dental care settings in Wales. Changes to the Standard Operating Procedure were communicated to staff by means of Zoom⁴ meetings initially and more recently through face to face discussions.

² WHTM 01-05 includes information on an audit of compliance with decontamination. The audit has been developed by dentists in Wales and is supported by the Dental Section, HEIW.

³ <https://gov.wales/dental-management-non-covid-19-patients>

⁴ Zoom is an online audio and web conferencing platform. People use it to make phone calls or to participate in video conference meetings or training.

The registered manager confirmed that staff have received regular COVID-19 updates. Any new guidance and procedures are discussed with staff to ensure that they understand the implications of the changes on their work.

The registered manager told us that staff have received various internal training to include infection prevention and control and the correct use of PPE i.e the donning, doffing.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a regular basis. The registered manager did not foresee any issues with sourcing PPE in the future.

We were told that an infection control audit had been conducted, aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance, and we saw that an action plan had been drawn up to address any issues highlighted during the audit. The registered manager told us that they intend to undertake this again in the near future to ensure that standards are maintained.

Documented evidence presented showed that all surgeries are being thoroughly cleaned on a daily basis and we were told that all unnecessary items have been removed from workspaces to aid cleaning and decontamination. We also saw evidence to demonstrate that the autoclaves⁵ are being checked on a daily basis to ensure that they are working correctly.

The registered manager told us that they have not, to date, had to provide treatment to patients displaying COVID-19 symptoms or awaiting a COVID-19 test result and should the need arise, such patients would be seen at the end of the working day. Staff would wear full PPE and the surgery, and any other areas within the practice that the patient came in to contact with, would be thoroughly cleaned.

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 considered 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:

- Statement of Purpose
- Disaster Planning and Business Continuity policy

⁵ Autoclaves are items of equipment that are used in dental practices to sterilize all of the instruments and all of the materials used in professional procedures.

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- Staff training and continuing professional development records
 - Clinical records audit
 - Consent policy
 - Audit of patient complaints
 - Quality assurance assessment certificate 2021
 - Quality and Standards report 2021

The following positive evidence was received:

The practice provides services to a high number of Welsh speaking patients and it is positive to note that the majority of the staff are Welsh speaking. The practice has a website which provides useful information for patients. However, the website is in English only at present. The registered manager told us that they were considering translating the website into Welsh. We were provided with a copy of the statement of purpose and patient information leaflet which also included relevant information about the services being offered. We were told that these documents, along with other information leaflets and posters displayed in the practice, are available bilingually.

The registered manager told us that they continuously strive to improve the service provided to patients. This was evidenced in the audit documentation provided with the self-assessment, i.e infection control audit, clinical notes audit, patients' records audit, disability access audit and COVID-19 specific audit.

We were provided with a sample of policies and procedures in place at the practice. We saw that these had been reviewed during the year and we also saw that they contained a review date.

The registered manager confirmed that they were aware of incident reporting processes and knew how to contact HIW, the Health and Safety Executive and the health board to report incidents or to seek advice.

We were told that there are no current staff sicknesses and there are no current vacancies at the practice. We were also told that agency staff are very rarely used.

We saw evidence of staff training records, which showed high compliance with mandatory training.

The following areas for improvement were identified:

The principal dentist is also the nominated responsible individual⁶ for Castle Square Clinic

⁶ "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

Limited, who own the practice. The principal dentist works full time at the practice and, together with the practice manager and assistant practice manager, is on hand, on a daily basis, to monitor the quality of the service provided. We saw evidence to show that the principal dentist had very recently reviewed the quality standards compliance report, highlighting any areas for improvements and the actions needed to address these. However, we found that they have not formally assessed and monitored the quality of service provision as required by Regulation 23 of The Private Dentistry (Wales) Regulations 2017. The responsible individual must arrange to assess the quality of service at the practice, in line with Regulation 23 of The Private Dentistry (Wales) Regulations 2017, and provide HIW with a copy of the report on their findings.

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: Castle Square Clinic

Date of activity: 30 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 responsible individual must arrange to formally assess the quality of service at the practice and provide HIW with a copy of the report on their findings.	Regulation 23 The Private Dentistry (Wales) Regulations 2017	The responsible person (Principle Dentist) will be formally assessing the quality of service at the practice and providing a copy of their findings to the HIW by completing the quality standards compliance report in line with Regulation 23 of the Private Dentistry (Wales) Regulations 2017 annually on comply highlighting any areas for improvements and the actions needed to address these.	Michelle Jones	Already actioned

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
Jones

Date: 15/07/2021