

Quality Check Summary

Ringland Dental Centre

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ringland Dental Centre as part of its programme of assurance work. Ringland Dental Centre provides general dentistry services for both NHS and private patients.

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 Private Dentistry (Wales) Regulations 2017. 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 principal dentist/registered manager on 19 July 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 do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How has the practice and the services it provides adapted during this period of COVID-19?
- How do you ensure that equality and a rights based approach are embedded across the service?

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
- COVID Policy File
- Cleaning 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:

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 washing and 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 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. Chairs, magazines and posters had been removed from the waiting area and the surgeries had been decluttered of all unnecessary items. There are three surgeries in total to provide care and treatments to patients.

Prior to an appointment, staff will telephone the patient and complete a 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 outside until a member of staff asks them to enter. Hand washing is required and hand sanitizer given upon entry into the practice. Face masks (unless exempt) must be worn until the patient is seated in the surgery.

We were told staff had access to and used language line to deliver treatment and services to patients whose first language is not English.

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 all surgeries are equipped to perform Aerosol Generating Procedures (AGP)². Ventilation and extraction units are installed in the surgeries 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. The registered manager stated that they felt staff worked and adapted well within the restrictions and guidelines.

We saw evidence of an environmental risk assessment that had been completed in July 2021. Actions identified within the assessment have been confirmed as completed.

No areas for improvements were identified.

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.

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:

- A copy of the most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement
- Standard operating procedures for Ringland Dental Centre
- Ringland Dental Centre Covid-19 policy file
- Surgery Cleaning schedules
- Autoclave Daily checks
- Daily check records for the ultrasonic bath and manual cleaning policy

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 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 responsibilities for preventing and controlling infection. This was evidenced in the practice's SOP document which set out the actions and responsibilities of all 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. In addition, any changes regarding infection prevention and control are communicated to staff verbally and policies and procedures updated.

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. Staff told us that a buddy nurse is available and assists with escorting patients to and from the surgery. 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

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

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:

- A copy of the latest annual report prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017
- Informed consent policy
- Business continuity and disaster recovery policy
- 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

The following positive evidence was received:

We saw evidence of training records, which showed compliance with mandatory training. We saw that medical emergency training had been completed online, covering the theory element. We were told that the practical course is booked for July 2021 for all staff. 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 having an oversight of any incidents. We were told that staff were aware

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.

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 emails and video calls.

We were told that the practice continuously strives to improve the service provided to patients. This was evidenced in the audit documentation provided with the self-assessment, which included clinical records audit, X-Ray quality and safety audit and a WHTM 01-05 decontamination audit.

We were provided with a sample of policies and procedures in place at the practice. The policies had been reviewed recently due to the practice moving to a computerised system for all their policies and procedures.

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

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

No areas for improvements were identified.

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: Ringland Dental centre

Date of activity: 19 July 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	No improvements were identified during this quality call				

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:

Date: