

Quality Check Summary

{my}dentist, Ruabon, Wrexham

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of {my}dentist, Ruabon, Wrexham as part of its programme of assurance work. The practice provides a range of NHS and private treatment, within the village of Ruabon. The practice forms part of the dental services provided within the area serviced 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 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 to 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 registered manager¹ and regulatory officer on 20 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?

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:

- The most recent environmental risk assessments
- Fire safety 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:

The registered manager provided details of the changes that had been made to the practice environment that allowed patients to be seen during the COVID-19 pandemic. In order to protect patients and staff we were informed that the front door of the practice was locked ensuring only those patients with pre-booked appointments could enter the practice. Patients were asked to wear masks when they attended, to attend on time and alone where possible. Prior to their appointment, we were told that patients would be telephoned to undergo a COVID-19 screening questionnaire. The response to this was then uploaded into the patient's electronic file. Any patients displaying symptoms of COVID-19 would be told to re-book their appointment.

We were told that patients were asked to wait outside the practice until their appointment time. Those patients with mobility needs would be provided with a chair if necessary. We were informed that screens had been installed at reception to protect the staff and stickers were placed in prominent positions to remind patients to maintain social distancing. The registered manager informed us that hand sanitiser was readily available upon entry to the practice and all unnecessary toys and magazines had been removed from the waiting area. Leaflets were available on request in both Welsh and English. Leaflets in other languages were also available on request via the practice head office.

We asked what measures were in place to keep patients informed about safety procedures relating to COVID-19 and were told that patients received text messages reminding them of COVID-19 safety procedures, prior to their appointments. The registered manager also told us that information had been regularly sent out to patients to keep them updated.

We saw evidence of a recently updated Environmental and Cleaning Policy that took into account increased measures for COVID 19 and an up-to-date practice risk assessment. These were version controlled and had been signed. In addition, we were informed that cleaning activities were being carried out more frequently since the pandemic with particular

attention being paid to the wiping of door handles.

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:

- A copy of the most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement.
- Generic infection control policies and Covid-19 specific policies
- Most recent infection control audits
- Cleaning schedules.

The following positive evidence was received:

The registered manager confirmed that all staff were kept informed of the latest standard operating procedure (SOP) issued by the Welsh Government's Chief Dental Officer. Staff were emailed the SOP and regular video calls allowed staff to raise any questions. We were told by the registered manager that the practice risk assessment had also been updated to include COVID-19 control measures. This was read and signed by all staff to ensure full understanding. We were told that there was a dedicated mobile messenger application group for staff to maintain contact and to keep up to date with the latest COVID-19 guidance.

The registered manager confirmed that all staff had completed individual COVID-19 risk assessments. Staff were also up to date with personal protective equipment (PPE) training, including the correct donning and doffing² of PPE. We were told that new training videos on the dedicated {my}dentist academy webpages, had recently been added, to include donning and doffing PPE and the correct cleaning of air filtration units³.

The registered manager described the processes in place to minimise the infection risks to staff and patients when aerosol generating procedures (AGP)⁴ were being carried out within the practice. Each surgery had a cleaning checklist which was followed, using approved disinfectant wipes to clean surfaces. Patients were triaged via telephone prior to their

² Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

³ to reduce and capture contaminants from the air or air stream

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.

appointment, to determine the treatment required and to prepare the correct equipment. All unnecessary equipment was either removed from the surgery area, placed in cupboards or covered. A dedicated nurse was appointed, within the practice, to bring any equipment that was needed and not already available in the surgery. We were told that increased monitoring of the cleaning schedule was carried out by an appointed member of staff and floors were cleaned twice daily. In addition we were told that fixed air filtration units had been installed into the surgeries and waiting room areas which enabled the practice to operate with the minimum fallow time⁵ of 10 minutes following an AGP.

The registered manager informed us that staff wore the correct PPE including FFP3⁶ masks, which had been fit-tested, gowns, aprons and visors. Patients were provided with a large apron and safety goggles. Rubber dam⁷ would be used where possible to lessen the risk of airborne particles (aerosols)⁸ alongside high volume suction⁹. We were informed that the practice had not experienced any issues with sourcing sufficient PPE during the pandemic. A dedicated member of staff was appointed to complete weekly stock checks to ensure items remained adequately stocked.

We saw evidence of recently completed infection control audits, daily checklists for decontamination and sterilisation equipment and cleaning schedules covering the last three months.

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:

- The regulation 23 (responsible individual¹⁰ visit) report or where the responsible

⁵ Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place which allows any droplets to settle before cleaning and decontamination takes place

⁶ 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.

⁷ A rubber dam or dental dam is a thin sheet of latex or latex-free material. It is used to isolate teeth from the rest of the mouth during a dental procedure to improve the success of tooth repairs.

⁸ Dental aerosols can carry viruses and transmit infection.

⁹ A High Volume Evacuator (HVE) is a suction device that draws a large volume of air over a period of time.

¹⁰ "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.

individual is also the registered manager, a copy of the latest annual report prepared under regulation 16(3) of the Private Dentistry (Wales) Regulations 2017

- Informed consent policies / procedures
- Escalation policies
- 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, fire and staff health and safety
- Copy of the latest statement of purpose¹¹
- Copy of the latest patient information leaflet¹².

The following positive evidence was received:

We were informed by the registered manager that the practice remained open throughout the pandemic. In the early stages of the pandemic, clinical remote triage was undertaken via telephone, before patients were offered an onsite appointment. This was to ensure that only those patients that needed an in-person appointment were invited into the practice premises. Other patients were offered advice over the telephone or were signposted to other appropriate services.

We were provided with an up-to-date statement of purpose and patient information leaflet, which contained relevant information about the services offered by the practice. In addition we were provided with a sample of policies and procedures which were all up to date, version controlled and signed.

The registered manager informed us that there was a system in place to keep staff up-to-date with any changes to guidance, policies and procedures within the practice. We were told that information was also available for staff on the company intranet and any changes would also be emailed out to staff. We were told that regular staff meetings were held by video call to discuss any changes to procedures and to ensure full understanding. At the start of the pandemic these were held three times per week, to ensure staff were fully aware of these changes and what guidance to follow. The registered manager informed us that the company had set up a dedicated care and advice line for staff feeling unsure or nervous about the pandemic. This was available 24 hours a day.

¹¹ The statement of purpose is the information required in accordance with Schedule 1 to the Private Dentistry (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.

¹² 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.

When asked about information and support available through the medium of Welsh, we were informed that information leaflets and the practice complaints policy was available for patients who spoke Welsh. We were told that the practice was able to access translation services, if no Welsh speaker was available at the practice at that time. Support was also available from {my}dentist head office for speakers of other languages.

We were told the practice had an equality and diversity policy and staff had to complete a training module of this subject. Ramps were available for those with access issues and the practice had a disabled toilet. In addition, there was a lowered reception desk (with screen) for patients unable to access the other reception desk. A hearing loop was also fitted for those with a hearing impairment.

We were informed that audit processes in place had remained the same throughout the pandemic and we saw evidence of audits covering a wide range of areas including infection control, record keeping and prescriptions.

We asked the registered manager to describe the procedures in place for the checking of emergency drugs and equipment. We were told that emergency drugs were checked daily by two members of staff, one of which was a General Dental Council¹³ (GDC) registered dental nurse. Emergency equipment would also be checked to ensure it was present and in date. Once per month, the registered manager would then check the daily log sheet to ensure compliance with this task. We were told that the emergency drugs were kept in an area away from public view and behind a door that was locked each night. The registered manager confirmed to us that one drug, which should normally be kept in the fridge, was kept in a room with the other emergency equipment and drugs. This was done to ensure there was no delay in finding it, should it be needed. We were told that expiry dates for this drug had been altered to take into account this change in storage requirement, in line with British Dental Association (BDA) guidelines.

The regulatory officer confirmed that the practice's responsible individual is scheduled to undertake a visit on 11 August 2021. This visit relates to regulation 23, within The Private Dentistry (Wales) Regulations 2017, to assess the quality of service being provided against regulations and relevant standards. Following completion of the visit, a report is generated which must subsequently be submitted to the registered manager and HIW.

The following areas for improvement were identified:

The room where the emergency drugs were kept was not temperature controlled. Therefore the temperature storage requirements for one particular drug, the glucagon injection kit¹⁴,

¹³ The GDC work to protect dental patient safety and maintain public confidence in dental services.

¹⁴ Glucagon HypoKit can be stored outside the refrigerator at a temperature not exceeding 25°C for 18 months provided that the expiry date is not exceeded. It should be stored in the original package in order to protect from light.

may have been exceeded, in addition there was not a temperature monitor in the room.

The practice is to ensure that regular checks are carried out of the room temperature where the glucagon injection kit is stored and that evidence of these checks is kept on file. The efficacy of the current injection kit should be established and if necessary the kit should be replaced. The same action should be carried out for any other drugs kept in this room, which are temperature sensitive.

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: {my}dentist Ruabon, Wrexham

Date of activity: 20 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	<p>The room where the emergency drugs were kept was not temperature controlled. Therefore the temperature storage requirements for one particular drug the glucagon injection kit may have been exceeded, in addition there was not a temperature monitor in the room.</p> <p>The practice is to ensure that regular checks are carried out of the room temperature where the</p>	<p>Standard 2.6 Medicines Management</p> <p>Regulation 31 Resuscitation</p>	<p>Room temperature monitor has been placed in the emergency drugs room.</p> <p>Temperatures will be recorded on a daily basis to ensure temperature does not exceed 25c</p> <p>Although there has been nothing to evidence that 25 degrees has been exceeded, as a precautionary measure a</p>	Helen Williams	14/08/2021

glucagon injection kit is stored and that evidence of these checks is kept on file. The efficacy of the current injection kit should be established, and if necessary the kit should be replaced. The same action should be carried out for any other drugs kept in this room that are temperature sensitive.

replacement for the Glucagen has been purchased to ensure the efficacy of the product
All other drugs within the bag have been checked and any with a temperature sensitivity of over 25 degrees will be replaced for the avoidance of any doubt and room temperatures will be monitored going forward

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: Helen Williams

Date: 10/08/2021