

Quality Check Summary

Lawn Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Lawn Dental Practice as part of its programme of assurance work. The practice offers a wide range of private and NHS treatments and services.

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 NHS - 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 registered manager/practice manager on 27 September 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-19 risk assessment
- 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 sanitizing stations throughout the building. Cleaning schedules had been amended to enable more frequent cleaning. We were told that the practice were continually 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 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 in the waiting area have been organised to ensure social distancing and other chairs not in use have been cordoned off. A designated dirty area for PPE doffing¹ is in place for staff and the surgeries have been decluttered of all unnecessary items.

Prior to an appointment, staff will telephone the patient and complete a COVID-19 screening questionnaire. Staff will also provide patients with information about the patient journey and payment options. These measures help reduce the amount of time a patient spends at the surgery.

When patients arrive for appointments they are asked if they have any symptoms of COVID-19. Hand sanitizer is given upon entry into the building. Face masks must be worn until the patient is seated in the surgery, unless they are exempt.

We were told the practice had very few patients whose first language was not English.

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

However, the practice does have access to a translation service and also has information displayed in Welsh and English.

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 surgeries. 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.

The following areas for improvement were identified:

We saw evidence of a COVID-19 specific risk assessment. The assessment documented the controls against each hazard, but other areas of the template were blank. The document was not dated and the name of the risk assessor was missing. The template had other areas/headings that had no information recorded, but would benefit from being completed. Therefore we recommend that the risk assessment is fully completed.

We saw the practice environmental risk assessment which was completed in July 2021. Actions identified had been documented, but not dated to evidence their completion. We recommend that dates are recorded to evidence when an action has/will be completed.

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 WHTM01-05 decontamination audit
- Cleaning policy
- Surgery disinfection procedures (Non-AGP)
- Surgery Cleaning schedules
- Autoclave Daily checks
- Daily infection prevention checklist

The following positive evidence was received:

We were provided with various documents for the prevention and control of infection, which included a cleaning policy. 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 cleaning policy and surgery disinfection procedures (for non AGP). In addition, we were told that PPE training, including FFP3 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. Staff told us that a runner nurse is available should something be required. 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 asked 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 by the registered manager.

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

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:

- Assessing and monitoring the quality of service provision report (prepared under Regulation 23 of the Private Dentistry (Wales) Regulations 2017)
- Consent policy
- 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

The following positive evidence was received:

We saw evidence of training records, which showed compliance with mandatory training. Staff required updated medical emergency training. The lapse in this training is an unfortunate result of the pandemic which resulted in face to face courses being cancelled. 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).

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 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 team meetings, emails and their messaging app group.

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 the assessing and monitoring the quality of service provision report, clinical records audit, X-Ray quality and safety audit and a WHTM 01-05 decontamination audit.

The process of checking emergency equipment and medicines was explained. Staff have the

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

responsibility for performing the weekly checks, recording the findings and ordering stock as required.

We reviewed the statement of purpose⁷ and patient information leaflet⁸ which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

The following areas for improvement were identified:

We were provided with a sample of policies and procedures in place at the practice. We noted that they were not dated to evidence when they were last reviewed. We recommended that all policies and procedures are dated.

The examples of audits provided also lacked dates to evidence when these were completed. Specifically, the WHTM 01-05 audit and the assessing and monitoring the quality of service provision report. We recommend that any report or audit completed is dated to confirm when these were carried out.

⁷ “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.

⁸ 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: Lawn Dental Practice

Date of activity: 27 September 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 that the COVID-19 risk assessment is fully completed. Specifically to ensure all the blank areas are populated and information recorded.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a) Health & Care Standards - standard 3.5 record keeping	Covid 19 risk assessment is fully complete	Manager	Complete 14.10.2021
2	The registered manager must review any identified actions within	The Private Dentistry (Wales)	Environmental risk assessment has been reviewed. Dates have been added when actions have been	Manager	Completed 14.10.2021

	the environmental risk assessment and record the date/s when an action has/will be completed.	Regulations 2017 - Regulation 16 (1) (a) Health & Care Standards - standard 3.5 record keeping	completed or are on going		
3	The registered manager must ensure all policies and procedures are dated to evidence they are reviewed regularly.	The Private Dentistry (Wales) Regulations 2017 - Regulation 8 (6) Health & Care Standards - standard 3.5 record keeping	Policies are reviewed regular, The practice is in the process on adding dates to all policies and procedures.	Manager	To be completed by end of November 2021
4	The registered manager and provider must ensure audits and quality reports are dated to evidence when these were carried out.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a) Health & Care Standards - standard 3.5 record keeping	Any new Audits and quality reports will be dated to evidence when these were carried out from now on going forward	Manager	On going

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:
Jannina
Tovey

Date:
14.10.2021