

# Quality Check Summary

## Bryant Dental Practice

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Bryant Dental Practice as part of its programme of assurance work. Bryant Dental Practice provides services to patients in the Treorchy area. The practice forms part of Rodericks Dental, which has a network of dental practices across England and Wales. The practice also forms part of dental services provided within the area served by Cwm Taf Morgannwg University Health Board. The practice provides a range of NHS and private general dental 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 Health and Care Standards 2015 and the Private Dentistry (Wales) Regulations 2017 (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, compliance manager and the practice manager on 4 November 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 practice ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How does the practice 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 does the practice 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:

- The practice general work environmental risk assessment
- Risk assessment for safer sharps
- Risk assessment for the use of surgeries.

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 relevant risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We were told that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed to aid and improve infection control. We were told that some areas of the practice had been refurbished and that the following changes were made:

- Implemented clear desk procedures and unnecessary items were removed from the surgeries, reception and waiting area
- Fabric chairs were removed and replaced with washable plastic chairs
- Social distancing signage was displayed
- Hand sanitiser dispensers were located at various locations.

In order to protect staff and patients at the practice, we were told that the front door is locked at all times to prevent members of the public from entering unattended and without an appointment. We were told that appropriate notices and signs are on display at the practice.

Any patients who need to see the dentist attend the practice by invitation and pre-booked appointment only. We were informed that staff admitting patients onto the premises wear appropriate personal protective equipment (PPE), and that all patients who require treatment are screened for symptoms of COVID-19.

The practice 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

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emergency (patient collapse) at the practice. The practice manager confirmed that a system was in place to check the equipment and emergency drugs on a daily basis to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). We were also told that the oxygen cylinder and defibrillator are checked on a daily basis.

The practice manager confirmed that some leaflets and signs displayed at the practice are bilingual. We were told that the practice are currently liaising with the local health board for all literature to be translated and made available bilingually. We were told that the practice has one dental nurse, one clinician and one receptionist who are fluent Welsh speakers, which helps to meet the needs of Welsh speaking patients who wish to communicate in their preferred language. We were also informed that the practice has access to language line. However, we were told that these services are not being promoted. We were informed, after the quality check call, that arrangements had been made for these services to be promoted at the practice using the Iaith Gwaith brand. The Iaith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers.

**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 policy
- New ways of working resource pack (Wales)
- Instrument decontamination manual
- Amalgam carrier decontamination manual
- Environmental cleaning policy
- Environmental cleaning log
- Infection Prevention Society audit tool
- Records of daily surgery checks
- Records of daily checks of autoclaves
- Records of daily decontamination room start and end of day checks
- Records of daily checks of ultrasonic bath and washer disinfectant
- Records of daily water checks
- COVID-19 daily screening log.

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**The following positive evidence was received:**

The practice manager confirmed that all staff have a clear understanding of the latest guidance for the dental management of patients in Wales during C-19 pandemic recovery<sup>1</sup>. The guidance is intended for use by all general dental care settings in Wales. We saw that the practice had developed an in-house resource pack which includes new ways of working to guide staff at the start of the pandemic. The resource pack is a live document and is regularly updated to reflect the latest guidance. The practice has also developed their own dedicated training module and we saw evidence that all staff have completed this training. The training module is accessible to all staff via the practice online learning platform. We were also told that the training module is updated in line with the resource pack.

It was confirmed that all staff have received regular COVID-19 updates via a dedicated WhatsApp<sup>2</sup> group, team meetings, weekly bulletins and weekly newsletters. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

We also saw evidence that all staff who are required to use filtering face pieces 3 (FFP3)<sup>3</sup> masks have been fit tested to ensure the mask fits properly and will offer adequate protection.

It was confirmed that all staff have received a detailed COVID-19 risk assessment<sup>4</sup> to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a weekly basis by the dental nursing team and the practice manager.

We saw evidence that cleaning schedules for the surgeries are in place and daily checklists maintained.

**The following areas for improvement were identified:**

We saw evidence that a combined decontamination and infection control audit had been completed on 25 October 2021. However, we noted that the audit had been based on England's Department of Health Infection Prevention Society self-assessment document. We recommend that the practice completes the Health Education and Improvement Wales<sup>5</sup> audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance<sup>6</sup>.

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<sup>1</sup> Dental management of patients during COVID-19 recovery | GOV.WALES

<sup>2</sup> WhatsApp Messenger is a cross-platform instant messaging application that allows iPhone, BlackBerry, Android, Windows Phone and Nokia smartphone users to exchange text, image, video and audio messages for free. In addition to basic messaging, WhatsApp provides group chat and location sharing options.

<sup>3</sup> FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

<sup>4</sup> This Risk Assessment Tool has been developed to help people working in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus.

<sup>5</sup> Health Education and Improvement Wales (HEIW) is dedicated to transforming the workforce for a healthier Wales. They are a Special Health Authority within NHS Wales and sit alongside Health Boards and Trusts.

<sup>6</sup> 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.

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This will ensure that any differences between the standards in England and Wales are 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:

- Statement of Purpose
- Patient Information Leaflet
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Record card audit
- Informed consent policies / procedures
- COVID-19 policy
- Business continuity plan
- Mandatory training records
- The Regulation 23 (responsible individual visit) report.

### **The following positive evidence was received:**

We were provided with a sample of the practice's policies and procedures. We saw that these had been reviewed during the year and that they were version controlled and contained a review date.

From the key documents we reviewed, it was evident that the practice was seeking to continuously improve the service provided to patients. We were provided with copies of relevant audits that had recently been completed, such as cross infection, clinical notes, X-rays and clinical waste. All audits had been completed and, where required, an action plan developed and maintained.

We were provided with the most recent responsible individual report, as required by The Private Dentistry (Wales) Regulations 2017. The report evidenced the way the quality of the service provided is being managed and assessed to ensure that they meet the requirements of the regulations and relevant standards.

We were provided with a copy of the statement of purpose and patient information leaflet which included relevant information about the services being offered.

We saw that the practice had a business continuity plan in place to ensure continuity of service provision and safe care to patients during the pandemic.

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We were told that due consideration is given to equality and patients' rights. During the pandemic, the practice utilised the 'Attend Anywhere'<sup>7</sup> service and remote triage to reach patients who were too nervous to attend the practice due to COVID-19. We were also told that protected appointment slots are made available for vulnerable or at risk patients at the start or end of each day. We noted from the patient information leaflet that there is disabled access and other facilities available at the practice to include a surgery that is accessible to wheelchair users. As mentioned previously, the receptionist is fully bilingual and can communicate with patients in Welsh and the practice has access to a language line / interpreter. Furthermore, we were informed that a hearing loop induction facility is available to support hearing aid users.

**The following areas for improvement were identified:**

We were provided with mandatory training statistics for the dental team. We noted that the majority of staff were due to renew their medical emergencies training and that arrangements had been made for staff to receive face to face training on 8 November 2021. We also noted that some of the clinicians were due to renew their fire safety, complaints and oral cancer training. We were informed during the quality check call that plans will be put in place for staff to renew any outstanding training. We received confirmation after the quality check call that any training due to be renewed would be completed by 1<sup>st</sup> December 2021.

The registered manager must provide HIW with updates in relation to the mandatory training completion rates within three months of this quality check.

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<sup>7</sup> The NHS Wales Video Consulting (VC) Service offer healthcare services a safe and secure way to see patients via a video appointment, rather than seeing them in-person. The VC Service is delivered via a communication platform called 'Attend Anywhere'.



# 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:** Bryant Dental Practice

**Date of activity:** 04 November 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	We recommend that the practice completes the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.	(WHTM) 01-05	The practice will complete the WHTM-01-05 through HEIW The practice expressed interest to register for this audit on 15/11/2021 by emailing <a href="mailto:heiw.dentalgi@wales.nhs.uk">heiw.dentalgi@wales.nhs.uk</a>	Registered Manager	To be completed by 17/01/2022
2	The registered manager must provide HIW with updates in relation to the mandatory training within three months of this quality check.	Regulation 17 (3) (a)	All staff completed hands on Medical Emergency training on 08/11/2021  Clinicians to complete outstanding recommended CPD or provide certificates for; Oral Cancer Fire Safety Complaints	Registered Manager	To be completed by 31/01/2022

			Proposed completion Date: 01/12/2021 All clinicians have access to these courses via online platforms. All registered dental care professionals to complete the Radiography and radiation protection training. DCP's have been advised to check online platforms and their local post graduate site to access this course.		
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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: Cara Ledwidge  
Date: 15/11/2021