

Quality Check Summary

MyDentist, Swansea (Orthodontics)

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of MyDentist, Swansea as part of its programme of assurance work. The practice is an orthodontic surgery that offers both NHS and private 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 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 and Regulatory Officer on 9th November 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:

- Fire safety action plan and risk assessment
- Health and Safety action plan and risk assessment
- Covid-19 practice 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:

After reviewing the key documents listed above, it was clear all were adequately completed and dated.

The practice manager informed us of the changes made within the practice to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms. This included the implementation of a one-way system when entering and exiting the building, the use of Covid safety floor stickers, screens around the reception desk and hand sanitizer dispensers placed throughout the practice. We were also informed that social distancing measures had been put in place throughout the practice, cleaning schedules had been amended to allow for more frequent cleaning and only patients with pre-arranged appointments could visit the practice.

Prior to an appointment, staff will telephone the patient and complete a COVID-19 screening questionnaire. This information is then entered into each patient's medical records. Upon arrival at the practice patients are asked again if they are displaying any Covid symptoms prior to their appointment and are asked to sanitize their hands and keep face coverings on (unless exempt) until they are sat down in the surgery.

We were told that the practice has a number of patients whose first language was not English. The practice has three members of staff who are fluent Welsh speakers and another learning. The practice also has access to a translation service and all information posters are displayed in English and Welsh. We were also informed that the practice manager has learned sign language in order to successfully communicate with a deaf patient and has also implemented quiet hours for autistic patients.

The practice manager informed us that, as they are an orthodontic surgery, they do not perform AGPs¹. However, each surgery has still been fitted with an effective air filtration system. We were told that fallow time² is no longer required but the practice is still running longer appointments to allow for additional cleaning time and less traffic in the waiting area. 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.

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 WHTM01-05 decontamination audit
- Surgery cleaning schedules
- Cleaning Policy
- Autoclave daily checks
- Copy of ultrasonic logs

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 also saw evidence of the practice cleaning schedules and records for the decontamination of instruments and surgery equipment and a copy of the completed WHTM01-05 decontamination audit. All of these were thorough and complete.

The practice manager informed us of the systems in place to ensure all staff were aware of their responsibilities for preventing and controlling infection. We were also told that PPE

¹ 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

² Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place.

training, donning and doffing of PPE³, had been delivered to all staff and that new policies were printed for staff to sign and date once read.

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 informed that the practice had sufficient stock of PPE and that weekly stock checks were undertaken. Any supplies required are ordered by the registered manager through the central procurement team.

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 explore 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 that all staff were up to date and compliant with mandatory training. Each staff member has access to an online training academy for e-learning⁴ with their own individual portals, which can be accessed in work or

³ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

⁴ Learning conducted via electronic media, typically on the internet.

at home. Staff informed us that employees are required to print out all training certificates and copies are stored in staff files.

The practice has maintained their processes for the reporting of any incidents. The Practice Manager knows to report any incidents to the MyDentist support centre via a designated incident line. 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 is delivered to staff via the practice manager during daily team meetings and emails.

The process of checking emergency equipment and medicines was explained. Both medical emergency bags are checked daily by a clinical and non-clinical staff member, both of whom complete a daily checklist to confirm the oxygen is full, the defibrillator is fully charged and all drugs are in date. A more in depth check is conducted monthly as well as a monthly audit.

We reviewed the statement of purpose⁵ and patient information leaflet⁶ which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

No areas for improvements were identified.

⁵“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.

⁶ 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.