

Quality Check Summary

Connah's Quay Dental Practice Ltd

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Connah's Quay Dental Practice Ltd as part of its programme of assurance work. The practice offers treatment to both NHS and Private patients. The practice forms part of the dental service offered by Betsi Cadwaladr University Health Board. The practice has recently come under new ownership since September 2021.

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 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 Responsible Individual, Mayhar Mahmodian Asl and Assistant Practice Manager Debbie Lee on 8 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:

- The most recent environmental risk assessments / audits

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

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

Patients who needed 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. Patients are required to have their temperature taken by staff and use hand sanitising gel before entering the practice. Patients attending the practice were asked to bring minimal personal belongings as these are kept in the reception area to minimise the risk of infection.

We were told that clear, plastic screens had been installed at the reception desk to protect the staff. Toys and magazines had been removed from the waiting area. The Assistant Practice Manager informed us that patients were escorted through the practice when they attended and that all areas including handrails were cleaned before and after patients use them to access the stairs.

The Assistant Practice Manager told us that documentation is being updated to ensure that it is available in Welsh but the staff also use Language Line if necessary in order to communicate with patients who don't speak English or prefer to use Welsh.

The Assistant Practice Manager spoke highly of the practice staff highlighting how they have responded to the needs of the practice, the patients and in supporting each other during the

COVID-19 pandemic.

The practice are currently awaiting outcomes of audits undertaken by an external company in relation to Legionella, Pseudomonas Water Sample, Fire Risk Assessment, Health & Safety Audit and Disability Access Audit. The Assistant Practice Manager informed us that any recommendations from these audits will be actioned at their earliest opportunity.

No areas of improvement 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
- Environmental cleaning and maintenance policy
- The most recent Welsh Health Technical Manual (WHTM) 01-05¹ decontamination audit
- Surgery cleaning schedules
- Records of daily checks of autoclaves
- Manual Cleaning Policy .

The following positive evidence was received:

The Assistant 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 recovery². The guidance is intended for use by all general dental care settings in Wales.

The Assistant Practice Manager confirmed that staff have received regular COVID-19 updates via a dedicated WhatsApp³ group and regular staff meetings. Any new guidance and procedures are discussed at formal team meetings, which are recorded. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

The Assistant Practice Manager confirmed that all staff have received internal training or guidance on various topics such as recognising COVID-19 symptoms, the management of patients with COVID-19 symptoms, correct use of PPE, including the donning, doffing and safe

¹ 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.

² [2021-09-28 - Guidance for the Dental Management of Patients in Wales during the C-19 Pandemic Recovery.pdf](#)

³ 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.

disposal of used equipment.

The responsible individual also confirmed that all staff using FFP3⁴ masks have been fit tested to ensure the mask fits properly and will offer adequate protection.

The Assistant Practice Manager confirmed that all staff have received a detailed COVID-19 risk assessment⁵ 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 a member of the dental nursing team who liaise directly with the Assistant Practice Manager to ensure sufficient stocks are sourced.

The Assistant Practice Manager confirmed the processes in place to protect patients and staff when an aerosol generating procedure (AGP)⁶ was taking place. This process followed the most recent guidance issued by the Chief Dental Officer (CDO) for Wales. All staff were kept informed of the guidance issued by the CDO. This was achieved using a compliance application installed on staff mobile telephones, and printed documents during two dedicated staff training days. The Assistant Practice Manager also informed us that fixed, or mobile air filtration units and air purifiers had been installed into the surgeries which enabled the practice to operate with the minimum fallow time⁷ of 10 minutes following an AGP.

We confirmed with the Assistant Practice Manager the process to check that patients attending the practice were not displaying symptoms of COVID-19. In addition to being telephoned before their appointment and asked a series of screening questions, patients would then be re-screened on attendance at the practice and their temperature would be taken. Should a patient attend the practice displaying symptoms of COVID-19, the Assistant Practice Manager confirmed that staff would ask the patient to re-book and they would provide advice should the patient be in pain.

The following areas for improvement were identified:

As part of the quality check process the dental practice provided HIW with their most recent Welsh Health Technical Memorandum (WHTM) 01-05⁸ audit, which was partially completed by the previous owner with no date present and some missing information on the form. This

⁴ FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

⁵ 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.

⁶ 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.

⁷ 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

⁸ Welsh Health Technical Memorandum 01-05 refers to the guidance surrounding infection prevention and control procedures within dental practices

audit highlighted issues with the following:

- Protocol or policy in relation to blood borne virus exposure
- Processing procedures for equipment/ instruments that cannot be decontaminated to appropriate standards
- Use of reamers or endodontic files
- Disposable single use covers being discarded after each patient contact.
- Recording of sharps injuries in a log book
- Separate sink for handwashing in each room where decontamination takes place.
- Staff not using heavy duty domestic gloves for manual cleaning
- Mechanical Ventilation
- Ventilation in relation to fumes including chemicals used for decontamination
- Maintenance program to ensure servicing of ultrasonic cleaner in line with manufacturers schedule
- Contractual arrangements to ensure all automated washer- disinfectors are routinely maintained correctly to the manufacturer's instructions
- Disposable aprons are used during decontamination processes or clinical procedures where there is a risk that the uniform may become contaminated
- Masks not disposed of in clinical waste after each use
- Single use aprons are not disposed of in the clinical waste
- Surgery wear by staff is not changed at the end of the day or when visibly contaminated
- Plastic aprons, goggles, masks or face shields are not used for any clinical and decontamination procedures where there is a danger of splatter, or aerosol formation.
- There are no thermostatically controlled taps in use
- Instruments are not correctly loaded into the washer / disinfectant and there is no daily check in place to compare and monitor variables of a standard operating cycle.

During the quality check the Assistant Practice Manager told us that changes have been implemented naturally during COVID-19 which have resolved some issues previously found on the WHTM01-05. Nevertheless, given the poor standard of completion of the earlier audit and the significant number of issues identified the practice must re-do the WHTM 01-05 audit and where shortcomings are identified prepare an action plan to set out remedial actions to achieve full compliance with WHTM 01-05.

During the quality check it was identified that the practice are currently recording cleaning of the autoclave cycles on paper, along with the print out from the autoclave system. This is being stored in the filing cabinet. However we were advised that there are frequent issues with the printer that sometimes result in the print outs becoming unclear. The practice must ensure that records are clear and stored safely.

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 completion rates for all staff.

The following positive evidence was received:

The Assistant Practice Manager informed us that the practice remained open throughout the COVID-19 pandemic, offering advice and emergency treatment in line with COVID-19 guidelines. We were told that the practice also provided support to local practices as required and had worked hard to provide dental care despite the challenges faced due to the pandemic.

The Assistant Practice Manager spoke highly of the staff, informing us that they had adapted well to new COVID-19 guidelines and worked well together as a team. For support, the practice used a group messaging application so that staff could keep in touch. The Assistant Practice Manager informed us that he was always available for staff to approach should they feel they needed help or advice.

We asked the Assistant Practice Manager to describe the processes and procedures that ensured emergency drugs and equipment were present and in date. We were told that the emergency drugs were checked on a weekly basis. Emergency drugs were kept in an easily accessible cupboard on the ground floor of the surgery alongside other emergency equipment such as the defibrillator, eye wash and first aid kit.

We were provided with evidence which confirmed that all clinical staff have attended training on a range of topics relevant to their roles and in order to meet the Continuing Professional Development (CPD) requirements.

We were provided with a sample of the practice's policies and procedures. We saw that these had been reviewed recently as the practice has come under new ownership.

We saw that the practice had recently reviewed their business continuity plan to ensure continuity of service provision and safe care to patients during the pandemic.

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 and X-rays. All audits had been completed and, where required, an action plan developed and maintained.

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

During the quality check we were told by the assistant practice manger that all staff had received an enhanced Disclosure and Barring Service (DBS) check. The responsible individual told us that they are setting up a regular checking service for this.

The following areas for improvement were identified:

As part of the quality check process HIW asked to see evidence of regular auditing and the ongoing clinical governance arrangements for the dental practice. During the quality check call, and in combination with the evidence provided, HIW found that the record card audit had highlighted significant issues in the standard of record keeping. The General Dental Council standards for the dental team states that prompt action must be taken if a registrant feels that professional performance may put patients at risk.

The responsible individual told HIW that they intend to re-audit the dental care records monthly until they meet the standard required. After each audit the results will be discussed in individual 1:1 discussions and any themes reported in team meetings. Once the records are at a satisfactory standard the responsible individual will audit the dental care records every six months.

In addition, when questioned on the arrangements for seeking patient views, the responsible individual informed HIW that they had not done so since taking ownership of the practice in September 2021. We were informed that the practice did not use electronic means to gather patient views but patients were invited to provide feedback in the patient suggestions box within reception.

The responsible individual must:

- Complete clinical audits regularly and act on the findings in a timely manner as part of an ongoing programme of clinical governance
- Obtain patient views on the practice and ensure there is an effective process in place for this feedback to be obtained.

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: Connahs Quay Dental Practice

Date of activity: 8 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	<p>The registered manager must repeat the WHTM-01-05 audit in order to identify any areas of possible non-compliance.</p> <p>The registered manager must provide HIW with an updated WHTM 01-5 audit and a copy of the resulting action plan within three months of this quality check.</p>	WHTM 01-05			
2	The registered manager must	Regulation 20(1)(a)(i)(ii)			

	ensure the clinicians completes all patient dental care records fully, accurately and contemporaneously at the point of treatment.	of The Private Dentistry (Wales) Regulations (2017)			
3	<p>The registered provider must:</p> <ul style="list-style-type: none"> • Complete clinical audits regularly and act on the findings in a timely manner as part of an ongoing programme of clinical governance • Obtain patient views on the practice and ensure there is an effective process in place for this feedback to be obtained. 	<p>Regulation 8 (n) and Regulation 16 (2) (d, ii) of the Private Dentistry (Wales) Regulations (2017)</p> <p>Regulation 16 (2) (c) and (d) of the Private Dentistry (Wales) Regulations (2017)</p>			

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: