

Quality Check Summary

Holton Dental Centre

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Holton Dental Centre as part of its programme of assurance work. This dental practice 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 on 23 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:

- Environmental health and safety risk assessment
- Covid 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:

We reviewed the key documents listed above, and confirmed 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. The practice currently keeps the front door locked in order to prevent anyone without an appointment entering the practice. They are also running longer appointments to allow for cleaning time and to reduce traffic in the waiting area. Chairs in the waiting area have been adequately spaced, however we were informed that staff try to get patients straight into the treatment room whenever possible. Reception staff will then clean down the waiting area, doors and bannisters after each patient has entered the practice. We were informed that the practice can take payments over the phone and also use disposable stickers on the card machine in practice which is replaced after each customer.

Prior to an appointment, patients are sent a COVID questionnaire via email. Staff will also complete the form via a telephone call for any patients unable to access email or the information portal. 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-19 symptoms prior to their appointment and their temperature is taken.

We were told that the practice currently doesn't have any patients who wish to communicate in Welsh. However, two members of staff are fluent Welsh speakers, as well as the practice owner. There are bilingual posters throughout the practice and the practice manager also informed us that website and social media posts are made in English and Welsh. The practice also has access to a translation service.

All surgeries are equipped for AGP¹ procedures. We were informed that they have been all fitted with air filtration systems and that the window is left open whenever possible during

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

procedures. All staff don and doff² Personal Protective Equipment (PPE) before entering the surgeries and a buddy nurse system is used in the event something additional is needed during a procedure.

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 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. All staff have watched PPE training videos to ensure competence in donning and doffing. Staff also have access to wipeable picture cards, showing the instruments needed for each equipment, so that the trays can be set up in advance. Should any additional instruments or equipment be needed, the practice runs a buddy nurse system.

Any changes to IPC policies are communicated to staff through meeting and emails, with physical copies of policies and procedures printed for staff to sign and date once read.

We were informed that the practice initially found it difficult to access PPE stock at the start of the pandemic, highlighting specifically a mask shortage. Later on, however, the local health board began providing stock more frequently. The practice manager also sourced

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

additional stock if needed.

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 that all staff were up to date and compliant with mandatory training. Each staff member has access to an online training academy for e-learning³ with their own individual portals. Employees are required to print out all training certificates and copies are stored in staff files.

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 team meetings and emails.

The process of checking emergency equipment and medicines was explained. The receptionist completes daily checks to ensure the oxygen is full and the defibrillator is charged. More in depth checks are carried out weekly whereby all drug expiry dates are checked and signed

³ Learning conducted via electronic media, typically on the internet.

when completed.

We reviewed the statement of purpose⁴ which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

The following areas for improvement were identified:

We reviewed the patient information leaflet⁵, which appeared to be missing some of the information required, as outlined in the Private Dentistry (Wales) Regulations 2017. As mentioned in the Private Dentistry (Wales) Regulations 2017, all dental care professionals should be listed in this document. We recommend the service include the following details in their Patient Information Leaflet:

- Arrangements for dealing with abusive patients
- Arrangements for dealing with complaints
- The experience and qualifications of all dentists and dental professionals
- Arrangements for seeking patient's views
- Arrangements for the development and training of employees
- Details of persons who have access to patient information.

⁴ "Statement of purpose" ("datganiad o ddiben") means the statement compiled in accordance with regulation 5(1) of the Private Dentistry (Wales) Regulations and Schedule 5 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: Holton Dental Centre

Date of activity: 23/11/2021

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 ensure that the Patient Information Leaflet contains the following information:</p> <ul style="list-style-type: none"> •Arrangements for dealing with abusive patients •Arrangements for dealing with complaints •The experience and qualifications of all dentists and dental professionals •Arrangements for seeking patient’s views •Arrangements for the development and training of employees •Details of persons who have access to patient information. 	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 6</p>	<p>Louise Slimings will add the required information to the Patient Information Leaflet to ensure the patients are provided with all the information when joining the practice.</p>	<p>Louise Slimings Practice Manager</p>	<p>Practice Information Leaflet to be updated and sent to HIW before 23/02/2022</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: Louise Slimings

Date: 13.12.21