

Quality Check Summary

Eastgate Dental Surgery

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Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Eastgate Dental Surgery as part of its programme of assurance work. The practice offers a wide range of private and NHS treatments and services. The practice forms part of the dental service offered by Hywel Dda University Health Board.

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. 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 Registered Provider, Udara Hemathilaka, who is also the Registered Manager, on 16 November 2021 who provided us with information and evidence about the 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
- Standard Operating Procedure (SOP)

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 risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic. We also questioned the Registered Provider on the changes that had been made to the environment to enable patients to be seen during the COVID-19 pandemic and to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms.

We were advised that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed to aid and improve infection control. The practice reduced its footfall by ensuring only patients with pre-arranged appointments could visit the practice. A 'closed door' policy is in force and a queuing system is in place outside the surgery in order to minimise risk to staff and patients. Patients attend alone, unless a carer is required. This is agreed in advance so that the practice is aware of how many people will be on-site at any given time. Chairs in the waiting area had been re-organised, and the receptionist repositioned to ensure adherence to social distancing. All non-essential items had been removed from the waiting area, and windows can be opened to allow the free-flow of air. Relevant notices are displayed in prominent positions inside and outside the premise informing patients of current measures in place; these are updated where required.

We asked what measures were in place to keep patients informed about safety procedures relating to COVID-19. We were told that prior to all appointments, staff telephone the patients and complete a COVID-19 screening questionnaire. Staff also provide patients with information about their expectations upon arrival at the practice. These measures help reduce the amount of time a patient spends at the surgery. When patients arrive for appointments they are once again asked if they have any symptoms of COVID-19 and a non-touch thermometer is available to run a temperature check where required. Hand sanitiser is given upon entry into the building and face masks must be worn until the patient is seated in the surgery, unless they are exempt. Where a patient does not have a mask, one will be provided to them.

We were told the practice had several patients whose first language was Welsh and there are 4 fluent Welsh speakers at the practice who can provide services and treatments in Welsh where required. These are: 1 x dentist, and 3 x nurses who also provide reception cover.

We were told that all three surgeries are equipped to perform Aerosol Generating Procedures (AGP)¹. Window panes had been replaced to allow for ventilation and extraction units. These are installed to facilitate the removal of contaminated air.

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:

- A copy of the most recent decontamination audit and the action plan to address any areas for improvement
- Infection Prevention Control policy
- COVID-19 policy
- Autoclave daily and weekly checks
- Ultrasonic cleaner daily and weekly record sheet
- Standard Operating Procedure (SOP)

The following positive evidence was received:

We were provided with various documents relating to the prevention and control of infection. We were told that the practice were continually updating their policies and procedures in line with updates and advice from external bodies. An Infection Prevention Control Policy was provided for review, this was comprehensive and up to date, last reviewed in October 2021.

The Registered Provider confirmed the processes in place to protect patients and staff when an aerosol generating procedure (AGP) was taking place. This process followed the most recent Standard Operating Procedure (SOP) issued by the Chief Dental Officer (CDO) for Wales. All staff were kept informed of the SOP and associated guidance issued by the CDO

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.

via internal staff email and team meetings. We were advised a hard copy was available at the practice for staff to read.

The number of appointments requiring AGP has not significantly reduced, however, the practice makes all attempts to ensure these are staggered and not back to back to allow sufficient fallow time² and to allow for adequate time to disinfect the surgeries between patients. Alterations to staffing levels e.g. part time working, has freed up treatment rooms if simultaneous AGP appointments were required. The Registered Provider stated that this change had not had any impact on the patient experience or the care that patients received.

Personal Protective Equipment (PPE) for staff and patients is available, as well as hand sanitising stations throughout the building. We were advised that staff were up-to-date with training in the use of the enhanced PPE, including the correct method of donning and doffing³ in a designated area, and correct disposal of PPE. We were told that the approach used for training was blended, a mix of online and face to face in-house practical sessions. Visual reminders such as posters reminding staff of the correct use of PPE were also displayed in prominent areas within the practice.

We were told that all staff wore the correct PPE including FFP3⁴ masks, gowns, aprons and visors when treating patients. Fit tests took place with staff and this was recorded per staff member online and in hard copy. It was 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. Staff are also questioned on their confidence in using PPE. Stock of PPE is monitored and recorded by the practice manager who then reports this to the Registered Provider to enable an order to be placed in good time.

We were told that whilst there was the screening process of patients prior to arrival, patients would then be re-screened on attendance at the practice upon arrival. Should a patient attend displaying symptoms of COVID-19, the Registered Provider 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, HIW requested the most recent audit carried out under the Welsh Health Technical Memorandum (WHTM) 01-05⁶ applicable to dental practices. The

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

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

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 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, Health Education and Improvement Wales (HEIW). The audit is administered through the Clinical Audit Peer Review process and is now available to all general dental services (GDS) and Community Dental Service (CDS) dental teams in Wales

audit received was the Health Technical Memorandum (HMT) 01-05⁷ (England). This document is a very similar audit, and identified 34 areas for improvement. Of those identified, 29 required urgent action. The Registered Provider did not have an action plan in place to address these deficiencies.

As a result of our concern, and the identified risks to both patients and staff, a non-compliance notice was issued.

We were advised that this audit may have been completed in haste and not necessarily a true representation of the practices carried out at the surgery. In response to the non-compliance notice the Registered Provider urgently undertook a new audit which identified 9 areas for improvement. Accompanying this updated audit was an action plan timetabling remedial action.

The Registered Provider must ensure that all items identified in the audit process are addressed, with a clear plan identifying timescales for remedial action.

We also saw evidence of the practice cleaning schedules and records for the decontamination of instruments and dental equipment. We found these were not always complete and the records held were not always clear. We identified that whilst the practice is currently recording tests for protein from washer cycles, this is done on paper with the title “protein” with a date and signature. This document is not easily identifiable or clear as to what it is recording e.g. one page contained only dates and signatures. It was also noted to be infrequently dated.

The Registered Provider must ensure that records are clear, identifiable, well maintained and safely stored.

We were provided policies for review and whilst these appear to be comprehensive and well structured, not all were dated, nor did they specify who updated these.

The Registered Provider must ensure policies are dated to ensure they are reviewed appropriately.

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

⁷ HTM 01-05 is intended to raise the quality of decontamination work in primary care dental services in England, by covering the decontamination of reusable instruments within dental facilities. The Infection Prevention Society have produced a dental audit tool (Dental audit tools | Powered by Box) to help practices self-assess compliance with HTM 01-05.

trained in order to provide safe and effective care.

The key documents we reviewed included:

- Statement of Purpose⁸
- Patient Information Leaflet⁹
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Record card audit
- Informed consent policies / procedures
- COVID-19 policy
- Business continuity plan
- Mandatory training records for all staff
- Annual report prepared under regulation 16(3) of the Private Dentistry (Wales) Regulations 2017

The following positive evidence was received:

The Registered Provider confirmed that the practice closed to patients briefly during March 2020 and into the first week in July 2020. However, the practice retained an emergency phone line to enable the triage of patients. This allowed the practice to divert patients to other necessary emergency services if required. Intermittent checks were made to the practice (e.g. to ensure no break-ins or fire). Once the practice reopened, the Registered Provider informed us that a rota system was operational. This ensured that the number of staff working within the practice was kept to a minimum, whilst still providing a safe and effective service for patients.

The Registered Provider spoke highly of the staff, informing us that the majority of staff adapted well to the changes and new COVID-19 guidelines, despite the challenges created by the pandemic. We were told that a well valued member of the team was supported in taking a career break during this time. No agency staff were utilised during this absence, instead a Dental Hygienist was recruited into the role.

We were told that the practice now works in teams, those teams are split to cover extended working hours, ensure business continuity and to ensure staff have adequate time off for rest and recuperation. Regular staff meetings are held to provide updates to guidance as necessary. Initially meetings were held by “zoom”¹⁰ but now these take place face to face.

⁸ The statement of purpose is the information required in accordance with Schedule 1 to the Private Dentistry (Wales) Regulations. This includes the practice aims and objectives and the names and qualifications of the dentists and dental staff. Additionally it should list the kinds of treatment, facilities and all other services provided in or for the purposes of the private dental practice, including details of the range of needs which those services are intended to meet.

⁹ The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations. The information included a summary of the statement of purpose, arrangements seeking patients' views, access to the premises and keeping appointments.

¹⁰ Zoom is a commonly used video conferencing tool, for externally facing communication. Zoom allows video conferencing, private and public chat, virtual meeting spaces, screen sharing, and file sharing.

A copy of the statement of purpose and patient information leaflet, which included relevant information about the services being offered, was provided as evidence. We were informed that the statement of purpose is reviewed on an annual basis, and was last updated in October 2021. A sample of policies and procedures in place were also provided. Those provided, appeared comprehensive and sufficient for their intended purpose. The Registered Provider also confirmed that practice staff have access to all the policies and procedures that are in place. A document for business continuity was also provided, this was well detailed and appeared to appropriately cover most eventualities.

We were told that the emergency equipment and emergency medications were checked on a weekly basis by a dedicated staff member. Emergency drugs and equipment were kept in a safe but easily accessible location to ensure they were readily available in the event of an emergency. This check included expiry dates on all emergency equipment and medications, this included the defibrillation pads.

A copy of the latest Ionising Radiation (Medical Exposure) Regulations (IRMER) audit was provided as evidence. This showed 100% accuracy with zero re-takes required.

The following areas for improvement were identified:

The practice provided a record of training as evidence. This document highlighted significant gaps in training of staff. This did not provide any reassurance of compliance and therefore the Registered Provider has failed to ensure that at all times, each person employed in or for the purposes of the dental practice has received appropriate training and supervision.

The Registered Provider must ensure that all staff complete mandatory training and any other training identified to undertake their roles.

As a result of this concern, a non-compliance notice was issued to the Registered Provider to request assurances in relation to training of staff. The Registered Provider has responded and evidence provided, including an updated record of training, to indicate that the practice is working towards ensuring all training needs are met.

As part of the quality check process HIW reviewed the record card audit undertaken by the practice. This was generally positive, however, there were some gaps in items identified that could have a direct effect on patients' health, safety and wellbeing. During the quality check call we were informed that the practice had plans in place to improve on the completion of records.

The Registered Provider must ensure that dental records are contemporaneous, accurate and complete for every patient.

The practice provided a copy of the patient information leaflet as required under the Private

Dentistry (Wales) Regulations 2017. The leaflet was thorough, however, it did not contain all the necessary information as set out in the regulations. Specifically, how to make a complaint. As a result, patients would not have been provided with full information prior to commencing treatment at the practice.

The Registered Provider must provide a comprehensive patient information leaflet as described by the Private Dentistry (Wales) Regulations 2017 to ensure it contains all the information required.

The practice also provided an annual report as evidence for this quality check. As the Registered Provider is also the Registered Manager, Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017 was applicable. The report focused solely upon concerns raised by patients, therefore did not meet the standard expected.

The Registered Provider must submit an annual return, setting out how they have met the requirements of Regulation 16, paragraph (1), together with any plans that the Registered Provider has for improving the standard of the services, treatment and care provided to patients with a view to ensuring their health, welfare and safety.

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

Improvement plan

Setting: Eastgate Dental Surgery

Date of activity: 16 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	The Registered Provider must ensure that all items identified in the audit process are addressed, with a clear plan identifying timescales for remedial action.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13(5)(a)(b) and Regulation 13(6)(b) (i) (ii) (iii) & (c) (i) (ii)	We have noted and taken steps to remedy the torn headrest cover in surgery 1. There is a 6 months backlog for new dental chairs and we have recently sourced a new headrest from USA to replace this which is due to arrive in late November. Plastic aprons are provided but are not consistently being used in the decon room. This will be checked regularly and encouraged further. Validation checks are currently recorded and present for every	Udara Hemathilaka Enfys Davies	Already actioned. Actioned

			<p>autoclave cycle however the recording needs to be more transparent for the washer disinfectant.</p> <p>Heavy duty gloves have already been sourced and put into use for the decontamination room instead of nitrile gloves.</p> <p>The free standing fan in the upstairs decontamination room will be removed as we have had a technician diagnose the problem with the suction pump which needed further cooling with a fan</p> <p>Hand hygiene training is provided however not formally recorded therefore we will do this from now on.</p> <p>We are awaiting our waste disposal company to confirm a duty of care audit has been undertaken.</p>	<p>Enfys Davies</p> <p>Enfys Davies</p> <p>Udara Hemathilaka</p> <p>Enfys Davies</p> <p>Udara Hemathilaka</p>	<p>Actioned</p> <p>Actioned</p> <p>Actioned</p> <p>Actioned</p> <p>Actioned</p>
2	The Registered Provider must ensure that all staff complete mandatory training and any other training identified to undertake their roles.	The Private Dentistry (Wales) Regulations 2017 - Regulation 17(3)(a)	The most up to date training log has been attached and training deficiencies raised with staff who require updates. We have CPR training booked for the 23 rd of November for the whole team. We have been attempting to confirm training for 12 months but have been cancelled 3 times. We have carried out medical emergency	Udara Hemathilaka	Reviewed and updated

			<p>training online however. Dr James Trigg has vulnerable adults and safeguarding children training outstanding however due to his imminent departure he will be likely to leave the practice prior to updating his training. I have advised him of my preference for him to update his training immediately.</p> <p>Our trainee nurses are all enrolled in a diploma and mandatory training is taken care during this course. We carry out cross infection training, handling of equipment, waste disposal, disposing of sharps, PPE doffing and donning as well as covid19 update as part of their induction. I was not aware of other mandatory training needs necessary for training nurses and would welcome guidance on the mandatory training requirements beyond their diploma and in practice training.</p>		
3	The Registered Provider must ensure that records are clear, identifiable, well maintained and safely stored.	The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1)(a)(i)(ii) & (b) & (2)(a)(b) & (3)	The training and processes have been reviewed to ensure all record keeping is in line with requirements.	Udara Hemathilaka	Implemented

		Health & Care Standards - Standard 3.5 record keeping			
4	The Registered Provider must ensure policies are dated to ensure they are reviewed appropriately.	The Private Dentistry (Wales) Regulations 2017 - Regulation 8 (6) Health & Care Standards - Standard 3.5 record keeping	All the policies have now been reviewed and been dated accordingly.	Udara Hemathilaka	Implemented
5	The Registered Provider must ensure that dental records are contemporaneous, accurate and complete for every patient.	The Private Dentistry (Wales) Regulations 2017 - Regulation 20(1)(a)(i)(ii) Health & Care Standards - Standard 3.5 record keeping	All staff have been advised and now will ensure that dental records are contemporaneous, accurate and complete for every patient.	Udara Hemathilaka	Implemented
6	The Registered Provider must provide a comprehensive patient information leaflet as described by the Private Dentistry (Wales) Regulations 2017 to ensure it contains all the information	The Private Dentistry (Wales) Regulations 2017 -	The patient information leaflet has been updated to ensure this contains all the required information.	Udara Hemathilaka	Implemented

	required.	Regulation 6 (1) Schedule 2 (1)(f) Health & Care Standards - Standard 4.2 Patient Information			
7	The Registered Provider must submit an annual return, setting out how they have met the requirements of Regulation 16, paragraph (1), together with any plans that the registered person has for improving the standard of the services, treatment and care provided to patients with a view to ensuring their health, welfare and safety.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16(1)(a) & (b); (2)(a) & (b)(i)(ii)(iii)(iv) & (c) & (d)(i)(ii)(iii); (3); (4); (5) Health & Care Standards - Standard 3.5 record keeping	The advice has been reviewed and has been implemented to ensure the annual return will be completed in line with requirements.	Udara Hemathilaka	Implemented

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: Dr Udara Hemathilaka

Date: 16/12/2