

Quality Check Summary

The Croft Dental Practice

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of The Croft Dental Practice as part of its programme of assurance work. The Croft Dental Practice provides services to patients in the Aberdare. The practice 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 manager¹ and the responsible individual² for The Croft Dental Practice on 5 January 2022 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 COVID-19 pandemic?
- How does the practice ensure that equality and a rights based approach are embedded across the service?

¹ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

² "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry (Wales) Regulations 2017).

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:

- Social distancing Covid-19 risk assessment
- The most recent environmental risk assessment
- Back to work Covid-19 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 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 saw that the practice had undertaken a detailed COVID-19 risk assessment which included assessments of the environment, patient journey and the health, safety and wellbeing of staff and patients visiting the practice.

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 the following changes were made:

- Implemented clear desk procedures and unnecessary items were removed from the surgeries, reception and waiting area
- Dedicated room for the storage of personal protective equipment
- Protective glass screen installed at reception
- Hand sanitiser dispensers made available at various locations.

In order to protect staff and patients, we were told 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 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 registered 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 emergency (patient collapse). The registered manager confirmed that a system was in place to check the equipment and emergency drugs on a weekly basis to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we advised the practice to check the oxygen cylinder and the defibrillator on a daily basis.

We were informed that some leaflets and signs displayed at the practice are bilingual. We were told that the practice is currently liaising with the local health board for all literature to be translated and made available bilingually. We were also told that the practice has access to language line and these services are promoted at the practice.

Both the registered manager and responsible individual spoke highly of the practice staff in how they have responded to the needs of the practice, the patients and in supporting each other during the COVID-19 pandemic.

No areas for 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:

- Environmental cleaning and maintenance policy
- The most recent Welsh Health Technical Manual (WHTM) 01-05³ decontamination audit
- Surgery cleaning schedules
- Records of daily checks of autoclaves
- Records of daily checks of ultrasonic bath.

The following positive evidence was received:

The registered manager confirmed that all staff have a clear understanding of the latest guidance for the dental management of patients in Wales during COVID-19 pandemic recovery⁴. The guidance is intended for use by all general dental care settings in Wales.

³ 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.

⁴ Dental management of patients during COVID-19 recovery | GOV.WALES.

It was confirmed that all staff have received regular COVID-19 updates via a dedicated WhatsApp⁵ group and formal meetings via Zoom. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

We were also told that all staff who are required to use filtering face pieces 3 (FFP3)⁶ 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 assessment⁷ to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic. We were told that all staff at the practice have been fully vaccinated and have received their boosters. We were also told that all staff undertake a lateral flow test⁸ (LFT) each morning and the results shared between staff via a dedicated LFT WhatsApp group.

We saw evidence that an infection control audit has been completed using recognised audit tools, including the Health Education and Improvement Wales⁹ audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

We saw evidence that the practice has a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave¹⁰ and the ultrasonic bath¹¹ evidencing that the start and end of the day safety checks were taking place.

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

We saw evidence that a cleaning schedule for the surgery is in place and daily checklists maintained.

No areas for improvements were identified.

⁵ 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.

⁶ FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

⁷ 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.

⁸ Lateral flow testing is a fast and simple way to test people who do not have symptoms of COVID-19, but who may still be spreading the virus.

⁹ 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.

¹⁰ Autoclaves are items of equipment that are used in dental practices to sterilize all of the instruments and all of the materials used in professional procedures.

¹¹ Ultrasonic cleaner removes bioburden by using sound waves generated by electrical energy. As the sound waves move through the liquid cleaning solution, they cause the formation and bursting of millions of small bubbles.

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 certificates for all staff
- Regulation 16 responsible individual visit report.

The following positive evidence was received:

The practice manager of The Croft Dental Practice is the registered manager and the principal dentist is the responsible individual.

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 during the year and we also saw that they contained a review date.

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.

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 the most recent responsible individual report, as required by The Private Dentistry (Wales) Regulations 2017. The report evidenced how 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 also noted that the patient information leaflet had been updated and included information for patients on COVID -19 and what to expect when they attend their appointment.

No areas for improvements were identified.

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.