

Quality Check Summary

Canton Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Canton Dental Centre as part of its programme of assurance work. Canton Dental Centre provides general dentistry services for both NHS and private patients in the Cardiff and Vale University Health Board area.

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 the registered manager and an associate dentist on 18 January 2022 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 Policies and Risk Assessments
- 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 saw evidence that the service had 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 the environment at the practice had been assessed at the start of the COVID-19 pandemic in order to improve infection control. In order to reduce the footfall of patients at the practice, a closed door policy was implemented, meaning that only patients with appointments would be allowed to enter the practice. All patients were informed that they would have to attend the appointment alone unless additional support was required from a carer. The practice reduced the number of patients allowed inside at one time to two patients. This was assisted by an additional waiting area that allowed the practice to maintain a safe environment and follow all social distancing restrictions that were in place. When patients attend the practice they had to knock on the door and wait to be shown into the practice when it was safe to do so. We were also told that the reception area has been fitted with screens and clear signposting for all patient detailing social distancing and informing patients that face masks are to worn at all times.

We asked what measures were in place to keep patients informed about the safety procedures relating to COVID-19. We were informed that prior to the patient attending the practice a patient risk assessment and COVID-19 risk assessment are carried out via telephone. These risk assessments consist of questions around the patients past and current physical health as well as COVID-19 screening. During the telephone call staff also provide information about the expectations upon arrival at the practice.

We were also advised that upon attending the practice, patients were asked if they consented to having their temperature checked and recorded in their medical history at the practice

and then asked to use one of the many hand sanitising stations that were available across the practice. Staff advised patients that they are required to wear face masks while moving around the practice, unless medically exempt, until they were asked to remove the mask by the dentist.

We were told that in total there were 4 surgeries at the practice, all of these surgeries are equipped to undertake Aerosol Generating Procedures (AGP)¹. The practice has installed a new ventilation and air extraction system in all surgeries to assist in the removal of contaminated air and had replaced all windows in order to have sufficient air flow throughout the practices. All appointments are arranged to enable sufficient fallow time² and to allow for adequate time to disinfect the area between patients.

We were told the practice was split over two floors and that patients who have limited mobility are able to use the surgeries on the bottom floor. We were told that the practice provides services for a diverse population and that there are a number of multi-lingual staff. We were informed that despite the number of multi-lingual staff, there are no Welsh speaking staff at the practice. The practice has access remotely to a translation service that they can use if any patient wishes to communicate in through the medium of Welsh, but at present there are no patients had asked to use that service.

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 most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement.
- Cleaning Policy
- Covid-19 Policy
- Autoclave Logs
- Ultrasonic Logs
- End of Day surgery Logs
- Surgery Cleaning Schedules.

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.

The following positive evidence was received:

We were provided with various documents relating to infection prevention control. We saw procedural documents in regards to the decontamination of instruments and dental equipment for all surgeries within the practice. We also saw evidence of daily and weekly checks of the autoclave within all surgeries, daily checks of the ultrasonic cleaners and daily infection prevention control checks as well as environmental checks for all surgeries.

We were provided with the latest Welsh Health Technical Memorandum (WHTM) 01-05 decontamination audit along with actions identified for improvement. We were advised that all actions that were identified have been actioned and we were informed that due to the audit new chairs were purchased for all surgeries in order to be compliant with infection prevention control standards.

We were advised that daily staff meetings take place to discuss any changes that have to be made to the policies or procedures as well as new guidance that has been released from external bodies such as the Chief Dental Officer (CDO) for Wales or General Dental Council (GDC). As well as daily meetings, the registered provider holds regular staff meetings, where infection prevention control is covered as a standard topic.

We were advised by the registered provider that there are policies and procedures in place to minimise infection risk and protect patients when AGPs are taking place. Before patients arrive at the practice for any AGP treatments, a telephone call is undertaken where a risk assessment is taken place to identify what equipment is needed and to allow the practice to prepare in advance.

We were told that Personal Protective Equipment (PPE) for staff is available and that there are hand sanitising stations located throughout the practice for staff and patients to use. All hand sanitising locations are regularly monitored as part of the cleaning schedule and daily checks that are carried out by staff at the practice.

All staff have been fit tested for FFP3³ masks, and wore further PPE such as gloves, aprons and visors while treating patients. Staff have received training on how to correctly use enhanced PPE and all staff were risk assessed to assess their risk of carrying out their role during the COVID-19 pandemic.

We were informed that the practice has two donning and doffing⁴ areas across two floors at the setting allowing staff working across both floors to have designated areas to safely dispose and apply PPE. This has reduced the risk of cross contamination across both floors. Both areas have additional signage reminding staff of their duty to wear enhanced PPE and signage

³ FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

⁴ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

promoting safe techniques for donning and doffing PPE. We were also informed that the practice has provided additional training to a dental nurses to allow them to take stock of the PPE for the practice. This ensures that there is always a sufficient stock of PPE at the practice.

The registered provider told us that all patients are risk assessed at the different stages of treatment to make sure that both patient and staff remain safe at all times. We were also informed that there may be occasions where dental treatment is required urgently for a patient that may be displaying symptoms or with a confirmed diagnosis of COVID-19. In cases like these we were informed that enhanced screening is under taken to deem if the treatment is urgent, if the treatment is not urgent the appointment would be deferred to another date. If the treatment was urgent the patient was given an appointment at the end of the working day to make sure that the surgery used could be fully decontaminated before the next use.

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:

- Statement of Purpose⁵
- Patient Information Leaflet⁶
- Informed consent policy
- Business continuity and disaster recovery policy
- Mandatory training records for all staff
- COVID-19 Policy
- Record card audit
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit.

The following positive evidence was received:

⁵ 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.

⁶ 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.

We were told that the practice has remained open throughout the pandemic, but has only started to see non urgent patients since the current registered provider purchased ownership of the practice in January 2021. Since then the practice has been providing both urgent and non-urgent treatments to patients. We were also told that if the practice was to ever close, for a short period of time, that there is an agreement in place with another practice to treat all urgent cases.

We reviewed the patient information leaflet and the statement of purpose, both of these documents provided relevant information about all services being offered and the structure of the practice. We also saw a number of different policies; all policies were comprehensive and provided sufficient information for their purpose. The register provide told us that all policies are regularly checked and updated where needed and that any changes would be discussed with staff during staff meetings.

We saw a business continuity and disaster recovery document which outlined clear pathways and provided details of most eventualities. The document was available for all staff to use if an emergency situation was to arise.

We were informed that the setting does occasionally use agency staff. All agency staff that are used at the practice are contacted before they attend the practice, this is to ensure that the relevant risk assessments can be carried out prior to attendance at the practice. During the pandemic, all agency staff that attend the setting have been asked to follow strict guidelines set out by the registered provider in order to keep all patients and staff safe. Upon attending the practice a Lateral Flow Test (LFT) is requested and further guidance is given on using enhanced PPE.

The registered provider explained the process for checking emergency equipment and medicine management. Weekly checks are carried out on the emergency equipment with daily checks on oxygen levels. Medication checks are carried out daily in the practice by both dentists with the process clearly explained with confidence.

A copy of the latest record card audit was provided as well as the latest Ionising Radiation (Medical Exposure) Regulation (IRMER) audit. The IR(ME)R audit showed 100% accuracy with zero re-takes required. We also saw the latest mandatory training record for all staff working within the practice. The registered provider informed us that there had been great difficulty in arranging face to face training during the COVID-19 pandemic. This has resulted in the training record showing that all staff were out of compliance with Medical Emergency training. The registered provider did provide evidence that all members of staff have completed online training in this subject and also provided evidence that face to face training has been sought and the registered provider is awaiting a date.

The registered provider explained the process of reporting incidents to Healthcare Inspectorate Wales (HIW) and other regulatory agencies. We were told that staff were aware of their roles and responsibilities in reporting incidents to all regulatory bodies and that final

oversight of the process was undertaken by the registered provider. We were also told that contact details for Healthcare Inspectorate Wales and other bodies are kept with reception staff and that staff are encouraged to make contact where needed. Any guidance changes are discussed with staff before the practice day starts and at regular staff meetings.

The following areas for improvement were identified:

As part of the quality check process, HIW reviewed the mandatory training records for all staff. The registered provider has previously stated that face to face training had been difficult to obtain through the pandemic, and there were also a number of other mandatory training module that were out dated.

The registered provider must ensure that all staff have complete and keep up to date with mandatory training and any other training identified to undertake their roles.

As part of the quality check process, HIW reviewed the record card audit that had been undertaken by the practice. This was generally positive, however it was noted that the practice had not provided smoking cessation advice on all possible occasions.

The registered provider must ensure that comprehensive health promotion/education advice is provided to all patients and documented accordingly.

As part of the quality check process, HIW reviewed a number of policies and procedures. Although most of the policies were dated, there was also a number of policies that had no date on them, this also meaning that there was no review date.

The registered provider must ensure that all policies and procedures are dated and have a clear review date.

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: Canton Dental Care

Date of activity: 18 January 2022

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 staff have completed and keep up to date with mandatory training and any other training identified to undertake their roles.	The Private Dentistry (Wales) Regulations 2017 - Regulation 17(3)(a)	All Staff have been booked on a training course for Stage two of CPR, AED & Medical Emergencies. All GDC registered Staff to register with a reputable provider for mandatory training & to keep up to date.	Ali El Maadarani	15.2.2022 28.2.2022
2	The registered provider must ensure that comprehensive health promotion/education advice is provided to all patients and documented accordingly.	The Private Dentistry (Wales) Regulations 2017 - Regulation	Will ensure all promotion / education advice provided is documented on patient's clinical notes. Will audit this annually.	Ali El Maadarani	02.02.2022 02.02.2023

		9(a)			
3	The registered provider must ensure that all policies and procedures are dated and have a clear review date.	The Private Dentistry (Wales) Regulations 2017 - Regulation 8 (6) Health & Care Standards - Standard 3.5 record keeping	All Policies & Procedures are being updated with a clear Review Date.	Ali El Maadarani	28.02.2022

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: Ali
El
Maadarani

Date:
02.02.2022