

# Quality Check Summary

## Colchester Dental Surgery

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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](mailto:hiw@gov.wales)

Website: [www.hiw.org.uk](http://www.hiw.org.uk)

# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Colchester Dental Surgery on 24 January 2022 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 services offered by Cardiff and Vale 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 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 Practice Manager on 24 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 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 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. Screening has been taking place via text and telephone. If a patient does not respond to text message this is followed up by a call from practice the day prior to their appointment. Staff also ask patients the COVID-19 screening questions on arrival at the practice before being admitted to the dental surgery. Patients are required to have their temperature taken by staff and use hand sanitising gel before entering the practice.

We were told that clear, plastic screens had been installed at the reception desk to protect the staff. These screens are also placed in the waiting area. Fortunately the practice has a large waiting area so they are able to maintain social distancing and tape is placed on the floor to identify appropriate areas for patients to wait, although we were informed that the practice endeavours to not have patients waiting in the waiting area but to take them into the surgery rooms promptly. Toys and magazines had been removed from the waiting area.

We were told by the Practice Manager that they are using software of excellence<sup>1</sup>, this allows them to provide COVID-19 information to the patients prior to their attendance at their

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<sup>1</sup> Software of Excellence is an electronic software that helps dental practitioners to improve patient experience, automate admin tasks, and grow their business.

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appointment. This software at present is only available in English. We were informed that the practice are in the process of ensuring appropriate translation of their patient information leaflets so that they are available for Welsh speaking patients.

The 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.

**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.
- Generic infection control policies and Covid-19 specific policies
- Cleaning schedules
- Cleaning policy
- Copies of the daily checks undertaken on autoclave equipment.

**The following positive evidence was received:**

The Practice 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 recovery<sup>2</sup>. The guidance is intended for use by all general dental care settings in Wales.

The Practice Manager confirmed that staff have received regular COVID-19 updates via practice meetings. Any new guidance and procedures are discussed at formal team meetings. There are also morning meetings held daily to ensure that staff fully understand the content of any updates provided in practice meetings and emails. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

The 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<sup>3</sup> and safe disposal of

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

<sup>3</sup> the term “donning and doffing” is used to refer to the practice of putting on (donning) and taking off (doffing) protective gear,

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used equipment.

The practice stated they had sufficient stock of PPE and that regular stock checks are undertaken. We were told that a member of staff oversees the central stocks and orders are placed weekly in order to maintain a supply.

The Practice Manager confirmed the processes in place to protect patients and staff when an aerosol generating procedure (AGP)<sup>4</sup> 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. The Practice Manager also informed us that air exchange systems have been fitted in all three of the practice's surgeries.

We confirmed with the 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 Practice Manager confirmed that staff would ask the patient to re-book and they would provide advice should the patient be in pain.

We were provided with various documents for the prevention and control of infection, which included protocols and risk assessments for working during the Coronavirus Pandemic. We saw evidence of practice cleaning schedules and records for the decontamination of instruments and dental equipment.

We were told about the systems that are in place to ensure all staff were aware of, and discharged their responsibilities for preventing and controlling infection. This was evidenced in the practice's Standard Operating Procedure document which set out the actions and responsibilities of management and staff in order to prevent the spread of the virus.

We were told that before each treatment session, dental nurses were responsible for arranging the equipment required for all appointments and boxing them up ready to be easily accessed. This is designed to minimise staff entering or leaving the surgery during the procedure.

**No areas for improvements were identified.**

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clothing, and uniforms.

<sup>4</sup> 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.

## 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 explore 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

- Copy of latest Statement of Purpose
- Copy of latest Patient Information Leaflet
- Copy of latest Regulation 23 (Responsible Individual visit) report or where the Responsible Individual is also the Registered Manager a copy of the latest annual report prepared under Regulation 16(3)
- IR(ME)R audit
- Record card audit
- Informed consent policy / procedure
- Copy of latest Covid-19 policy
- Business continuity plan for the practice
- Mandatory training record for all staff.

### **The following positive evidence was received:**

We saw evidence of training records, which showed compliance with mandatory training. Staff also explained the process for ensuring training was up to date. Staff continued to use e-learning<sup>5</sup> packages for Continued Professional Development (CPD). In addition, small group face to face training could be arranged for staff when appropriate, to ensure skills and knowledge remain up to date. The practice manager told us that they are in the process of setting up practical training updates for Basic Life Support although staff have undertaken online training in the interim.

We were told that the practice did not close during the initial stages of the pandemic. However we were informed there was a short period in October 2021 of 2 weeks closure due to staffing issues. Arrangements were in place to ensure that patients who needed appointments were triaged and signposted on to emergency dental services as well as rebooking any appointments that were scheduled during the two week closure. Throughout the pandemic the practice has maintained a service to continue to see emergency patients, following screening for COVID-19. For patients exhibiting symptoms of COVID-19 who needed urgent dental care, there was a service in place with the health board which the practice could refer patients to.

We were told about the arrangements and actions taken to date when staff members needed to self-isolate or tested positive for COVID-19. We were provided with a detailed account of

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<sup>5</sup> Learning conducted via electronic media, typically on the internet.

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the procedure and given examples of how this has worked to date. We were satisfied that these procedures minimised the risk of spreading COVID-19 to staff and patients.

The practice has maintained their processes for the reporting of any incidents. We were told that staff were aware of their roles and responsibilities in reporting incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW), and this process was explained in detail. Any updated guidance for healthcare professionals was delivered in regular staff meetings and emails.

The process of checking emergency equipment and medicines was explained. One member of staff has responsibility for performing the checks and checking the findings in line with information held in online software. The software used also allowed the practice to receive electronic updates when items were coming to the end of their shelf life, providing the practice with a second layer of protection.

We reviewed the patient information leaflet<sup>6</sup> and statement of purpose<sup>7</sup>, which contained all the required information and are available from the practice upon request. The practice are currently in the process of ensuring that these documents are translated.

**No areas for improvements were identified.**

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<sup>6</sup> Information as required by Schedule 2 of the Private Dentistry (Wales) Regulations and Schedule 1.

<sup>7</sup> "Statement of purpose" means the statement compiled in accordance with regulation 5(1) of the Private Dentistry (Wales) Regulations and Schedule 1.



# 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: Colchester Dental Surgery

Date of activity: 24<sup>th</sup> 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	No Improvements identified				
2					
3					
4					

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: