

Quality Check Summary

Church Street Dental Practice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Church Street Dental Practice as part of its programme of assurance work. Church Street Dental Practice provides services to patients in the Merthyr Tydfil area. 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 practice manager for Church Street Dental Practice on 25 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.

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 assessment
- COVID-19 risk assessment checklist.

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 COVID-19 risk assessment checklist 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
- Two surgeries refurbished
- Extractor fans installed in all three surgeries
- Protective glass screen installed at reception
- Hand sanitiser dispensers made available at various locations
- Daily buddy nurse
- Increased cleaning schedules
- Keyboard covers.

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.

It was 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).

We were told that leaflets and signs displayed at the practice are bilingual. We were also informed that the practice has two members of staff who are Welsh speakers, which helps to meet the needs of Welsh speaking patients who wish to communicate in their preferred language. However, we were told that these services are currently not being promoted. We were informed that a poster was on display but it was removed when the practice de-cluttered the reception and waiting area at the start of the pandemic. The practice manager confirmed that arrangements will be made for the poster to be displayed by reception. We were also told that the practice has access to interpreter facilities.

The following areas for improvement were identified:

We were provided with details of staff training records and it was noted that all staff were due to renew their fire safety training. The registered manager confirmed that staff had received a basic fire safety refresher session in June 2021.

The registered manager must arrange for all staff at the practice to renew their fire safety training.

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:

- Cleaning policy
- Surgery cleaning schedules
- The most recent Welsh Health Technical Manual (WHTM) 01-05² decontamination audit
- Records of daily checks of autoclaves
- Records of daily checks of ultrasonic bath.

² 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.

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 recovery³. The guidance is intended for use by all general dental care settings in Wales.

It was confirmed that staff have received regular COVID-19 updates via a dedicated WhatsApp⁴ group, team meetings via Zoom, face to face (social distanced) and by email. Any new guidance and procedures are discussed at formal team meetings, which are recorded. 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)⁵ 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 assessment⁶ to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic. We were told that the majority of staff at the practice have been fully vaccinated and have received their boosters. We were also told that all staff undertake a lateral flow test⁷ (LFT) and patients are also encouraged to undertake a LFT before attending the practice.

We saw evidence that an infection control audit has been completed using recognised audit tools, including the Health Education and Improvement Wales⁸ 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 autoclave⁹ and the ultrasonic bath¹⁰ 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

³ Dental management of patients during COVID-19 recovery | GOV.WALES.

⁴ 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.

⁵ FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

⁶ 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.

⁷ 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.

⁸ 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.

⁹ 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.

¹⁰ 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.

monitored on a regular basis by the practice manager.

We saw that cleaning schedules for the surgeries were in place and daily checklists maintained.

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 Purpose
- Patient information leaflet
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Record card audit
- Informed consent policies / procedures
- COVID-19 policy
- Business continuity plan
- Staff mandatory training log.

The following positive evidence was received:

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. However, we noted that further information should be captured when auditing clinical notes. The audits were not capturing whose records were being audited nor did they

contain any unique patient identifier. We discussed the record card audit and the registered manager confirmed that more detail will be captured when undertaking audits to ensure a full audit trail is in place. Following the quality check call, the registered manager submitted to HIW a further completed clinical note audit which included a unique patient identifier and whose records were being audited.

We were provided with a copy of the statement of purpose and patient information leaflet which included relevant information about the services being offered.

The following areas for improvement were identified:

The owner / principal dentist of Church Street Dental Practice is the registered manager and the nominated responsible individual¹¹. We were informed that they have not yet formally assessed and monitored the quality of service provision as required by The Private Dentistry (Wales) Regulations 2017. The responsible individual should arrange to assess and monitor the quality of service at the practice and provide HIW with a copy of the subsequent report.

¹¹ “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 regulations 2017)

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: Church Street Dental Practice

Date of activity: 25 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 manager must arrange for all staff at the practice to renew their fire safety training.	The Private Dentistry (Wales) Regulations, Section 22 (4) (c)	Course booked in April 2022 for all staff to complete Fire safety training with company 1 st Attendance LTD	Neil Wilson	2 Months
2	The responsible individual should arrange to assess and monitor the quality of service at the practice and provide HIW with a copy of the subsequent report.	The Private Dentistry (Wales) Regulations, Section 16	Assessments and monitoring will be carried out and report completed	Neil Wilson	3 Months

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: Neil Wilson

Date: 10/02/2022