

# Quality Check Summary

## Charles Street Dental Surgery

Activity date: 14 February 2022

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Charles Street Dental Surgery, Cardiff as part of its programme of assurance work. The practice provides a range of NHS and private dental services. The practice team consists of four dentists, one visiting dentist who specialises in implants, two dental nurses and a receptionist.

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 Private Dentistry (Wales) Regulations 2017 and associated standards and guidelines. 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 manager and lead dental nurse on 14 February 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?

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## 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:

- Environmental risk assessment
- COVID-19 risk assessment
- COVID-19 policy.

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 practice had completed an environmental risk assessment in response to the COVID-19 pandemic. This was complete with actions, which we confirmed had been completed. This was supported by practice policies that had been written in line with latest guidelines published by the Chief Dental Officer (Wales). Staff we spoke with were aware of these guidelines and how they affected the practice and the delivery of care and treatment.

We found that patients were triaged over the phone in order to assess and prioritise their needs, and to confirm that the treatment could be safely provided during the pandemic. We confirmed that there was a suitable triage process in place to manage emergency appointments and that there was a suitable set of COVID-19 symptom screening questions to protect staff and other patients. This included making arrangements for vulnerable patients to attend at the start of the day and patients requiring higher risk procedures at the end.

We were told that patients were provided with a range of information at the time of making an appointment and before attending the practice. This included attending alone, unless attending with a carer, not to attend the practice if they are feeling unwell or displaying symptoms, and the need to wear a facial covering.

We were told that the practice had implemented a number of measures to help maintain a safe waiting area environment for staff and patients. This included the removal of chairs to support social distancing, installation of a screen at reception, removal of hard copy patient information and advising patients to avoid arriving unnecessarily early for their appointment.

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These measures were supported by an environmental risk assessment, which had been reviewed and updated in response to the pandemic.

The practice described the arrangements for ensuring that emergency equipment and medicines remained in stock and in date. This included undertaking and logging weekly checks of the emergency drugs kit. Staff also confirmed that weekly checks were completed and logged for the defibrillator and oxygen cylinder, and that a maintenance contract for these was in place.

We considered how the practice meets the language needs of its patients. The practice told us that a clinical member of the team is a fluent Welsh speaker. For patients with other language needs, we were told that patients can communicate either through a trusted friend or through the NHS language line facility. We were told that every effort would be made to provide hard copy material in alternative formats if requested.

**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:

- WHTM01-05 decontamination audit
- Cleaning policy and cleaning schedules
- COVID-19 treatment procedures
- Sterilisation logs
- Mandatory training records.

**The following positive evidence was received:**

We were told that there were systems in place for ensuring that staff were familiar with maintaining good IPC practises. Staff confirmed that team meetings took place and that a staff WhatsApp group had been helpful in keeping the team up-to-date with key updates throughout the pandemic.

The practice had a nominated decontamination lead which is undertaken by one of the dental nurses. The practice confirmed that the lead had protected time allocated to them in order for them to fulfil these duties.

We found that the practice had implemented COVID-19 specific policies and procedures,

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which had been reviewed in line with the latest Chief Dental Officer updates. These policies were supported by COVID-19, generic environmental and control of substances hazardous to health (COSHH) risk assessments, which appeared to be comprehensive and had been recently reviewed.

Staff told us that all staff and patients are asked to wear appropriate personal protect equipment (PPE) and that hand washing stations are provided at the entrance to and throughout practice. The practice had a closed door policy, which meant that patients are asked to wait before entering the practice to encourage social distancing throughout the practice.

We found that each surgery had a daily and weekly cleaning checklist, both of which had been consistently completed. Staff described additional measures that had been put into place in response to the pandemic and written procedures were in place to support this.

We reviewed a sample of logs to demonstrate that dental instruments are appropriately sterilised. This included daily and monthly checks of the ultrasonic bath and weekly protein residue testing. We also saw evidence to confirm that the autoclave<sup>1</sup> is checked at the start of each day, with cycles logged and recorded appropriately. All of these checks had been consistently completed and had passed.

The practice told us that mechanical ventilation units had been installed in response to the pandemic in all clinical areas of the practice, including in the decontamination room. We were provided with air change calculations for each of the surgeries and were told that these had been calculated by a qualified professional at the time of installation to provide the practice with assurance of their effectiveness.

We confirmed that staff had received IPC related training, including in how to correctly don and doff PPE. The practice told us that fit testing for Filtering Face Piece (FFP3) masks had been provided to all clinical staff by the local health board.

**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:

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<sup>1</sup> An autoclave is a machine that is used to decontaminate dental instruments

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- Business continuity plans
  - Mandatory training records
  - Samples of most recent audits.

**The following positive evidence was received:**

We were told that towards the start of the pandemic all staff had completed a COVID-19 workforce risk assessment and we noted that on-going lateral flow testing was undertaken to help minimise the transmission risk between staff and patients.

Staff told us that the impact of the pandemic had resulted in the departure of some staff, disruption to appointments and a limitation to the number of patients that could be seen. We were told that mental health resources were available to staff through a third party organisation should staff wish to speak to someone outside of the practice. Despite this, the practice were confident that impact caused by the pandemic was behind them and plans were in place to recruit into vacant positions.

The practice told us that there were occasions where agency staff had been used throughout the pandemic. We confirmed that an induction and orientation was provided to staff who were new to the practice environment.

We saw evidence of training records and found that staff had continued to undertake a range of relevant CPD training in response to pandemic and towards other training goals. We found that whilst access to face-to-face training had been impacted by the pandemic, access to online CPD had continued where possible. Key mandatory training areas including cardiopulmonary resuscitation (CPR) and radiography were up-to-date for relevant members of the clinical team.

The practice demonstrated a good understanding of quality improvement through audits and provided examples where changes had been implemented as a result, including strengthening its provision of bedtime routine information to children and improving the layout of its emergency drugs and equipment kits. We also found that a number of the team had completed the Healthcare Education and Improvement Wales (HEIW) Improving Quality Together module to bronze level.

We found that a radiography audit had been recently completed and was positively scored. A recent record cards audit found a good standard of record keeping, with some areas for improvement for the practice. However, we noted that there were already plans to re-audit the practice in twelve months' time to monitor improvements.

The registered manager was aware of their responsibilities towards reporting incidents to HIW, such as COVID-19 outbreaks and other patient safety incidents. We also noted that there was a comprehensive and recently reviewed business continuity plan to help support the practice plan in the event of any expected emergencies.

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**The following areas for improvement were identified:**

We found that nominated practice staff had last completed first aid and fire safety training in 2019. HIW recommends that a refresher of these areas completed on an annual basis to ensure that competencies remain up-to-date and in line with current practice.

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## 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: Charles Street Dental Practice

Date of activity: 14 February 2022

The table below includes improvements identified during the Tier 1 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 practice must ensure that refresher training in the following areas is provided to nominated practice staff on an annual basis: <ul style="list-style-type: none"><li>- First aid</li><li>- Fire safety / warden</li></ul>	Private Dentistry Regulations, Reg 17	We have contacted our usual training providers to arrange refresher training. Awaiting email of suitable dates for this. Reminder set in diary for future years.	B Donati	Refresher training will be done within 3 months, and repeated annually.

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: Rupert Nute

Date: 25/2/2022