

## Quality Check Summary

**Ty Gwyn Dental Practice, Swansea**

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ty Gwyn Dental Practice as part of its programme of assurance work. Ty Gwyn Dental Practice is set over 3 floors. The practice has 1 surgery at ground level and 3 surgeries on the first floor. The practice provides general dentistry services for both private and NHS patients in the Swansea Bay 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 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 registered manager and practice manager on 10 August 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,
- 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 manager 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 to improve infection control. 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. More recently the practice has reintroduced an open-door policy.

We were told that the practice has clear signage displayed in the reception area promoting social distancing. We were informed that the practice reception area can comfortably accommodate 3 patients at one time whilst adhering to social distancing guidelines. Upon entering the practice, all patients are advised that face coverings should be worn, unless exempt, and only removed when asked to by a member of staff.

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 email or telephone. These risk assessments consist of questions around the patients past and current physical health as well as COVID-19 screening. Up to date information is also provided at the practice. All patients are informed that they need to attend the appointment alone unless additional support is required from a carer.

We were told that there are four surgeries at the practice, all of these surgeries are equipped

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to undertake Aerosol Generating Procedures (AGP)<sup>1</sup>. The practice has a ventilation and air extraction system in all surgeries which assists in the removal of contaminated air. All appointments are arranged to enable sufficient fallow time<sup>2</sup> and to allow for adequate time to disinfect the area between patients. We were also told that all non-essential equipment is removed from the surgery during AGP and that a secondary dental nurse is always available outside of the surgery to ensure that all staff inside the surgery do not have to leave while the AGP is taking place.

We were told the practice treats a diverse population group and is fully accessible for disabled patients. All surgeries are fully equipped to support patients with reduced mobility. We were informed that the practice does not have any patients that wish to converse through the medium of Welsh. The practice does have staff who are bilingual and can converse in Welsh if any new patient wishes to undertake treatment through the medium of Welsh. We were also told that the practice has use of a remote translation service that is available through Swansea Bay University Health Board.

**No areas for improvements were identified.**

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<sup>1</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.

<sup>2</sup> Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place.

## 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,
- Cleaning schedules.

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

We were provided with various documents relating to infection prevention and control. We saw procedural documents regarding 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, 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.

We were told 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 manager holds all staff meetings where infection prevention and control is covered as a standard topic. The practice also has an electronic messaging system where any updated policies or procedures can be shared instantly with all staff.

We were advised by the registered manager 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

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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 FFP3<sup>3</sup> masks, and wear additional PPE such as gloves, aprons and visors while treating patients. Staff have received training on how to correctly use enhanced PPE. The registered manager advised that all staff are continuously assessed to ensure they are adhering current policies regarding PPE. We were told that all staff were risk assessed to carry out their roles during the COVID-19 pandemic and risk assessments are carried out annually, or sooner if needed, to ensure that the assessments remain accurate.

We were informed that the practice has a donning and doffing<sup>4</sup> area where staff are able to dispose of any used PPE correctly. This area has additional signage reminding staff of their duty to wear enhanced PPE and promoting safe techniques for donning and doffing PPE. We were also told that all staff must change into and remove all uniform before entering and leaving the practice, this measure was put in place to mitigate the risk of cross contamination.

The registered manager told us that all patients are risk assessed at different stages of treatment to make sure that both patient and staff always remain safe. 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 undertaken to evaluate 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 and asked to remain outside of the building until instructed to enter. The patient would be shown directly to a surgery to undertake any treatment and then escorted straight outside the building ensuring minimal contact with any member of staff or other patients. The surgery that would have been used will then be decontaminated fully before next use.

**No areas for improvements were identified.**

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

<sup>4</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

## 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<sup>5</sup>
- Patient Information Leaflet<sup>6</sup>
- 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:**

We were told that the practice remained open throughout the pandemic. The practice was operating with limited staff to ensure that patients were supported and provided with help and advice. This also ensured that the staff were kept safe, and the practice remained open.

We asked the registered manager if agency staff are used at the practice. The registered manager informed us that the practice had experienced a high turn over of staff throughout the pandemic, mainly dental nurses. This caused disruption to appointments at first, but the registered manager praised all staff, explaining that any shortages were covered internally without the need for agency staff. At the time of the quality check, the registered manager stated that practice has recently returned to full staffing numbers after successful recruitment.

We reviewed the patient information leaflet and the statement of purpose, both 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

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<sup>5</sup> 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.

<sup>6</sup> 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.



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provided sufficient information for their purpose. The register manager told us that all policies are regularly checked and reviewed annually. Any updates that are needed between reviews are made and the changes are filtered down to staff using several different methods as mentioned previously.

We saw a business continuity and disaster recovery document which outlined clear pathways and provided details of most eventualities. The registered manager told us that all policies are available for all staff to view at any time.

The registered manager explained the process for checking emergency equipment and medicines. A lead nurse has responsibility for checking that all the emergency equipment and medicines are stocked and in date. We were told that all emergency equipment and medicines are stock checked and that a comprehensive register is in place allowing for easy stock monitoring. Monthly checks are also carried out on the emergency equipment, including defibrillator, with daily checks on the oxygen cylinder levels.

We were provided with a copy of the latest record card audit for all dentists working at the practice. The audit was very positive, each audit had been scored out of 50, with most of the cards recording a perfect score. Where an area of improvement was noted, the audit provided explanations and actions, this providing continuous learning for all dentists.

We also saw the latest mandatory training record for all staff working within the practice. The registered manager informed us that there had been great difficulty in arranging face to face training during the COVID-19 pandemic. Despite this, the training record showed that all staff at the practice have maintained compliance with all mandatory training and all dental professional staff have maintained their CPD<sup>7</sup> requirements.

The registered manager 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 manager.

**No areas for improvements were identified.**

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<sup>7</sup> CPD stands for Continuing Professional Development and is the term used to describe the learning activities professionals engage in to develop and enhance their abilities.

# What next?

Where we have identified areas for improvements and immediate concerns during our quality check and require the service to take action, these are detailed in the following ways within the appendices of this report:

- Appendix A: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix B: Includes any other 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.

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.