Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
uSmile Dental Practice
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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of uSmile Dental Practice as part of its programme of assurance work. This dental practice is based in Porthcawl, South Wales and offers both NHS and private dental care.

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.

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 and the responsible individual on 10th August 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

Dental Practices

- 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.

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 reviewed the environmental risk assessment and confirmed it was adequately completed and in date.

The practice manager informed us of the changes made within the practice to minimise the risk of COVID-19 transmission within the communal areas and treatment rooms. Staff have reduced the number of chairs in the waiting area in order to maintain social distancing. Other changes included hand sanitiser stations being set up throughout the practice, protective screens installed around the reception desk and the decluttering of the waiting area.

Staff informed us that all surgeries are equipped for AGP[1] and non- AGP procedures. All have been fitted with ventilation systems and additional chairs have been removed from the rooms. Paper posters have been removed and any information remaining on the walls is either laminated or encased in glass, making them easy to clean.

We were told that COVID-19 information is shared with patients both when they make their appointment, and via reminder text messages and emails three days before the scheduled appointment. Upon arrival at the practice, patients are also asked a series of COVID-19 pre screening questions. This information is then stored in patient files.

The following areas for improvement were identified:

Staff informed us that there are currently no Welsh speaking staff at the practice. Although information from the health board is displayed bilingually, the patient information leaflet is only available in English. We told staff that we require this to made available in both English and Welsh, in order to improve their bilingual service. We also suggested the practice manager look into getting a bilingual telephone message recorded.

[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

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:

- Surgery cleaning schedules
- Cleaning policy
- Most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement
- Daily checks records for each autoclave
- Full manual cleaning procedure.

The following positive evidence was received:

The practice cleaning schedules and records for the decontamination of instruments and surgery equipment, as well as copies of the full manual cleaning procedure and daily autoclave checks provided were thorough and complete.

The practice manager informed us of the systems in place to ensure all staff were aware of their responsibilities for preventing and controlling infection. All staff have completed training in donning and doffing[2] personal protective equipment (PPE). We were told that staff were also proactive in seeking additional online training during the pandemic.

We were told that, in the event a patient with COVID-19 symptoms requires an appointment, staff will arrange for this patient to be seen before the lunch break or at the end of the day. This allows for additional cleaning and minimizes the risk of interaction with other patients. Such patients will be escorted from the door straight into the surgery and staff will wear full PPE.

Staff reported that they always had sufficient stock of PPE at the practice. Practice nurses initially did stock checks every week, however this has now been reduced to every three weeks. The dental nurses will complete a checklist whenever doing the stock check, which is then checked over by the practice manager.

No areas for improvements were identified.

Governance / Staffing

[2] Donning – putting on personal protective equipment ; Doffing – taking off personal protective equipment

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:

- Regulation 23 report
- Statement of Purpose
- Patient Information Leaflet
- 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 (clinical and non-clinical).

The following positive evidence was received:

We reviewed the mandatory training records for all staff. All mandatory training was complete and in date.

We were informed that any updated guidance for healthcare professionals is delivered to staff in team meeting and via a WhatsApp group for all staff members.

The process of checking emergency equipment and medicines was explained. The practice manager carries out all necessary checks on the first working day of each week. Staff also told us that two other staff members have been trained to successfully carry out these checks in the practice manager's absence.

We reviewed the statement of purpose[3] which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

The following areas for improvement were identified:

When reviewing the patient information leaflet[4], we discovered that information regarding the arrangements for dealing with violent or abusive patients and the arrangements for staff training and development were not included. We require staff to include this information to the patient information leaflet as soon as possible.

[3] "Statement of purpose" ("datganiad o ddiben") means the statement compiled in accordance with regulation 5(1) of the Private Dentistry (Wales) Regulations and Schedule

[4] Information as required by Schedule 2 of the above regulations.

No areas for improvements were identified.

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.

Appendix A – Immediate improvement plan

Setting:

Ward/Department/Service
(delete as appropriate):

Date of activity:

The table below includes any immediate concerns about patient safety identified during the quality check where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Include any immediate assurance issues (from letter) in table below – Do NOT include these in the main improvement plan. If there are NO immediate assurance issues, state this in the table below.

Immediate Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate Improvements required.				

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.

Service representative:

Name (print):

Job role:

Date:

Appendix B: Improvement plan

Setting: uSmile Dental Practice

Date of activity: 10th August 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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
We require staff to make the patient information leaflet available in both English and Welsh, in order to improve the bilingual service offered at the practice.	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (1)(a) Health & Care Standards – 3.2 Communicating effectively	Find translator to copy our patient leaflet into Welsh	S FODOR	2 Months

Staff must ensure information regarding the arrangements for dealing with violent or abusive patients and the arrangements for staff training and development are includes in the Patient Information Leaflet	The Private Dentistry (Wales) Regulations 2017 – Regulation 6 (1), (2), (3) and Schedule 2	Check all staff have completed / added to their PDP- dealing with violent or aggressive patients. Staff training and development will be added to our patient information leaflet	S FODOR	6 weeks 4 weeks

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.

Service representative:

Name (print):

Job role:

Date: