

Quality Check Summary

Cyfarthfa Dental Care

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Cyfarthfa Dental Care as part of its programme of assurance work. This dental practice is based in Merthyr Tydfil, 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 responsible individual on 18/08/2022 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 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 reviewed the environmental risk assessment and confirmed it was adequately completed and dated.

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. Social distancing signs and floor stickers are displayed in the waiting area and seats have been removed to allow for social distancing. Patients are still asked to wear masks to their appointments unless medically exempt. Staff also informed us that many patients will still choose to wait in their cars for staff to call them to attend their appointment, rather than use the waiting room.

Staff informed us that all surgeries are equipped for Aerosol Generating Procedures (AGP)¹ procedures. All have been fitted with waterproof keyboards and mice and a plastic bag is placed over the computer screen to allow for thorough cleaning. All rooms have also been decluttered.

We were told that a number of staff at the practice are fluent Welsh speakers and some others are currently learning. All health board and Welsh Government is displayed bilingually and staff informed us of plans to make all social media information bilingual.

The following areas for improvement were identified:

We were informed by staff that patient information is currently only available in English. The practice also does not have a bilingual answer phone message. We recommended the practice implement both of these in order to improve the bilingual service.

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
- Daily checks records for each autoclave of the last two weeks
- Daily checks for the ultrasonic bath and washer disinfectant (last two weeks).

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 ultrasonic logs 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 on donning and doffing² Personal Protective Equipment (PPE) and patient safety during COVID-19. Donning and doffing posters are also displayed staff will monitor each other to ensure PPE is being worn correctly.

Staff also informed of the process introduced to safely treat COVID-19 positive patients. In the event such patients require an appointment, staff will arrange for them to be seen at the end of the day, ensuring any additional staff and patients have left. Staff will wear full PPE and will also do lateral flow tests in the days following the appointment.

We were told that the practice and the other practices in the cluster have a stock management system in place to monitor PPE levels. A nominated individual within the practice monitors the stocks levels and will inform the practice manager if more needs to be ordered. Staff also informed us that they have shared PPE stock between practices if needed.

No areas for improvements were identified.

² Donning - putting on personal protective equipment ; Doffing - taking off personal protective equipment

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
- Regulation 23 report
- IR(ME)R audit
- Record card audit
- Informed consent policy
- COVID-19 policy
- Business continuity plan
- Mandatory training record for all staff.

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 via email and during daily staff huddles. Staff also have a WhatsApp chat which is used to discuss any guidance updates.

The process of checking emergency equipment and medicines was explained. A nominated staff member checks the defibrillator and oxygen daily, and the expiry dates on the emergency medication weekly.

We reviewed the statement of purpose³ and the patient information leaflet⁴, which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

No areas for improvements were identified.

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.

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.

improvement plan

Setting: Cyfarthfa Dental Care

Date of activity: 18 August 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
We require staff to provide patient information in both Welsh and English and look into creating a bilingual answer phone message. This will improve the practice's ability to provide a bilingual service.	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (1)(a) Health & Care Standards – 3.2 11 Communicating effectively	We currently display information from the LHB in both English and Welsh. This includes our complaints procedure, GDC standards and NHS charges. We have contacted our telephone provider with a new answerphone script. This includes our answerphone message being in both English and Welsh.	Paul John Jones	Nov 2022



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): Paul John Jones

Job role: Principle Dentist

Date: 20 September 2022

Appendix B: Improvement plan

Setting:

Ward/Department/Service
(delete as appropriate):

Date of activity:

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 provide patient information in both Welsh and English and look into creating a bilingual answer phone message. This will improve the practice's ability to provide a bilingual service.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1)(a) Health & Care Standards - 3.2			

	Communicating effectively			

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: