

Quality Check Summary
Whitland Dental Practice,
Carmarthenshire
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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Whitland Dental Practice, Carmarthenshire as part of its programme of assurance work. Whitland Dental Practice provides NHS and private dental services to patients in Carmarthenshire in the Hywel Dda 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 Independent Health Care (Wales) Regulations 2011 Dentists - 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. Quality checks allow us to explore how services are meeting the relevant standards in an agile way, enabling us to provide fast and supportive improvement advice on the safe operation of services. More information on our approach to assurance and inspections can be found [here](#).

We spoke to registered manager on 23 September 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How do you ensure there are appropriate arrangements in place that uphold standards of IPC and protect patients, staff and visitors using the service?
- How are you ensuring that patients (including vulnerable/at risk groups) are able to access services appropriately and safely? In your answer, please refer to both the practice environment and processes to enable patients to access appointments.
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How do you ensure the practice maintains the quality of patient care and service delivery?
- 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 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 a fire safety policy and procedure.

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:

The registered manager described the changes that had been made to the practice as a result of the COVID-19 pandemic. The decontamination room was relocated and separated from the clinical area, all non-essential items were removed from the waiting area and waiting room chairs were replaced with vinyl seating for ease of cleaning. The two surgeries had been decluttered and only the instruments required for each procedure were left in the room.

We were told that one surgery was used for Aerosol Generating Procedures¹ (AGP) and the other surgery was used for non-AGP procedures. The registered manager described how AGP procedures were limited to allow for enhanced cleaning processes and fallow time² between patients. A mechanical ventilation system was installed in the AGP surgery to facilitate to removal of contaminated air.

We were told that the changes had not impacted on the ability of the practice to deliver registered activities. However, due to increased cleaning and fallow time, there had been a small reduction on the number of patients that could be seen safely in a session. We were told that emergency appointments were prioritised over routine check-ups.

Patients who needed to see the dentist attended the practice by invitation and pre-booked appointments only. The registered manager explained that patients were asked a series of questions to determine whether they were at risk of transmitting COVID-19 on arrival for their appointment.

The registered manager confirmed that one dentist and one of the four dental nurses can speak some Welsh with patients. We were told that some patient information and posters were displayed in English and Welsh.

We asked about accessibility to the practice and were told that ramps had been installed to

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.

² Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place which allows any droplets to settle before cleaning and decontamination takes place

enable wheelchair access to the practice.

The following areas for improvement were identified:

We did not receive a recent environmental risk assessment during the quality check, we were told that the practice environment was risk assessed informally on a regular basis and this was not routinely documented. We have since received a dated environmental risk assessment detailing risks and actions. The registered manager must establish a regular environmental risk assessment programme with action plans that are implemented, dated, updated, and reviewed.

Infection prevention and control (IPC)

During the quality check, we considered how well the service 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 Infection Prevention Society audit document and the action plan to address any areas for improvement
- COVID-19 policy
- Manual cleaning procedures
- Surgery cleaning schedules for the last week.

The following positive evidence was received:

We were provided with some documents relating to IPC prior to the quality check. These included details of manual cleaning processes, cleaning protocols and records for the decontamination of instruments and dental equipment covering the previous two weeks.

The most recent infection prevention audit document (Infection Prevention Society audit) was seen, dated September 2022. This included actions and a dated action plan for improvements to be made.

We were told that personal protective equipment (PPE) training, including donning and doffing³ of PPE had been delivered to staff and that all clinical staff had been fit tested for masks and wore Full Face Protection 3 (FFP3)⁴ masks and full PPE. We were informed of the

³ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

⁴ FFP3 masks have the maximum filtration capacity of all the FFP masks available as they provide protection against very minute particles.

The Bacterial Filtration Capacity of FFP3 masks is 99%.

measures put in place to make sure staff were confident and competent at using PPE.

The registered told us that updated IPC information was communicated with his team through meetings and a file was also available for staff members to refer to.

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how they managed their services to support the delivery of high-quality healthcare. We explored whether management arrangements ensured 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:

- The latest annual report prepared under regulation 16(3) of the Private Dentistry (Wales) Regulations 2017
- Informed consent policies / procedures
- Business continuity plans
- Mandatory training records for all staff
- Statement of purpose⁵
- Patient information leaflet⁶
- Record card audit.

The following positive evidence was received:

We were provided with a copy of the statement of purpose and patient information leaflet which included relevant information about the services being offered, these documents met the requirements of the Private Dentistry (Wales) Regulations 2017.

We saw a copy of the annual report, prepared in accordance with regulation 16 of the Private Dentistry Regulations (Wales) 2017.

The registered manager described the process in place for the reporting of any incidents. We were told that any incidents would be logged and discussed on the same day, then reported to HIW and other agencies as appropriate.

⁵ 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. 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.

⁶ The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations.

We were told that the practice does not use agency staff and that the established staff team work flexibly to cover absences to ensure continuity of dental care for patients. The registered manager told us that business continuity arrangements were in place with other practices in an emergency. We received the business interruption continuity plan that described the arrangements.

We saw evidence of training records, which showed compliance with mandatory training including recent in person cardiopulmonary resuscitation training for all staff. The registered manager explained the process for ensuring training was up to date, with staff continuing to use online training packages and in person training for continued professional development.

The following areas for improvement were identified:

We were told that regular checks were made on emergency equipment and medicines. The supporting evidence indicated that the checking of emergency equipment was inconsistently logged and checking intervals were around every three weeks rather than weekly. Failure to complete and document weekly checks means that HIW is not assured that arrangements are in place to ensure that the necessary medical equipment and medication related to medical emergencies is available and ready for use, should the need arise. The registered manager must ensure that regular weekly checks of emergency equipment and medication are carried out and documented.

We were provided with copies of various policies and procedures. However, we noted that several of these documents were not signed or dated or did not include a review date. The registered manager is required to ensure that all documentation at the practice is signed, dated, with a review date, to ensure the policies are up to date and reviewed regularly.

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: Whitland Dental Practice, Carmarthenshire

Date of activity: 23 September 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.

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: Whitland Dental Practice, Carmarthenshire

Date of activity: 23 September 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
The registered manager must establish a regular environmental risk assessment programme with action plans that are implemented, dated, updated, and reviewed.	Regulation 22(2)(a)(b) of The Private Dentistry (Wales) Regulations 2017	In addition to the existing day-to-day continual observation of the practice premises by the principal dentist, a regular updating of the written risk assessment program will be undertaken on an annual basis, or whenever material changes to the practice environment occur. The practice diary has been amended to ensure the assessment is performed in due time.	Geoffrey Rees Practice manager	This action has been implemented.

<p>The registered manager must ensure that regular weekly checks of emergency equipment and medication are conducted and documented.</p>	<p>Regulation 8(1)(d) and 13(2)(a) of The Private Dentistry (Wales) Regulations 2017</p>	<p>The frequency of checks has been increased to weekly, the practice diary has been amended to show the change to the “to-do” list. The importance of recording the date of each inspection has been emphasized to staff responsible for carrying out the check.</p>	<p>Geoffrey Rees Practice manager</p>	<p>The change to scheduled checking of emergency drugs and equipment has been implemented.</p>
<p>The registered manager is required to ensure that all documentation at the practice is signed, dated, with a review date, to ensure the policies are up to date and reviewed regularly.</p>	<p>Regulation 8(6) of The Private Dentistry Regulations (Wales) 2017 Section</p>	<p>A review of the practice policies will be undertaken and each policy will be checked to be current, signed by staff members to ensure they have been read and understood, and marked with a date by which they will be reviewed.</p> <p>To aid in this process, more use will be made of the existing computerized i-comply software that the practice has invested in.</p>	<p>Geoffrey Rees Practice manager</p>	<p>This process will be instigated immediately, however the process is complex and I will aim for completion within 3 months.</p>

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): Geoffrey Rees

Job role: Principal Dentist / Registered manager

Date: 17/10/2022