

Quality Check Summary

Service name: Matthews and Jones

Dental Practice

Activity date: 04 October 2022

Publication date: 22 November 2022



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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Matthews and Jones Dental Practice as part of its programme of assurance work. Matthews and Jones Dental Practice provides services to patients in and around Monmouth. The practice is part of dental services provided within the area served by Aneurin Bevan University Health Board. The practice provides a range of NHS and private general dental services.

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 the Private Dentistry (Wales) Regulations 2017 (and other relevant regulations).

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 one of the principal dentists, who is also the registered manager, on 4 October 2022, who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How is the practice ensuring there are appropriate arrangements in place that uphold standards of infection, prevention and control (IPC)?
- How is the practice ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How does the practice meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How is the practice ensuring it maintains the quality of patient care and service delivery?
- How does the practice 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:

- The most recent environmental risk assessments / audit.

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 service has undertaken relevant risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We were informed that the practice environment is monitored on a regular basis to ensure the environment is safe, clean and clutter free.

We were told that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed to aid and improve infection control. We were told that the following changes were made:

- Implemented clear desk procedures and unnecessary items were removed from the surgeries, reception and waiting area
- Extractor fans installed in all surgeries
- Protective glass screen installed at reception
- Carpets throughout the practice replaced with vinyl flooring
- Social distancing in the waiting room
- Enclosed notice board
- Hand sanitiser dispensers provided at various locations.

In order to protect staff and patients, we were told that patients who need to see the dentist attend the practice by invitation and pre-booked appointment only. We were informed that staff wear appropriate personal protective equipment (PPE), and that all patients who require treatment are screened for symptoms of COVID-19. Staff also ask patients the COVID-19 screening questions on arrival at the practice before being allowed into the dental surgery.

We were told that some chairs have been removed from the waiting area to ensure patients are socially distanced.

We also noted that all staff had completed cardiopulmonary resuscitation (CPR) and fire training.

The practice manager confirmed that some information leaflets and signs displayed at the practice are bilingual. We were informed that one member of staff can communicate bilingually with patients. The practice also has access to an interpreter.

The following areas for improvement were identified:

The registered manager confirmed that the emergency drugs and equipment are stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We were informed that the practice has two sets of emergency drugs and equipment kept on the premises. The registered manager confirmed that a system was in place to check emergency drugs weekly to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, it was confirmed that no checklist list is maintained for recording the checking of the emergency equipment. The registered manager must ensure that the emergency equipment is checked weekly, and a checklist maintained.

Infection prevention and control

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:

- Cleaning policy
- Records of daily checks of ultrasonic bath and manual cleaning decontamination procedures
- Records of daily checks of autoclaves
- Surgery daily maintenance checklists
- Aerosol Generating Procedure (AGP) policy
- Infection control policy
- COVID-19 workforce risk assessment
- The most recent Welsh Health Technical Memorandum (WHTM) 01-05¹ decontamination audit and the action plan to address any areas for improvement.

¹ WHTM 01-05 includes information on an audit of compliance with decontamination. The audit has been developed by dentists in Wales and is supported by the Dental Section, HEIW.

The following positive evidence was received:

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

We also noted that all staff had completed infection prevention and control (IPC) training.

The registered manager confirmed that staff have received regular IPC updates via practice meetings. Regular communication has ensured everyone has up to date advice and guidance on IPC procedures.

The registered manager confirmed that there were processes in place to protect patients and staff when an aerosol generating procedure (AGP)² was taking place.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a weekly basis by a member of the team.

Infection control audits had been completed using recognised audit tools, including the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognise this as good practice due to the comprehensive scope of the audit.

We were provided with a copy of the manual cleaning procedure for the decontamination of dental instruments. We noted that the temperature of the water used throughout the cleaning procedure was not detailed within the procedure. The registered manager confirmed that the manual cleaning procedure would be reviewed and updated, and we received evidence, immediately following our quality check, that this had been done.

We saw evidence that the practice has a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave³ and the ultrasonic bath⁴ evidencing that the start and end of the day safety checks were taking place.

No areas for improvements were identified.

² 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.

³ Autoclaves are items of equipment that are used in dental practices to sterilize all of the instruments and all of the materials used in professional procedures.

⁴ Ultrasonic cleaner removes bioburden by using sound waves generated by electrical energy. As the sound waves move through the liquid cleaning solution, they cause the formation and bursting of millions of small bubbles.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how they manage their services to support the delivery of high quality healthcare. 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
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Record card audit
- Informed consent policies / procedures
- Business continuity plan
- Mandatory training records
- The Regulation 23 (responsible individual visit) report.

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.

We were provided with a sample of the practice's policies and procedures. We saw that these had been reviewed during the year and that they were version controlled and contained staff signatures to evidence they had been read and understood.

We were provided with evidence which confirmed that all clinical staff have attended training on a range of topics relevant to their roles and in order to meet the Continuing Professional Development (CPD) requirements.

From the key documents we reviewed, it was evident that the practice was seeking to continuously improve the service provided to patients. We were provided with copies of relevant audits that had recently been completed, such as cross infection and X-rays. Where required, an action plan had been developed and maintained.

We were provided with the most recent responsible individual report, as required by The Private Dentistry (Wales) Regulations 2017. The report evidenced the way the quality of the service provided is being managed and assessed to ensure that they meet the requirements of the regulations and relevant standards.

We saw that the practice had a business continuity plan in place to ensure continuity of service provision and safe care to patients.

We were told that the practice did not close during the pandemic. Throughout the pandemic, the practice continued to treat emergency patients, following screening for COVID-19.

We were told about the arrangements and actions taken to date when staff members needed to self-isolate or tested positive for COVID-19. We were provided with a detailed account of the procedure. We were satisfied that these procedures minimised the risk of spreading COVID-19 to staff and patients.

We were informed that the practice has maintained their processes for the reporting of any incidents. We were told that staff were aware of their roles and responsibilities in reporting incidents to regulatory agencies including Healthcare Inspectorate Wales (HIW).

The registered manager spoke very highly of the staff in how they have responded to the needs of the practice, the patients and in supporting each other during the COVID-19 pandemic.

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: Matthews and Jones Dental Practice

Date of activity: 04 October 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: Matthews and Jones Dental Practice

Date of activity: 04 October 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 ensure that the emergency equipment is checked weekly, and a checklist maintained.	Resuscitation Council (UK) guidance	This is already being undertaken by the nurse that is currently responsible for checking our emergency drugs kit	Anthony J Mathews	Already in place

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: Anthony J Matthews

Name (print): Anthony J Matthews

Job role: Business Owner/ Principle Dentist

Date: 29/10/2022