

Quality Check Summary

Buckley Dental Practice

Activity date: 13 October 2022

Publication date: 1 December 2022



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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Buckely Dental, Practice in Flintshire as part of its programme of assurance work. Buckely Dental Practice offers private dental treatments only. At the time of the quality check, the team consisted of two dentist, five dental nurses and a dental hygienist.

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. 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 both the registered manager and practice manager on 13 October 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 the most recent environmental risk assessments / audits

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 had undertaken relevant risk assessments and had in place suitable policies to ensure the health, safety and wellbeing of staff, patients and visitors.

We were told that many of the changes implemented because of the COVID-19 pandemic had remained. The practice manager told us that the numbers of patients permitted in the waiting room was monitored and posters were displayed to remind patients of the enhanced requirements due to COVID-19.

The registered manager told us that extractor fans had been installed into all surgeries and social distancing markers were still displayed on the floor. Hand sanitiser and face masks were also available in patient areas.

To limit the risk of respiratory illnesses, the practice manager told us that all patients needing to see a member of the dental team were to attend only via a pre-booked appointment. Furthermore, patients would be telephoned 24 hours prior to their appointment time to screen them for symptoms of respiratory illness. This would be repeated upon attendance at the practice.

The registered manager informed us that they had recently completed a disability access audit for the practice to identify areas requiring improvement regarding accessing the practice. We were told that this had identified that more level access into the practice was needed for those with mobility difficulties. The practice manager confirmed that the practice entrance had been adapted for this. In addition, doorways had been made more wheelchair friendly and a downstairs surgery was available for those patients that required it.

To better support autistic patients and those with dementia, staff had undertaken specific training to provide enhanced support where necessary.

We were told that the practice had a wealth of staff speaking a range of five different languages including Welsh. This facilitated those patients who may wish to communicate through the medium of Welsh to do so.

The following areas for improvement were identified:

We asked the registered manager and practice manager to describe the procedures for checking the emergency drugs and equipment at the practice. We were told that these items were checked and logged monthly. However, we advised that, in line with the standards set out by the Resuscitation Council (UK) these checks should be completed on a weekly basis, with a daily check on the oxygen cylinder and defibrillator.

The registered manager must ensure that emergency drugs and equipment are checked on a weekly basis with daily checks on emergency oxygen cylinders and the defibrillator.

Although, the practice had a Welsh-speaking member of staff, we were told by the practice manager that they did not currently display or advertise this service. Furthermore, patients were not routinely asked their preferred language. This could mean that those who may wish to communicate in Welsh may not be aware that this could be facilitated at the practice.

The registered manager must ensure that:

- Patients are asked their preferred language
- Posters are displayed to encourage those patients wishing to communicate through the medium of Welsh to do so

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:

- A copy of the most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement
- Generic infection control policies and Covid-19 specific policies
- Cleaning schedules
- Copies of the daily checks records for each autoclave at the practice
- Copy of cleaning policy
- Copies of the daily checks for the ultrasonic bath.

The following positive evidence was received:

The registered manager confirmed that all staff had a clear understanding of the latest guidance for the management of patients in Wales with respiratory illness. We were told that all policies and guidance would be printed out and staff would be asked to sign to confirm

they had read and understood them. These would then be kept in a dedicated folder that staff could refer to, should they wish. We were told that important information relating to changes required in working practice would be received by the practice manager via email from Denplan. Urgent changes to policies and practices would be communicated via a mobile messaging application that all staff were part of.

The practice manager confirmed that all staff had undertaken internal and external training on the correct method of donning and doffing¹ of Personal Protective Equipment (PPE)². Posters were also displayed to serve as a reminder to staff of the correct methods of donning and doffing.

We were told that the appointment system had been restructured to allow for enhanced cleaning procedures to take place between appointments. As the practice did not have a dedicated room for undertaking aerosol generating procedures (AGP's)³, we were told that rubber dam⁴ and high-volume suction were used whenever possible for any AGP's to prevent the risk of aerosol and droplet contamination.

We saw that there was a daily maintenance programme in place to check that the autoclaves⁵ and ultrasonic cleaners⁶ were working correctly. Each piece of equipment had their own logbook that was completed to show that checks had been carried out at the start and end of the day.

The following areas for improvement were identified:

We requested evidence of the most recent Welsh Health Technical Memorandum (WHTM01-05) audit⁷ and action plan for any improvement. The evidence provided to us demonstrated that this had last been completed in 2019. During the quality check call, the registered manager informed us that they had recently undertaken a WHTM01-05 audit and that this had been submitted to Health Education and Improvement Wales (HEIW)⁸ for approval. As we were not able to review the evidence provided by this document at the time of the quality

¹ "Donning and doffing" refers to the putting on and taking off of personal protective equipment

² "Personal Protective Equipment (PPE)" refers to items such as masks, gloves, aprons and eye protection worn by clinical staff when carrying out clinical activities.

³ AGPs are defined as any medical or patient care procedure that results in the production of airborne particles - known as aerosol

⁴ "Rubber Dam" is a flexible rubber sheet placed over a tooth or teeth to isolate them from the rest of the dentition and oral tissues.

⁵ An autoclave is a machine that uses steam under pressure to kill harmful bacteria, viruses, fungi, and spores on items that are placed inside a pressure vessel. The items are heated to an appropriate sterilization temperature for a given amount of time.

⁶ An ultrasonic cleaner uses high-frequency sound waves transmitted through liquid to scrub clean the surface of immersed parts.

⁷ WHMT 0105 (Welsh Health Technical Memorandum 0105) provides advice on patient safety when decontaminating reusable instruments in primary care dental practices. An audit of these process is required on an annual basis.

⁸ HEIW are a Special Health Authority within NHS Wales that sits alongside Health Boards and Trusts. They have a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, in order to ensure high-quality care for the people of Wales.

check, we would request that this be provided to us once received.

The registered manager must ensure that the WHTM 01-05 audit is completed annually. This must be provided to HIW upon request along with any action plan for improvement.

We were provided with checklists to show that cleaning had been undertaken within the treatment rooms, however, these did not contain sufficient detail to demonstrate which items had been cleaned. Therefore, we would recommend that these checklists contained a list of the areas and equipment requiring cleaning to prevent confusion.

The registered manager must ensure cleaning checklists are sufficiently detailed to ensure compliance with the cleaning policy.

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:

- 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
- Copy of latest patient information leaflet
- IR(ME)R audit
- Record Card Audit.

The following positive evidence was received:

The principal dentist at Buckley Dental Practice is also the registered manager. We were told that most staff at the practice were long-standing employees and all were part time. This meant that, in the case of staff leave or absence, rotas could be covered by existing staff members without the need to use agency nurses.

We were told that the practice would hold regular monthly staff meetings that required all staff to be present. Furthermore, informal huddles would be held on a weekly basis to ensure all staff were able to raise a concern and were up to date with any changes that may have occurred.

The registered manager provided us with the mandatory training matrix document which showed that all staff were up to date with training in basic life support and safeguarding training. We were told that each staff member had their own folder that was maintained for training purposes. Training was provided in variety of ways including face to face and online.

We were provided with evidence of the most recent record card audit for the principal dentist at the practice. This demonstrated that standards of record keeping for this clinician were good.

The registered manager confirmed that a procedure was in place for the timely reporting to HIW of incidents⁹. We were told that, where necessary, incidents requiring reporting would also be followed up with any affected staff members to support shared learning.

The registered manager also confirmed with us that should a member of staff show symptoms of respiratory illness, they would be asked to remain off work until confirmation of a negative test for COVID-19 was provided. Where possible staff would be encouraged to work from home, if well enough to do so.

The following areas for improvement were identified:

As part of the quality check, we asked the practice to send us the most recently reviewed statement of purpose¹⁰ as required by the Private Dentistry (Wales) Regulations 2017. However, this was not provided to us in time for the quality check.

The registered manager must provide HIW with the most recently reviewed statement of purpose.

The registered manager provided us with both Welsh and English versions of the most recent patient information leaflet¹¹. However, this did not contain all the information required by the regulations and required updating. This included information relating to the arrangements for seeking the views of patients and the responsibilities of patients registered at the practice.

The registered manager must update the patient information leaflet to include all the information as set out in the regulations. This must be provided to HIW.

Although we were provided with the principal dentists record card audit, we did not receive record card audits for the other dentist working at the practice, nor the dental hygienist. We were therefore unable to assess the standard of record keeping for all clinicians at the dental

⁹ It is a requirement under the regulation 25 of the Private Dentistry (Wales) Regulations (2017) that particular incidents that occur within the dental practice are notified to HIW.

¹⁰ The practice Statement of Purpose” is a document required under the Private Dentistry (Wales) Regulations (2017) that sets out particular required information for patients of the dental practice.

¹¹ The practice information leaflet is a document that must be provided to patients that sets out the particulars of the dental practice. This includes the names and qualifications of the dental professionals working for or at the practice, the practice contact details, how patient feedback (including complaints) is gathered, the roles and responsibilities of the patient and costs for treatment (where appropriate).

practice and would request that both audits be provided to us along with any action plan for identified improvements.

The registered manager must provide HIW with the record card audits for all clinicians at the dental practice along with any action plans for improvement.

We noted that staff had not undertaken fire training as part of their mandatory training programme. It is important that staff are aware of the correct procedure should the practice experience a fire to ensure that staff, patients and visitors are protected from the risk of harm.

Staff must undertake annual fire safety training.

We reviewed the consent policy provided to us as evidence in support of the quality check. We noticed that the policy referred to legislation relevant to England and not applicable to Wales. Therefore, this policy requires review and updating to meet the legislative requirements of Wales.

The registered manager must review the consent policy to ensure it meets the legislative requirements for Wales.

Patient experience

As part of this quality check, we asked the practice to distribute online patient experience questionnaires. We received a total of five completed questionnaires.

Overall, all the patients that responded to the HIW online survey stated that the service provided by the practice was 'good' or 'very good'.

When asked how easy it was to book an appointment at the practice 60% of respondents stated that they felt it was 'not very easy' to book an appointment.

All the respondents stated that the clinician had spoken to them about how to keep their mouths healthy and had checked their medical history prior to offering any treatment.

All respondents stated that they were provided with enough information to understand the treatment options available to them and that they were treated with dignity and respect whilst at the practice.

Almost all respondents questioned stated that they found the practice very clean with all patients saying that COVID-19 compliant procedures were evident during their visit to the practice.

When asked if they knew how to access an emergency out of hours appointment, we found that just over half the respondents were not aware of the procedure for this. As such we would recommend that the practice consider making out of hours or emergency dental provisions more visible for patients.

We asked those patients questioned if there was anything that the dental practice could improve and was provided with the following responses:

- *Appointment availability*

We asked patients if they would like to provide comments on their thoughts of the service at Buckley Dental Practice and received the following responses:

- *“Excellent”*
- *“Very good service overall”*
- *“They are always very helpful & efficient. Keep you updated if there are any changes to appointments. Quick to get you in to see dentist if there is an urgent issue.”*

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: Buckley Dental Practice

Service: Betsi Cadwaladr University Health Board

Date of activity: 13 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: | Buckley Dental Practice |
| Ward/Department/Service | Betsi Cadwalladr University Health Board |
| Date of activity: | 13 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.

| <u>Improvement needed</u> | <u>Standard/Regulation</u> | <u>Service action</u> | <u>Responsible officer</u> | <u>Timescale</u> |
|--|--|---|----------------------------|----------------------|
| The registered manager must ensure that emergency drugs and equipment are checked on a weekly basis with daily checks on emergency oxygen cylinders and the defibrillator. | 2.6 Medicines Management Reg. 31(3b) The Private Dentistry (Wales) Regulations (2017) | The registered manager has amended the daily/weekly reception check list to ensure that the oxygen cylinders and the battery on the defibrillator are checked daily and the emergency drugs expiry date and stock are checked weekly. The responsible person on the day will sign and date the list every time a check was completed. | Tudor Aldescu | Completed 16.11.2022 |

| | | | | |
|--|---|--|----------------------|-----------------------------|
| <p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> • Patients are asked their preferred language • Posters are displayed to encourage those patients wishing to communicate through the medium of Welsh to do so | <p>3.1 Safe and clinically effective care</p> <p>Reg. 13(1a) The Private Dentistry (Wales) Regulations (2017)</p> | <p>A poster has been created and displayed on reception and staff has been advised to ask and encourage patient to use Welsh language if they prefer to do so.</p> | <p>Tudor Aldescu</p> | <p>Completed 16.11.2022</p> |
| <p>The registered manager must ensure that the WHTM01-05 audit is completed annually. This must be provided to HIW upon request along with any action plan for improvement.</p> | <p>2.4 Infection Prevention and Control (IPC) and Decontamination</p> <p>Reg. 13(3b) The Private Dentistry (Wales) Regulations (2017)</p> | <p>The practice manager completes and submits the WHTM01-05 annually and a copy is kept in the practice to be available upon HIW request.</p> | <p>Tudor Aldescu</p> | <p>Completed 02.07.2022</p> |
| <p>The registered manager must ensure cleaning checklists are sufficiently detailed to ensure compliance with the cleaning policy.</p> | <p>2.4 Infection Prevention and Control (IPC) and Decontamination</p> <p>Reg. 13(6) The Private Dentistry</p> | <p>Following the HIW inspection the cleaning checklists have been updated to ensure compliance with the cleaning policy. Copies are available upon request. The registered manager checks them weekly.</p> | <p>Tudor Aldescu</p> | <p>Completed 01.11.2022</p> |

| | | | | |
|--|--|---|---------------|-------------------------------------|
| | (Wales) Regulations (2017) | | | |
| The registered manager must provide HIW with the most recently reviewed statement of purpose. | Reg. 5(1-2) The Private Dentistry (Wales) Regulations (2017) | Most recent statement of purpose already submitted to HIV after the inspection | Tudor Aldescu | Completed 01.11.2022 |
| The registered manager must update the patient information leaflet to include all the information as set out in the regulations. This must be provided to HIW. | Regs. 6(2) & 7(a) The Private Dentistry Wales Regulations (2017) | New patient information leaflet has been created to include all the information required in the regulations | Tudor Aldescu | To be sent to HIW before 31.12.2022 |
| The registered manager must provide HIW with the record card audits for all clinicians at the dental practice along with any action plans for improvement. | 3.5 Record Keeping Reg. 20 The Private Dentistry (Wales) Regulations (2017) | All clinicians have now completed a record card audit | Tudor Aldescu | Completed 01.11.2022 |

| | | | | |
|---|--|---|----------------------|--|
| | | | | |
| <p>Staff must undertake annual fire safety training.</p> | <p>2.1 Managing Risk and Promoting Health and Safety</p> <p>Reg. 22(4c) The Private Dentistry (Wales) Regulations (2017)</p> | <p>The registered manager has already completed a fire safety training course.</p> <p>The rest of the staff will complete the same course</p> | <p>Tudor Aldescu</p> | <p>Completed 16.11.2022</p> <p>To be completed before 01.02.2023</p> |
| <p>The registered manager must review the consent policy to ensure it meets the legislative requirements for Wales.</p> | <p>4.2 Patient Information</p> <p>Reg 8(j) The Private Dentistry (Wales) Regulations (2017)</p> | <p>The registered manager has reviewed and updated the consent policy to meet the legislative requirements for Wales</p> | <p>Tudor Aldescu</p> | <p>Completed 01.11.2022</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): TUDOR ALDESCU
Job role: PRINCIPAL DENTIST/ REGISTERED MANAGER
Date: 17.11.2022