

Quality Check Summary

Townhill Dental Centre, Swansea

14 November 2022

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Townhill Dental Centre as part of its programme of assurance work. The practice forms part of the dental services offered by Swansea Bay University Health Board.

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 the practice manager on 14 November 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry

- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- 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 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
- COVID-19 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:

The practice manager described the changes that had been made to the environment to ensure the practice could maintain social distancing for staff and patients. These included limiting the number of patients and staff in the practice at a time and reorganising waiting areas by separating chairs.

We were told that as a result of environmental risk assessments, the practice had recently gone through a full refurbishment programme. The practice had fitted cap and cove vinyl flooring throughout, the reception desk was lowered and the ground floor surgery was accessible to wheelchair users.

The practice manager confirmed that all three surgeries were used for aerosol generating procedures (AGP)¹ and mechanical ventilation units were installed in all three surgeries to facilitate the removal of contaminated air. The surgeries had been decluttered and only the instruments required for each procedure were left in the room. There was a separate central store of clean instruments and equipment for use.

Patients who needed to see the dentist attended the practice by pre-booked appointments only, appointments were available on the same day for emergency dental care. An online diary system was used to schedule in additional fallow time² and enhanced cleaning time dependant on the dental procedure completed. The practice manager explained that patients were screened prior to their appointment and asked a series of questions to determine whether they were at risk of transmitting COVID-19 and respiratory infections. We were told that it was possible to see emergency patients at the end of sessions that were displaying signs of respiratory infections. Staff members used full personal protective

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

equipment and enhanced cleaning was used carried out on these occasions.

We were told that the changes had impacted on the ability of the practice to deliver registered activities and waiting lists during COVID-19 restrictions had increased. The newly appointed practice manager confirmed that during the last three months more dentists have been recruited and, as a result, waiting lists were now back to pre-pandemic levels. We were told that emergency appointments were prioritised over routine check-ups.

The practice manager confirmed that signs displayed at the practice were in English and Welsh and we were told that a list of Welsh speaking dentists was available at reception for those patients wishing to receive their dental treatment in Welsh. There is a Welsh language awareness training courses scheduled for staff.

No areas for improvements were identified.

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:

- The most recent Welsh Health Technical Memorandum (WHTM) 01-05³ audit and action plan
- Infection control policy
- Covid-19 policy
- Cleaning policy
- Surgery cleaning schedules
- Records of daily checks of autoclaves
- Manual cleaning procedure.

The following positive evidence was received:

The most recent WHTM 01-05 decontamination audit and action plan was reviewed. This showed that the practice had addressed all the areas for improvement identified by the audit.

We were provided with some documents relating to IPC prior to the quality check, these included a comprehensive infection control policy that had been reviewed in October 2022, an environment cleaning policy and details of manual cleaning processes dated April 2022

³ 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.

with dates for regular review. We saw completed records for the decontamination of instruments and dental equipment covering the last 2 weeks.

We were told that all staff received regular COVID-19 and infection control updates via a weekly corporate bulletin email. If updates were urgent this information was disseminated via WhatsApp and lunchtime meetings, the practice manager confirmed that updated information was available for all staff via an online platform. Regular communication had ensured everyone received up-to-date advice, guidance and best practice information.

We saw evidence that all staff have completed IPC training and that regional trainers and assessors attended the practice regularly to ensure that staff were competent and confident in IPC. We were told that posters and flow charts were displayed throughout the practice to ensure that staff were competent and confident to deliver safe and effective care.

No areas for improvements were identified.

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 Regulation 23 (responsible Individual visit) report
- Informed consent policy
- Business continuity plan
- Mandatory training records for all staff
- Statement of purpose⁴
- Patient information leaflet⁵
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Record card audit.

The following positive evidence was received:

We were provided with a copy of the statement of purpose and patient information leaflet

⁴ 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.

⁵ The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations.

which included relevant information about the services being offered. We saw a sample of the practice's policies and procedures. These were dated, signed and included a review date.

We saw a copy of the annual report, prepared in accordance with regulation 23 of the Private Dentistry Regulations (Wales) 2017.

The practice manager was new in post and had completed Healthcare Inspectorate Wales registration process in October 2022.

The practice 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.

We were informed by the practice manager that the practice had remained open throughout the pandemic and any temporary emergency staff cover was secured through an arrangement with a local dental practice.

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

We were told that the practice aimed to continuously improve the service provided to patients. This was evidenced in the audit documentation provided with the self-assessment, which included a radiograph quality audit, record card audit and a WHTM 01-05 decontamination audit. Audit reports were dated, actions noted and themes monitored.

We were told that there were regular checks of emergency equipment and medicines. There were daily checks documented of emergency drugs and other ancillary equipment, checks on medicine expiry dates were documented and signed off on a monthly basis.

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: Townhill Dental Centre, Swansea

Date of activity: 14 November 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: Townhill Dental Centre, Swansea

Date of activity: 14 November 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
No 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: