

# Quality Check Summary

## Llangyfelach Dental Practice

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In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Llangyfelach Dental Practice 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. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us to 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 on 8 August 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 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
- 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, reorganising waiting areas by separating chairs and introducing a one-way system through the practice.

The practice manager stated that all three surgeries were used for aerosol generating procedures (AGP)<sup>1</sup> and mechanical ventilation units were installed in 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 invitation and pre-booked appointments only. An online diary system was used to schedule in additional fallow time<sup>2</sup> and enhanced cleaning time dependant on the dental procedure completed. The practice manager explained that patients were contacted by telephone prior to their appointment and asked a series of questions to determine whether they were at risk of transmitting COVID-19. This information was also confirmed on arrival for their appointment.

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 practice manager confirmed that waiting lists were now back to pre-pandemic levels. 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

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<sup>1</sup> 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.

<sup>2</sup> 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

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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. Some staff at the practice had received Welsh language awareness training.

**No areas for improvements were identified.**

## Infection prevention and control (IPC)

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:

- The most recent Welsh Health Technical Memorandum (WHTM) 01-05<sup>3</sup> 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, environment cleaning policy and details of manual cleaning processes dated April 2022 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 updates via email and regular huddles, 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 and guidance on COVID-19.

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<sup>3</sup> 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.

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We were informed that all staff wore appropriate personal protective equipment (PPE) and that PPE training, including donning and doffing<sup>4</sup> of PPE had been delivered to all staff. It was confirmed that some training was completed through an online training portal. Role play style training was also completed in person and posters and flow charts were displayed throughout the practice to ensure that staff were competent and confident to deliver safe and effective care during COVID-19 restrictions.

The process of sourcing sufficient PPE was described. We were told that the health board supported the practice in providing supplies of PPE. To ensure that there were sufficient stock levels at the practice, the practice manager completed a weekly stock check of PPE and reordered when needed. The practice also shared PPE with the fifteen other practices in the group which helped with any shortages.

**No areas for improvements were identified.**

## 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:

- The Regulation 23 (responsible Individual visit) report
- Informed consent policy
- Business continuity plan
- Mandatory training records for all staff
- Statement of purpose<sup>5</sup>
- Patient information leaflet<sup>6</sup>
- Ionising Radiation (Medical Exposure) Regulations (IRMER) audit
- Record card audit

**The following positive evidence was received:**

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<sup>4</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

<sup>5</sup> 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.

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

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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 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 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. The practice offered remote triage<sup>7</sup>, telephone advice and signposting during COVID-19 restrictions. The practice offered appointments via the NHS Wales Attend Anywhere<sup>8</sup> video consultation service for patients who were not able to attend the practice in person. Vulnerable patients that needed to be seen as emergencies, were offered an appointment at the beginning or end of the session. This ensured patient care could be delivered according to their needs.

We were advised that staff absences did not impact on the delivery of the services. The practice operated within a group of practices across South Wales and staff moved between sites to cover absences when required. We were informed that policies and procedures were consistent across all practices in the group.

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, with staff continuing 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.**

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<sup>7</sup> The assignment of degrees of urgency to decide the order of treatment of a number of patients.

<sup>8</sup> Online video appointment service

# 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: Llangyfelach Dental Practice, 956 Llangyfelach Road, Clase, Swansea, SA5 7HR

Date of activity: 8 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.

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: Llangyfelach Dental Practice, 956 Llangyfelach Road, Clase, Swansea, SA5 7HR

Date of activity: 8 August 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 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:**