

## **General Dental Practice Inspection (Announced)**

Bupa Dental Care, Denbigh /  
Betsi Cadwaladr University Health  
Board

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Bupa Dental Care at Haulfryn, Denbigh, LL16 3LH, within Betsi Cadwaladr University Health Board on the 10 April 2018.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015), the Private Dentistry (Wales) Regulations 2017 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that Bupa Dental Care, Denbigh provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Excellent clinical records
- Surgery facilities were well-equipped, tidy and well organised
- Dental instruments were cleaned and sterilised appropriately
- Appropriate arrangements were in place for the safe use of x-rays
- Systems for governance and monitoring the quality of the service against the requirements of the regulations are in place.

This is what we recommend the service could improve:

- Ensure all staff at the practice renews their training in safeguarding and all staff are trained in the use of fire extinguishers
- Ensure any damages to surgery facilities are repaired
- Self evaluate using the Maturity Matrix Dentistry tool.

## 3. What we found

### **Background of the service**

Bupa Dental Care provides services to patients in the Denbigh area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes three dentists, two hygienists, two dental nurses, two trainee dental nurses, one receptionist and one practice manager.

The practice provides a range of NHS and private general dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found evidence that Bupa Dental Care, Denbigh provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 17 completed questionnaires. The majority of completed questionnaires received were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive. Some of the comments provided by patients on the questionnaires included:

*"It's very good as it is. I have no complaints"*

*"The dentist is fantastic; he is the best I have ever had in my life! Everything is explained and his professional approach is second to none! Feel really relaxed and positive about visiting him"*

*"Always have received good and prompt treatment"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides. The majority of patients told us that the practice was already good and that it did not need improving.

## Staying healthy

There was ample, dedicated dental health promotion information available, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental



practice and oral health information. No smoking signs were displayed in the practice. Price lists were also clearly on display in the waiting / reception area.

All of the patients who completed a questionnaire indicated that the dental team had spoken to them about how to keep their mouth and teeth healthy.

## **Dignified care**

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

We also observed the warm, friendly and professional approach adopted by all staff towards patients.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

## **Patient information**

All of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and all but one patient confirmed that they had received clear information about available treatment options.

The majority of patients who completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment. We noted that information on prices was available to view in the reception / waiting area which meant patients had access to information on how much their treatment may cost.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around reception and the waiting areas. The practice had its own patient information booklet for patients to view and read in the waiting area.

## Communicating effectively

Some staff working at the practice can communicate bilingually with patients.

All but one Welsh speaking patient who completed a questionnaire told us that they could always speak to staff in Welsh. All non-Welsh speaking patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

## Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

Almost a third of patients who completed a questionnaire said that they would not know how to access the out of hours dental service if they had an urgent dental problem. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, was given on the answer phone message and on the practice website.

## Individual care

### Planning care to promote independence

We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

All of the patients confirmed that they were involved as much as they wanted to be in any decisions made about their treatment. We saw evidence of treatment planning and options being discussed with patients.

Patients' medical histories were reviewed and updated at each visit. All of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

### People's rights

We noted that the practice had a dedicated equality policy in place.

The practice is fully accessible for patients with mobility difficulties and has its own parking facilities.

Wheelchair users could access the ground floor level of the practice and could access the reception, waiting area, toilet facilities and two dental surgeries.

### Listening and learning from feedback

Over half of the patients who completed a questionnaire told us that they would know how to raise a concern or complaint about the services they receive at the dental practice. We saw that the practice had a written complaints procedure in place for both private and NHS treatment. The procedure for making a complaint or how to raise a concern was clearly on display in both waiting areas.

The practice informed us that any informal concerns were dealt with immediately and recorded within patients individual records. We advised the practice to record any informal concerns in a central log in order for any themes to be identified which the practice implemented immediately during our visit.

A large proportion of patients who completed a questionnaire said that they have not been asked for their views on the dental practice, for example, through patient questionnaires.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area along with a comment box. The practice informed us that the questionnaires were introduced in February 2018. The practice also informed us that questionnaires are given to patients by the dentist at the end of their treatment. Patients are also able to leave feedback via the practice website. Details of the feedback analysis are published on the practice's website.

We did advise the practice to display an analysis of patient feedback in the waiting areas to demonstrate to patients visiting the practice that their feedback had been captured and acted upon, to enhance learning and service improvement. The practice agreed to do this.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found the practice to be well run and meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

We found that patients were provided with safe and effective dental care.

We found that excellent patients' clinical notes were maintained.

However, we did find some improvements needed in all surgeries.

### Safe care

#### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The building appeared to be generally well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice; every patient who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

There was one unisex toilet for use by patients and one male and female toilet facility for staff. All facilities were signposted and visibly very clean. We did advise the practice to ensure any open bins are replaced with foot operated bins.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure they were safe for use. Fire extinguishers were in place throughout the building and were serviced regularly. Directions for the emergency exits were

clearly visible and the Health and Safety poster was clearly on display. However, we did note from the last fire safety certificate, that all staff at the practice needed to be trained on how to use the fire extinguishers. We were verbally assured by the practice manager that plans were already in place for all staff at the practice to be fully trained in the use of fire extinguishers.

We found that all chemicals were kept securely and none were left in public areas. There was a file available containing a number of data sheets relating to Control of Substances Hazardous to Health (COSHH) and relevant risk assessments in place which had been recently reviewed.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal and stored securely while awaiting collection.

#### Improvement needed

Ensure all open bins are replaced with foot operated bins.

Ensure all staff working at the practice are fully trained in the use of fire extinguishers.

#### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>1</sup>. The facility was very clean, well organised, well equipped and uncluttered.

Staff demonstrated the decontamination process and we found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. However, no formal documentation was available to evidence that all clinical staff had received renewal training.

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<sup>1</sup> Decontamination in primary care dental practices and community dental services

We were verbally assured by all clinical staff and the practice manager that training had been undertaken. We recommend that the practice introduces a formal checklist for decontamination training which should be kept within staff individual training records to evidence that training has been completed and is regularly reviewed.

We saw records that showed the practice had undertaken audits of infection control on a regular basis. We saw evidence that the practice had used the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) which is the standard for decontamination and infection control practices in dental surgeries in Wales.

We were satisfied that there were appropriate procedures in place to minimise the risk of cross infection to protect both patients and staff. We also noted that the dental instruments were stored and transported in line with the current decontamination policy.

#### Improvement needed

Formal programme checklist for decontamination training.

#### Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had been trained in cardiopulmonary resuscitation (CPR) and we saw evidence that renewal training had been booked. The practice had two dedicated first aiders.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use.

#### Safeguarding children and adults at risk

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults.

We saw evidence that all clinical staff had received training in the protection of children and vulnerable adults. However, some staff at the practice are due to renew their training. We were verbally assured by the Practice Manager that renewal training would be arranged.

We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

#### Improvement needed

Ensure staff at the practice renews their training in the protection of children and vulnerable adults.

### Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. The surgeries were well organised and tidy. However, we identified a number of improvements needed.

We found that all surgeries had some damage to the nurses chair upholstery which prevented effective cleaning. We also found some paint damage and corrosion on the dental chair units.

We also found some areas of dust accumulation in surgery 2. We were informed by the practice manager that surgery 2 had not been in use. We were verbally assured that the surgery would be deep cleaned before it is used to treat patients.

We found some damage to the floor in surgery 3 by the dental chair unit and we also found that the corner cupboard in surgery 2 needed to be sealed for effective cleaning.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. We saw evidence of up-to-date ionising radiation training for all clinical staff.

We saw evidence that the practice had undertaken risk assessments and regular image quality assurance audits of X-rays.

#### Improvement needed

Ensure that the dental nurse chairs are repaired or reupholstered in all surgeries.

Ensure the paint damage and corrosion on the dental chair units for all surgeries are repaired with specialist paint.

Ensure surgery 2 is deep cleaned before it is used to treat patients.

Ensure the flooring in surgery 3 is repaired.

Ensure that the corner cupboard in surgery 2 is sealed at its edges.

## **Effective care**

### **Safe and clinically effective care**

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed and or arranged by the practice such as; prescribing antibiotics, clinical records, cross infection, x-rays, legionella and emergency kits.

### **Quality improvement, research and innovation**

From discussions with staff, we were informed that peer review between clinical staff is regularly undertaken and contributes to the quality and safety of the care provided to patients.

The practice informed us that they have not used the Wales Deanery Maturity Matrix Dentistry tool. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas.

### **Improvement needed**

Self evaluate using the Maturity Matrix Dentistry tool.

## **Information governance and communications technology**

A data protection policy was in place. The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet.

### **Record keeping**

There was evidence that the practice is keeping excellent clinical records, demonstrating that care is being planned and delivered to a high standard to ensure patients' safety and wellbeing.



We examined a sample of patient records and found that entries contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning and treatment plans were given to all patients. Cancer screening and smoking cessation advice had also been given and recorded.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found the practice to have good leadership and clear lines of accountability.

We found evidence that this was a very well run practice with a strong commitment to providing high quality service and attention to detail.

A range of relevant policies and procedures were in place.

The staff team appeared happy in their roles and were competent in carrying out their duties and responsibilities.

### **Governance, leadership and accountability**

We found the practice to have good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the practice manager who had been appointed in February 2018. Staff told us that they were confident in raising any issues or concerns with the practice manager and felt well supported in their roles.

We found that staff were clear and knowledgeable about their roles and responsibilities.

### **Staff and resources**

#### **Workforce**

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures.

We saw that staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements. We also saw

evidence that the practice manager had put plans in place for annual staff appraisals and regular team meetings.

We saw records relating to Hepatitis B immunisation status for all staff working at the practice.

We looked at the policies and procedures in place and found that they reflected actual practice. All policies and procedures contained a review date and / or were version controlled along with staff signatures demonstrating that these have been read and understood.

We found that the practice displayed its emergency contact details and the practice opening times on the entrance of the premises. The dentists' names and qualifications were also clearly on display.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: 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 C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings 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.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There were no immediate concerns identified during this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Bupa Dental Care, Denbigh

**Date of inspection:** 10 April 2018

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
There were no immediate assurance issues identified during this inspection.				

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 C – Improvement plan

**Service:** Bupa Dental Care, Denbigh

**Date of inspection:** 10 April 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
N/A				
<b>Delivery of safe and effective care</b>				
Ensure all open bins are replaced with foot operated bins.	2.1 Managing risk and promoting health and safety	Actioned- New Pedal bins placed in staff toilet and Patient toilet	Andrea Parker	
Ensure all staff working at the practice are fully trained in the use of fire extinguishers.		Actioned- Fire Extinguisher Training completed 22/05/18	Andrea Parker	
Formal programme checklist for decontamination training.	2.4 Infection Prevention and Control (IPC) and Decontamination	Actioned- Formal programme checklist for decontamination training created by Lead Nurse.	Andrea Parker	



Improvement needed	Standard	Service action	Responsible officer	Timescale
Ensure staff at the practice renew their training in the protection of children and vulnerable adults.	2.7 Safeguarding children and adults at risk	Actioned- All Staff have renewed their training in the protection of children and vulnerable adults	Andrea Parker	
Ensure that the dental nurse chairs are repaired or reupholstered in all surgeries.	2.9 Medical devices, equipment and diagnostic systems	Awaiting Quote	Andrea Parker	2 weeks
Ensure the paint damage and corrosion on the dental chair units for all surgeries are repaired with specialist paint.		Awaiting Quote	Andrea Parker	2 weeks
Ensure surgery 2 is deep cleaned before it is used to treat patients.		Actioned- Surgery 2 has had a thorough deep clean	Andrea Parker	
Ensure the flooring in surgery 3 is repaired.		Awaiting quote	Andrea Parker	2 weeks
Ensure that the corner cupboard in surgery 2 is sealed at its edges.		Actioned- Engineer has been to repair corner of cupboard, and has sealed edges in Surgery 2	Andrea Parker	
Self evaluate using the Maturity Matrix Dentistry tool.		3.3 Quality Improvement, Research and Innovation	Enquired about MMD in practice but have been advised tutor has retired, so unable to arrange practice meeting	Andrea Parker

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of management and leadership</b>				
N/A				

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):** Andrea Parker

**Job role:** Practice Manager

**Date:** 24/05/18