



General Dental Practice Inspection (Announced)

Bupa Dental Care/ Aneurin Bevan
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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Kensington Court Clinic, 197 Chepstow Road, Newport, NP19 8GH, within Aneurin Bevan University Health Board on the 15 January 2019.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) 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 Newport was working hard to provide a high quality experience to their patient population.

The environment was generally clean and tidy and there had been some renovation work undertaken to update some of the dental surgeries. We identified some areas that the practice need to review. The flooring in the surgeries was not totally sealed; some redecoration is required due to scuff marks and we have asked the provider to consider making the waiting room and toilets permanently accessible without patients having to request ramps.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service provided at the practice as excellent or very good.

The patient records we reviewed were detailed and contained full information about the patients' care and treatment. X-rays were good quality and were regularly audited to maintain this standard.

The practice had a suite of policies and procedures that enabled staff to obtain information to help them with their day to day work.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas and this ensured they had up to date skills and knowledge to assist them with their work.

This is what we found the service did well:

- The staff team appeared happy in their roles and had a strong commitment to providing a high quality service
- Appropriate arrangements were in place for the safe use of equipment at the practice

- All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good
- Waste was stored appropriately and locked to prevent unauthorised access
- Patients were provided with relevant information to make informed decisions about their treatment and they were satisfied with the service they received
- Systems for governance and auditing the quality of service provision were in place
- Staff felt supported and had good access to training opportunities
- There were provisions at the practice and on the website for patient feedback.

This is what we recommend the service could improve:

- Patient information needs to be reviewed, specifically to make sure the language is clear. The term Code of Practice is not easily understandable as a process for complaints
- Some improvements to the environment are required. Floorings in the surgeries need to be totally sealed; some redecoration is required to cover scuff marks and a permanent accessibility solution is required to enable access to the waiting room and toilets without patients needing to request a ramp
- In-line with decontamination best practice guidance, consideration is required to having additional equipment to improve/support the manual cleaning process
- See Appendix C for the full improvement plan

There were no areas of non-compliance identified at this inspection.

3. What we found

Background of the service

Bupa Dental Care provides services to patients in the Newport and surrounding area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes four dentists, one hygienist, four dental nurses, three receptionists 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 Bupa Dental Care Newport was committed to providing a positive experience for patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice had patient facilities located on one level however there were a small number of steps to access the waiting room and patient toilets. A ramp was available for those requiring it, but we have asked the practice to consider a permanent solution to enable access to the waiting area and toilets without requesting the ramp.

Relevant patient information was displayed in the reception/waiting areas however we identified that the terminology used by Bupa to describe their complaints process is not easily understandable and needs to be reviewed.

The practice has a number of systems for patients to submit their feedback and comments and these provide the practice with a means of identifying themes with a view to making improvements to services.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 26 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority of the patients that completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"I was very nervous about the dentist and did not go for over 10 years. Since I have been coming to my dentist I no longer hate coming"

"Always receive excellent service so nothing to improve"

"Reception staff are kind and non judgemental"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; patient comments included:

"More receptionists - always looks short-staffed and phones always busy"

"Behind reception looks shabby"

"Inform patients on site why there's a delay in seeing dentist at the appointment time. You arrive early but might not see dentist for 10 mins or be after appointment time"

Staying healthy

Health promotion protection and improvement

Without exception, all of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Health promotion information was available in the reception/waiting area, including practice specific information leaflets and various health and cosmetic promotion leaflets.

There were no signs displayed outside that clearly named the practice, names of dentists and opening hours. These were located within the main entrance to the practice. A poster was on the main door with the out of hours/emergency telephone number.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis placed on compliance with smoke free premises legislation¹.

Improvement needed

The registered manager must review information relating to the opening hours and names of dentists at the practice to ensure they are clearly displayed for patients.

Dignified care

The staff presented as a friendly team and we observed them speaking to patients in a respectful and professional manner. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff were able to have private conversations with patients within the dental surgeries and there was also a private office space available, if required.

The General Dental Council's (GDC) 9 Principles² were displayed in the waiting area and therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up daily and paper files were kept securely in a locked cabinet.

We saw that the doors to the surgeries (where patients received care during the inspection), remained closed to maintain privacy and dignity.

¹ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

² The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

Patient information

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

Patients also said that the cost of any treatment (where applicable) was always made clear to them before they received any treatment. A price list for NHS and private treatments was displayed in the reception/waiting area.

The practice had a patient information leaflet available within the practice. A review of this showed some areas were missing that are required by the Private Dentistry (Wales) Regulations 2017. However, staff told us that new leaflets had been ordered which would replace the old leaflet.

The statement of purpose³ provided on the day of the visit contained all the areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request. We have asked the practice to ensure that the registered manager details are updated in this document.

We found policies and procedures in place detailing the arrangements for consent.

Improvement needed

The statement of purpose needs to be updated with the registered manager details and a copy submitted to HIW

Communicating effectively

All of the patients that completed a questionnaire told us that they were always or sometimes able to speak to staff in their preferred language.

³ Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit hiw.org.uk

Staff told us that any patient with a hearing impairment and/or wishing to converse in a language other than English would be accommodated and had been. The practice had access to organisations to assist with this request. Staff confirmed following the visit that a poster is displayed to assist and guide patients on the available services to help them with their communication needs.

Some information was displayed in both English and Welsh. In addition, staff told us that if patients required written information in Welsh or another language, they could arrange this through a translation service.

Of the patient records we reviewed, we saw evidence of written treatment plans on file. This ensures that patients are provided with information to make informed choices about their treatment.

Timely care

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. All of the patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

Just over a third of the patients that completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. An out of hours telephone number was displayed on a poster of the main entrance door. Staff said the information was also on their answer machine.

Individual care

Planning care to promote independence

We reviewed a sample of patient records and found that there were records of treatment options and planning, and consent was obtained for treatment from each patient.

Within the patient records, each patient's medical history was reviewed and updated at each visit. All but one of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice was located within Kensington Court Clinic and access to Bupa Dental Care was via an entrance located at the side of the building. All patient and staff areas were located on one floor, albeit there were some steps to access the waiting room, toilets and some surgeries. Staff told us that a ramp was available (this is also detailed in the patient information leaflet) to provide access to all facilities for anyone using a pushchair and/or mobility aid. We did advise that the practice consider having a means of permanent and easy access to the waiting room and toilets for those unable to climb the steps. This would allow patients the freedom to use these areas without requesting ramps be set up.

We found that access to the practice was good; with some limited parking available on site. The main entrance led to the reception area, waiting area and some surgeries. The practice had a toilet suitable for those using mobility aids and there were hand rails to provide support if needed. There were surgeries available that could accommodate any patient with a pushchair/mobility aid.

The toilets had appropriate signs on them however, the directional signage from the waiting room did not provide a clear indication of their location. We recommend a review of signage so all patient areas are clearly signposted.

The practice had up to date Equality Act and Confidentiality Policies in place. In addition, we noted that the practice had an equality and diversity policy in place, which demonstrates a commitment to ensure that everyone has access to the same opportunities and to the same fair treatment.

Improvement needed

A review of all signs within the practice are required to ensure they are clearly visible for patients to locate facilities

A review of patient access is required to establish if a permanent ramp is possible for patients to access the waiting room and toilets without the need to request the ramps.

Listening and learning from feedback

We saw that the practice had a written complaints policy and procedure in place. Information for patients on how to raise a concern was displayed for patients in the waiting area and the patient information leaflet. The NHS Wales Putting Things Right⁴ poster was located by the main entrance.

We found it difficult to find information about complaints because Bupa use the term Code of Practice. This language is not easily understandable for a complaints process. Whilst we were given a rationale for the use of this term, we recommended that the language used to communicate to patients with is easily understandable and clearly reflected in all corporate literature.

We found the practice had suitable systems in place to record, respond and monitor any concerns/complaints they receive. In addition, a comments book was located at the end of the reception desk for patients to use. The book is regularly reviewed and used by staff to monitor the service they provide. A review of the comment book highlighted many positive comments about the service.

The practice had a process in place for obtaining patient feedback about the services and care received through patient questionnaires, which were located at different areas throughout the practice. A box at the reception desk was available for patients to post their completed questionnaires. The practice may want to consider an additional box for the waiting area so patients can post their questionnaires anonymously.

Patients also had the option to complete online feedback forms. All methods of patient feedback are regularly reviewed and results displayed in the waiting area. We suggested that in addition to the results, the practice may want to consider displaying any information about improvements that have been made in response to the patient feedback received.

⁴ 'Putting Things Right' is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

Improvement needed

A review of the language used within patient information is required to ensure it is easily understandable for patients. Specific attention to the term code of practice is required as this is not a term easily understandable as a process for complaints.

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 that the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice provided a clean and tidy environment and facilities for staff and visitors. We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

The process for cleaning and sterilising dental instruments was demonstrated and deemed satisfactory. We have suggested the practice consider additional equipment to better improve the decontamination process. This would mean the practice would be able to demonstrate better compliance with best practice guidelines.

The patient records we reviewed were detailed and evidenced full information regarding the patient.

Good quality radiographs were seen and these were being regularly audited to maintain these standards.

Safe care

There were no immediate assurance issues identified during this inspection visit.

Managing risk and promoting health and safety

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

The practice occupied part of Kensington Court Clinic, with the entrance to Bupa Dental Care located at the side of the building. All Bupa Dental Care facilities are located on one floor, albeit with one or two steps to access some

surgeries, the waiting area and the toilets; our observations on this matter are described earlier in the report.

The practice had a large reception area, which had sufficient work stations for staff. We asked the practice to review the mirrors situated behind reception because we could see the computer screens reflected when standing in this area. A large waiting room was located opposite the reception area, which was clean and tidy.

The practice had five dental surgeries, but only four were being used for treating patients. Some had been updated and modernised. All were suitably equipped. Staff told us there were plans for further refurbishment which will further enhance the facilities we saw.

The building appeared generally well maintained internally and externally. However, there were some areas within the practice that require attention, including repainting scuffed areas internally and the cleaning or replacing of the stained carpets in the staff areas. All other areas within the practice were clean, tidy and free from trip hazards.

There were no concerns given by patients over the cleanliness of the dental practice; the majority of patients that completed a questionnaire felt that, in their opinion, the dental practice was "very clean".

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. All staff had up to date fire safety training. Emergency exits were visible, apart from one exit sign located in the waiting area that was obscured behind a light. We asked staff to address this as a matter of urgency. A Health and Safety poster was displayed within the practice.

The practice had various policies and procedures, as well as risk assessments in place, which were current for ensuring the premises were fit for purpose.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. We recommended the policy is updated to reflect local procedures in the event of an emergency so that all staff know their roles. The practice had two named, appointed first aiders.

Improvement needed

The resuscitation policy needs to be updated to reflect local procedures in the event of an emergency, so that all staff know their roles and responsibilities

A review of patient access is required to establish if a permanent ramp is possible for patients to access the waiting room and toilets without the need to request the ramps.

A review of the mirrors located behind the reception area is needed to ensure information on computer screens cannot be seen by anyone standing at the reception desk

Confirmation is required to verify that the emergency exit sign obscured by a light in the waiting room has been moved and can be clearly seen

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) 01-05⁵. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. The decontamination room was wrongly signposted as an X-ray room and we asked staff to change this.

We saw evidence that the log books for checking the start and end of day checks of the sterilisation equipment were maintained and there was an infection control policy in place. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

The practice undertook manual cleaning of dental instruments and we suggested that in line with other Bupa practices and decontamination guidance,

⁵ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

consideration should be given to using an ultrasonic⁶ or washer disinfectant⁷ to help improve the decontamination process.

We saw evidence that an infection control audit took place in 2018 using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

We noted that safer sharp⁸ devices were available and being used at the practice. However, some conventional needles were still being used and there were no re-sheathing⁹ devices available. To comply with Health and Safety regulations and guidelines, the practice must review their use of conventional needles without an available re-sheathing device and where applicable have alternatives in place.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately in secure bins outside of the practice. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

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.

⁶ Ultrasonic cleaning is the removal of contaminants from objects which are immersed in a tank of liquid that is flooded with high frequency sound waves.

⁷ Automatic washer disinfectors are regarded as the preferred method of cleaning instruments and medical devices. Washer disinfectors both clean and disinfect consecutively during a process cycle. The cycles are fully controlled, repeatable and a record of the cycle is usually available via printout or memory card.

⁸ Safer sharps devices have engineering controls that are built into the product and prevent sharps injuries.

⁹ Re-sheathing involves the manual replacing of the protective sheath over the tip and shaft of a needle after use, and is a technique well known to have been associated with needlestick injuries in the past

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Improvement needed

A review of the decontamination process is required, in line with guidance and other Bupa dental practices, to determine if additional equipment will enhance and improve the manual cleaning processes used at the practice

The decontamination room needs to have the X-ray sign removed and a new sign added with the correct name

The practice must ensure that re-sheathing devices are available for use with all conventional needles or ensure safer sharps devices are used

Medicines management

The practice held appropriate emergency drugs and emergency resuscitation equipment, as recommended within the UK Resuscitation Council guidance¹⁰. All were available for use in an emergency situation for example, patient collapse, and were easily accessible. The drugs and equipment were being checked on a regular basis to ensure they remained in date and safe to use. However, we suggested the location of the equipment and drugs is reviewed to ensure patients cannot access them should all staff members be absent from the reception area.

We found that all staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice also had two appointed first aiders.

The practice had a policy in place for managing medical emergencies. We recommended that it should be updated to include the individual roles and responsibilities during an emergency.

¹⁰ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

Staff were unaware of the procedure for reporting adverse drug reactions; we recommend the practice ensure that all staff are aware of how to report any adverse reactions with medicines or medical devices via the MHRA Yellow Card Scheme¹¹.

Prescription pads were kept securely and the practice had a spare oxygen cylinder available.

Improvement needed

The policy for managing medical emergencies must be updated to include the practices' individual roles and responsibilities during a patient emergency

The practice manager should raise awareness with all staff of the need to report any adverse reactions with medicines or medical devices via the MHRA Yellow Card Scheme

A review of the location of emergency drugs and equipment is required to ensure patient access is restricted in the absence of any staff

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place. A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise.

We saw that staff had up to date training in adult and child safeguarding. The practice had a member of staff who was the nominated safeguarding lead who takes responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the principal dentist and/or practice manager and were confident those concerns would be acted upon.

¹¹ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Staff told us about the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service¹² (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities within the surgeries and found that they contained relevant, maintained and fully serviced equipment to sustain the safety of patients and staff. The surgeries were also well organised and tidy however, we identified some aspects which required improvement.

We found that the flooring in the surgeries was washable, however, the flooring was not coved at the walls. This means that the gap between the flooring and skirting boards was a potential cross infection issue. In line with WHTM 01-05 (sections 6.46 - 6.50), it is recommended that all surfaces should be impervious and easily cleanable. Floor coverings should be continuous and where possible, jointless. Therefore, we recommended the practice review the floorings in all clinical areas against current infection control guidance to ensure clinical environments are clean and safe.

All radiography 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 training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

The practice had a radiation protection policy in place. However, we recommend this be updated to include the identification of controlled areas for each surgery.

¹² The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made, if required.

Improvement needed

The practice must review the floorings in all clinical areas in line with infection control guidance to ensure clinical environments are clean and safe

The radiation protection policy to be updated to include the identification of controlled areas.

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 others were scheduled to take place. These included; prescribing antibiotics, clinical records, cross infection, X-ray use and emergency kits. In addition, we were told, and shown, evidence that the corporate Bupa clinical effectiveness team undertake audits remotely of the patient record keeping.

All staff have access to the Bupa Dental corporate intranet which displays up to date guidance including the latest National Institute for Health and Care Excellence (NICE) guidance, any safety alerts and initiatives, developments and access to review numerous study sessions, courses and conferences.

Quality improvement, research and innovation

The practice had a programme of internal audits which they undertake to enable themselves to demonstrate best practice in providing dental care. Staff told us that peer reviews between the clinical teams take place, especially for clinical records. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

The practice might wish to consider the Welsh Deanery Maturity Matrix Dentistry practice development tool¹³. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly.

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance for their day to day work.

Record keeping

There was evidence that the practice was keeping their clinical records to a high standard. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

We found the records 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 patients for consideration.

Of the records we reviewed, we noted that X-rays were timely and good quality. Justification for X-rays was clearly documented and where applicable, reasons for not taking X-rays were made clear in the notes.

The notes were appropriately stored and record entries were clear, legible and good quality.

¹³ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

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.

The practice manager was responsible for the day to day management of the practice, and we observed good relations with all staff and clear lines of accountability.

There was evidence that this was a patient focussed dental practice.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures were reviewed annually, or when required, to ensure practises remained current.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas.

Governance, leadership and accountability

The practice is owned by Bupa Dental Care (previously Oasis Dental Care) and is managed by a practice manager who is supported by a wider team of clinical and non-clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist/s or practice manager, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures.

We saw that staff had signed to evidence they had read and understood the policies and procedures. Staff told us that all policies were reviewed annually or as and when required.

All of the policies had review and issue dates on them. However, there were some that had lapsed review dates. We were told that these were being updated and would be issued to the practice as soon as they were ready.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate.

To adhere to the Private Dentistry (Wales) Regulations 2017, we reminded the responsible individual of their responsibility to complete visits in accordance with regulation 23 and prepare a written report on the conduct of the dental practice in terms of the quality of service being provided.

Staff and resources

Workforce

The practice had a number of human resources (HR) related policies in place. These include the recruitment of staff policy, equal opportunities policy, and whistleblowing policy.

We saw the induction programme in place for all new starters and this was evidenced on the new starters file we looked at. Staff files contained pre-employment information which included a contract and job descriptions.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these for the staff group. The practice also renew these certificates every three years. This practise contributes to ensuring safer recruitment choices, including working with vulnerable groups such as children.

The practice had an appraisal system in place and most staff had received an appraisal, however, there were some clinical staff where appraisals remained outstanding.

We saw some certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements.

Staff told us that the practice held formal monthly team meetings. A meeting agenda template was shown during the visit which included a number of topics

that are covered at every meeting. For anyone unable to attend a meeting the minutes are located in the staff area. Staff are asked to read and sign them to confirm they are up to date with practice matters. It was unfortunate that we were unable to evidence the content of the team meeting minutes due to access issues for the electronic system.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all clinical staff. We saw a booster recommendation for one member of staff but we were unable to ascertain whether they had received this or not. Therefore, we asked the practice to provide an update regarding this issue, to ensure the staff member has the appropriate immunity required.

Improvement needed

The practice manager must check that the staff member who required a Hepatitis B booster has received this and that it is evidenced on the staff members file

4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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, measurable, 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 summarizes 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
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Bupa Dental Care

Date of inspection: 15 January 2019

The table below includes any immediate non-compliance 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.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non compliance issues were identified at 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

Date of inspection: 15 January 2019

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/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The registered manager must review information relating to the opening hours and names of dentists at the practice to ensure they are clearly displayed for patients	Health & Care Standards 3.2	Refurbishments plans – quotes for work being obtained to be approved by AM and Estates. Signage on surgery doors and internally on entering. (New vision supplier) Waiting on lead time.	Emmeline Roden	May 2019 (Incorporated with refurb plans time to gain quote and carry out works)
The statement of purpose needs to be updated with the registered manager details and a copy submitted to HIW	The Private Dentistry (Wales) Regulations 2017	Statement of purpose – Completed will send via email along with improvement plan.	Emmeline Roden	On returning completed improvement plan. No later

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 5 (1) (2)			than 25/2/19
A review of all signs within the practice are required to ensure they are clearly visible for patients to locate facilities	Health & Care Standards 3.2 The Private Dentistry (Wales) Regulations 2017 Regulation 13 (1) (a)(b)	All signage has been reviewed and awaiting new signage to arrive and be displayed. (New vision supplier) Meeting with landlords to discuss signage on the external of the property as the property is multi occupancy. Meeting 12/2/2019.- Approved to have a sign externally this is also incorporated with the refurb plans.	Emmeline Roden	May 2019 (Incorporated with refurb plans time to gain quote and carry out works)
A review of the language used within patient information is required to ensure it is easily understandable for patients. Specific attention to the term code of practice is required as this is not a term easily understandable as a process for complaints.	Health & Care Standards 1.1; 3.2; 4.2 The Private Dentistry (Wales) Regulations 2017 Regulation 13 (1) (a)	I have passed this information onto the patient liaison/ marketing team within head office.	Patient Liaison/ Marketing team at Head Office.	

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The resuscitation policy needs to be updated to reflect local procedures in the event of an emergency, so that all staff know their roles and responsibilities	The Private Dentistry (Wales) Regulations 2017 Regulation 31 (2)(b)	Update of the policy roles and responsibilities	Emmeline Roden	Completed and displayed
A review of patient access is required to establish if a permanent ramp is possible for patients to access the waiting room and toilets without the need to request the ramps.	Health & Care Standards 2.1 The Private Dentistry (Wales) Regulations 2017 Regulation 22 (2)(c)	Refurbishment plans- currently obtaining quotes and assessment in regards to permanent ramps.		May 2019 (Incorporated with refurb plans time to gain quote and carry out works)
A review of the mirrors located behind the reception area is needed to ensure information on computer screens cannot be seen by anyone standing at the reception desk	Health & Care Standards 4.1 The Private Dentistry	Refurbishment plans – waiting for quotes and for the plans to be approved. If removing the reception desk and replacing mirrors will be removed if not mirrors will be covered. Quotes for		May 2019 (Incorporated with refurb plans time to gain quote

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	(Wales) Regulations 2017 Regulation 22 (2)(a)	mirror coverage obtained.		and carry out works)
Confirmation is required to verify that the exit sign obscured by a light in the waiting room has been moved and can be clearly seen	Health & Care Standards 2.1 The Private Dentistry (Wales) Regulations 2017 Regulation 22 (2)(a)	Will be removed during refurb plans as stuck behind the emergency exit lighting.		May 2019 (Incorporated with refurb plans time to gain quote and carry out works)
A review of the location of emergency drugs and equipment is required to ensure patient access is restricted in the absence of any staff	Health & Care Standards 2.1 The Private Dentistry (Wales) Regulations 2017 Regulation 22	Refurbishment plans – landlords authority to add a door into the area were the emergency drugs are kept that will be coded for staff entrance.		May 2019 (Incorporated with refurb plans time to gain quote and carry out works)

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	(2)(a)			
A review of the decontamination process is required, in line with guidance and other Bupa dental practices, to determine if additional equipment will enhance and improve the manual cleaning processes used at the practice	Health & Care Standards 2.4 The Private Dentistry (Wales) Regulations 2017 Regulation 13 (2)(a)(b)	In light of the decontamination process and to meet recommendations not requirements the practice will put in place an ultrasonic bath for use. This will be in guideline with the testing and service required to ensure the ultrasonic baths stay compliant.	Emmeline Roden	April 2019
The decontamination room needs to have the X-ray sign removed and a new sign added with the correct name	Health & Care Standards 2.1	As above signage supplier waiting on lead time	Emmeline Roden	May 2019 (Incorporated with refurb plans time to gain quote and carry out works)
The practice must ensure that re-sheathing devices are available for use with all conventional needles or ensure safer sharps devices are used	Health & Care Standards 2.9 The Private Dentistry (Wales)	Ultra-safety syringes in use In all surgeries		Complete

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 2017 Regulation 13 (2)(a)(b); 22 (1) (c)			
The policy for managing medical emergencies must be updated to include the practices' individual roles and responsibilities during a patient emergency	Health & Care Standards 2.6 The Private Dentistry (Wales) Regulations 2017 Regulation 31 (2)(b)	Update of the policy roles and responsibilities	Emmeline Roden	Complete
The practice manager should raise awareness for all staff to report any adverse reactions with medicines or medical devices via the MHRA Yellow Card.	Health & Care Standards 2.6	Regular updates and raising awareness ,training provided through the practice intranet – Health and Safety. Regular updates in staff meetings	Emmeline Roden	In place – Next staff meeting 27 th February will be evidenced in minutes
The practice must review the floorings in all	Health & Care	Refurbishment plans	Emmeline Roden	May 2019 (Incorporated

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
clinical areas in line with infection control guidance to ensure clinical environments are clean and safe	Standards 2.9 The Private Dentistry (Wales) Regulations 2017 Regulation 22 (2)(a)			with refurb plans time to gain quote and carry out works)
Quality of management and leadership				
The practice manager must check that the staff member who required a Hepatitis B booster has received this and that it is evidenced on the staff members file	Health & Care Standards 7.1 The Private Dentistry (Wales) Regulations 2017 Regulation 17(1)(a) & 13 (6) (c)(ii)	Staff member – Hygienist has her appointment for booster in March –	Emmeline Roden	March 2019

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): Emmeline Roden

Job role: Practice Manager

Date: 21st February 2019