

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

Oasis Dental Care Ltd (Total  
Orthodontics) Colwyn Bay, Part of  
Bupa / Betsi Cadwaladr University  
Health Board

Inspection date: 16 January 2020

Publication date: 17 April 2020

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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 Total Orthodontics Colwyn Bay at 3A Landsdowne Road, Colwyn Bay, Conwy, LL29 7AY, within Betsi Cadwaladr University Health Board on the 16 January 2020. Oasis Dental Care Ltd Company (Total Orthodontics) Colwyn Bay forms part of Bupa.

Our team, for the inspection comprised of a HIW inspector 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 Total Orthodontics Colwyn Bay provides safe and effective care to their patients with friendly, professional and committed staff. The feedback we received confirmed that patients were very happy with the service they received.

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

We saw evidence that various maintenance contracts were in place to ensure the environment and facilities were safe and well maintained. Infection control procedures were aligned to the relevant guidance and audit tools.

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
- Surgery facilities were very well-equipped, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-rays
- Good arrangements were in place for infection prevention and control
- Good standard of clinical records being maintained.

There were no areas of improvement identified during this inspection.

## 3. What we found

### **Background of the service**

Total Orthodontics Colwyn Bay provides services to patients in the Conwy 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 specialist orthodontists, two therapists, three dental nurses, two receptionists and a dedicated practice manager.

Total Orthodontics Colwyn Bay is a mixed practice providing both private and NHS orthodontic 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 Total Orthodontics Colwyn Bay 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.

We received a total of 39 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for a year to more than two years.

Overall, patient feedback was positive. The vast majority of patients who completed a questionnaire rated the care and treatment received as excellent or very good.

Some of the comments provided by patients on the questionnaires included:

*"All staff involved are amazing and accommodating"*

*"The service has always been first class"*

*"All the staff here are so very friendly and helpful. Huge thank you to them all"*

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

*"More communication if running over schedule"*

*"Make it easier to make appointments"*

*"Reduce initial waiting time please"*

*“Easier appointment system if not in area. Apart from that it’s a very friendly professional place and some Autism awareness courses would be beneficial as I have an autistic son, so would help him and me”*

## **Staying healthy**

### **Health promotion protection and improvement**

There was ample, dedicated dental health promotion information available in the reception and waiting area which meant patients had access to information that 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.

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

We noted that information on prices was available in the waiting room which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>1</sup>.

## **Dignified care**

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

*“We have always been dealt with respect and kept informed at all times”*

*“All staff members are very friendly and welcoming”*

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<sup>1</sup> 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.

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

We noted that the 9 Principles as set out by the General Dental Council (GDC)<sup>2</sup> was available to patients upon request in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

### **Patient information**

Where applicable, all but two 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 stated that they had received clear information about the available treatment options. In addition, all patients told us that the cost of any treatment was always made clear to them before they received any treatment.

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 the reception and waiting area bilingually.

The practice had its own patient information leaflet which was available in the waiting area. The leaflet contained all the information required by the regulations.

### **Communicating effectively**

The vast majority of patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. We were informed that one member of staff can communicate bilingually with patients.

We noted that the Iaith Gwaith poster was on display by reception. The Iaith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers.

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<sup>2</sup> <https://standards.gdc-uk.org/>

## **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.

Just over 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, provided on the practice website, answer phone message, and patient information leaflet.

The vast majority of patients who completed a questionnaire confirmed that it was very or fairly easy to get an appointment when they needed one.

## **Individual care**

### **Planning care to promote independence**

We viewed a sample of patient records and found that they were detailed and of good quality. We saw evidence of treatment options being recorded and consent to treatment being obtained from each patient.

All but two patients who completed a questionnaire confirmed that the clinical team enquire about their medical history before undertaking any treatment.

The treatments and services offered by the practice were in accordance with the statement of purpose<sup>3</sup>.

### **People's rights**

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

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<sup>3</sup> Regulation 5 and Schedule 1 of the Private Dentistry (Wales) Regulations 2017 set out the information required in a statement of purpose.

The practice was located over two floors. The clinical facilities are located on the ground floor level. The ground floor is fully accessible for patients with mobility difficulties. Wheelchair users could access the one surgery, the consultation room, the reception, waiting area and toilet facilities.

### **Listening and learning from feedback**

We saw that the practice had a written complaints policy in place. The procedures for making a complaint or how to raise a concern were clearly on display in waiting area. We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area. Patients are also able to provide feedback electronically and on social media. Details of all feedback analysis are discussed with the dental team and we saw the latest survey results which were positive. Details of patients' feedback were made available to patients in the waiting area. This demonstrated to patients visiting the practice that their feedback had been captured and acted upon to enhance learning and service improvement.

We were informed that arrangements are in place for a comment box to be made available in reception. This will encourage patients to provide additional feedback or leave suggestions anonymously.

## 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 saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools. We also saw evidence that regular checks of equipment and decontamination processes were taking place.

Good standard of record keeping.

## 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.

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

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

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly very clean.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months. We noted that all staff working at the practice had received fire training.

Emergency exits were visible and a Health and Safety poster was displayed within the practice.

The practice had a range of policies and procedures, as well as various risk assessments in place, such as, fire, environmental and health & safety. All risk assessments were current and we saw evidence that these were regularly reviewed.

We were fully assured that the premises were fit for purpose and we saw ample documentation which showed that the practice had considered all risks both internally and externally to staff, visitors and patients.

The practice had a resuscitation policy in place and we saw that all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training.

### **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. The facility was very clean, very well organised, equipped and uncluttered.

We considered the arrangements for decontamination and our observations of this process were good. Staff demonstrated the decontamination process and our observations included:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection.
- Daily maintenance checks

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

We saw evidence that infection control audits had been completed using recognised audit tools, including the Health Education and Improvement Wales

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. The infection control audit had been completed and we saw evidence that the resulting action plan had been actioned.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave and we saw evidence that start and end of the day safety checks were taking place.

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. However, we found that the policy was generic covering all forms of pre-sterilisation procedures and all types of autoclaves. We recommended that the policy should be customised to the exact processes used at the practice. The infection control policy was immediately reviewed and customised following our inspection and a copy shared with HIW.

The practice had appropriate arrangements in place 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 blood borne viruses.

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.

### **Medicines management**

The practice had excellent procedures in place showing how to respond to patient medical emergencies. The emergency equipment kit also contained additional reference documents in place for staff to follow. Furthermore, we noted that the practice also undertakes regular emergency scenarios with staff which is good practice.

We saw evidence of two occasions where staff at the practice had assisted at the council building opposite the practice for two medical emergencies which we recognised as notable practice. 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, in accordance with standards set out by the Resuscitation Council (UK).

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

### **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, and there were safeguarding policies in place.

The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults

Staff we spoke with, confirmed they felt able to raise any work related concerns they may have with the practice manager and were confident these would be acted upon.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks on staff appropriate to the work they undertake. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

### **Medical devices, equipment and diagnostic systems**

We looked at the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. However, we did note that the plug on the hand washing sink in the main surgery should be removed in line with WHTM 01 – 05 guidance. We also found that the sharps bin needed to be wall mounted. The practice immediately arranged for the sharps bin to be wall mounted and for the handwashing plug to be removed. Photographic evidence was submitted to HIW following our inspection.

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 and regular image quality assurance audits of X-

rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff.

## **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 relevant audits had been completed and acted upon by the practice such as; cross infection, hand hygiene, clinical notes, X-ray quality, clinical waste, health and safety, fire and patients' feedback.

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

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

The practice confirmed that they have not used the Health Education and Improvement Wales (HEIW) 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. We would advise that the practice consider a form of self evaluation.

### **Information governance and communications technology**

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. A data protection policy was in place.

### **Record keeping**

A sample of patient records was reviewed. Overall, there was evidence that the practice as a whole is keeping good clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality.

## 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.

The staff team appeared very happy in their roles and were competent in carrying out their duties and responsibilities. Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

We saw that the practice had a range of policies and procedures in place.

## Governance, leadership and accountability

The practice manager of Total Orthodontics Colwyn Bay is the registered manager<sup>4</sup> and the general manager for Bupa Dental Care Limited is the nominated responsible individual<sup>5</sup>.

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<sup>4</sup> "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

<sup>5</sup> "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

We found the practice to have very good leadership and clear lines of accountability. The practice manager was extremely committed and dedicated to their role within the practice.

We found a patient-centred staff team who were very committed to providing the best services they could.

Staff told us that they were confident in raising any issues or concerns directly with the practice manager and felt very well supported in their roles.

We found that staff were very clear and knowledgeable about their roles and responsibilities. All 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 evidence showing staff had signed the policies to confirm they had been read and understood. All policies and procedures contained an issue and review date. This ensured that policies were reviewed regularly to confirm local practices were up to date.

We were provided with a copy of the statement of purpose which conformed to the Private Dentistry (Wales) Regulations 2017.

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

## **Staff and resources**

### **Workforce**

We noted that staff had a contract of employment that was retained on staff files. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures. We saw evidence that staff appraisals were also undertaken.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file.

The Private Dentistry (Wales) Regulations 2017 require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued within the previous three

years. As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all clinical staff.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

## 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 2017](#), 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 on this inspection			

## Appendix B – Immediate improvement plan

**Service:** Total Orthodontics Colwyn Bay

**Date of inspection:** 16 January 2020

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
There were no immediate non compliance issues identified on 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:** Total Orthodontics Colwyn Bay

**Date of inspection:** 16 January 2020

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
<b>Quality of the patient experience</b>				
There were no areas for improvements identified during this inspection.				
<b>Delivery of safe and effective care</b>				
N/A				
<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):**

**Job role:**

**Date:**