

General Dental Practice Inspection Report (Announced)

Bupa Dental Care, Mold

Betsi Cadwaladr University Board

Inspection date: 09 August 2022

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Bupa Dental Care, Mold, within Betsi Cadwaladr University Board on 09 August 2022.

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

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Bupa Dental Care, Mold was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- The practice had arrangements in place to protect patients' privacy, including dedicated areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity
- Staff continue to record patients' responses to their COVID-19 screening questions and we saw staff guiding patients to the appropriate waiting and surgery rooms whilst at the practice
- Good disabled access to the practice. The clinical facilities are all located on the ground floor. Wheelchair users could access all surgeries, the reception, waiting area and toilet facilities.

Safe and Effective Care

Overall summary:

Overall, we found Bupa Dental Care, Mold was meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice was well maintained and well equipped to deliver the services and treatments they are registered to deliver. All areas were clean and free from any visible hazards.

We found there were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely.

This is what we recommend the service can improve:

- All dentists to discuss the British Society of Periodontology guidelines as part of the peer review process.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- We observed good quality audits being completed, which evidenced any changes that had been made as a result of the audit outcome.

Quality of Management and Leadership

Overall summary:

We found Bupa Dental Care, Mold to have very good leadership and clear lines of accountability.

We observed a staff team that worked very well together and were committed to providing a high standard of care for their patients.

Staff had access to appropriate training opportunities in order to fulfil their professional obligations.

This is what the service did well:

- We witnessed all staff, clinical and non clinical staff working very well together as part of a team.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 18 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

"Very good"

"Good Service throughout"

"Really good and very happy with the care"

Staying Healthy

Health Protection and Improvement

We viewed the changes that had been made to the environment of the practice in response to COVID-19. To protect against the risk posed by the virus, we saw alcohol gel dispensers placed at strategic locations throughout the practice. We saw air purifying systems were being used in the surgeries to further reduce transmission.

To minimise the risk of COVID-19 transmission within the communal areas, social distancing measures were in place. Staff were also wearing masks and patients were advised to do the same.

Patients told us that, when attending the practice, it was evident that there were COVID compliant procedures in place.

Staff told us that they continued to record patients' responses to the COVID-19 screening questions and we saw staff guiding patients to the appropriate waiting areas and surgeries whilst at the practice.

All but one 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 the practice did not have a 'No Smoking' sign displayed. We brought this to the attention of the practice manager who immediately arranged for a sign to be displayed.

Dignified care

Communicating effectively

The practice had arrangements in place to protect patients' privacy, including dedicated areas for patients to have private conversations with staff.

Fifteen patients who completed a questionnaire stated that they felt that staff at the practice treated them with dignity and respect.

All patients stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it.

Fifteen patients completed the questionnaire told us that things are always explained to them during their appointment in a way they can understand.

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way. Doors to surgeries were kept closed during treatments.

We were told that Welsh speaking staff were employed at the practice. However, staff told us that they would endeavour to provide information to patients in their preferred language and/or format and that they had access to a translation service.

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed in the waiting area. The 9 Principles apply to all members of the dental team and set out what patients should expect from a dental professional.

Patient information

General information about the practice was available on its website and was displayed around the reception and the waiting area.

The practice has a patient information leaflet which contained all the information required by the regulations¹.

We found that there were various posters and information sheets displayed which provided patients with a range of information about the dental practice.

We noted that information on the cost of dental treatments was available by reception and the waiting area.

We found that treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

Timely care

Timely access

Staff at the practice make every effort 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.

Fifteen of the 18 patients who completed the questionnaire confirmed that it was easy to get an appointment when they needed one and three told us that it was not easy.

Thirteen of the 15 patients who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and two said they did not. An emergency number 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.

Individual care

Planning care to promote independence

We reviewed the records of 10 patients and found that they were detailed and of a good standard. We saw evidence of treatment options being recorded and consent to treatment obtained from each patient.

¹ Regulation 6 and Schedule 2 of the Private Dentistry (Wales) Regulations 2017 set out the information required in a statement of purpose.

All but one of the patients who completed the 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 purpose².

People's rights

We noted that the practice had an 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.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

There was good disabled access to the building. The clinical facilities are all located on the ground floor. Wheelchair users could access all surgeries, the reception, waiting area and toilet facilities.

Listening and learning from feedback

We saw that there was a complaints policy in place. The procedures for making a complaint, or how to raise a concern, were clearly on display in the waiting area.

We saw that there were systems in place to record, monitor and respond to complaints.

We discussed the mechanism for actively seeking patient feedback, which is done by emailing patients after each treatment, encouraging them to provide feedback. Patients are also able to give feedback via the practice website. Feedback analysis is discussed by the dental team and published on the practice website. This demonstrates that feedback is captured and acted upon to enhance learning and drive service improvement.

² Regulation 5 and Schedule 1 of the Private Dentistry (Wales) Regulations 2017 set out the information required in a statement of purpose.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

We found arrangements were in place to protect the safety and well being of staff and people visiting the practice.

The building appeared to be very 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. All patients who completed the questionnaire felt that the dental practice was very clean.

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 that these had been serviced within the last 12 months. We noted that all staff had received fire training.

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

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

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 (IPC)

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 found the decontamination arrangements to be satisfactory. Staff demonstrated the decontamination process and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- There was ample personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were color coded, sturdy and with lids.

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

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 recognise this as good practice due to the comprehensive scope of the audit.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclave start and end of the day safety checks.

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.

The practice had appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

There was 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 procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had three 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. There was an effective system in place to check the emergency equipment and drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

We saw prescription pads being stored securely.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

Safeguarding children and safeguarding adults at risk

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults. A member of staff was nominated as 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.

Staff told us that they felt able to raise any work related concerns directly with the practice manager and were very confident that concerns would be acted upon.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check in place.

We also confirmed that all clinical staff were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were very well organised, clean and tidy.

All radiological equipment was well maintained and in good working order. We saw evidence that 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

We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

Quality improvement, research and innovation

It was evident that staff at the practice were seeking to continuously improve the service provided. We saw that relevant audits had been completed such as cross infection, clinical notes, X-ray quality, antibiotic prescribing, success of treatment and patients' feedback.

Staff told us that peer review between clinical staff has been undertaken which contributes to the quality and safety of the care provided to patients.

We were provided with the most recent responsible individual³ report, as required by The Private Dentistry (Wales) Regulations 2017. The report evidenced that the way the quality of the service provided is being managed and assessed to ensure compliance with the regulations and relevant standards.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all paper records were kept secure and electronic files were being backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

Record keeping

A sample of 10 patient records were reviewed. Overall, there was evidence that staff were 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 and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality. However, we noted that the British Society of Periodontology guidelines were not consistently followed by all clinicians. We recommend that the guidelines are discussed as part of the peer review process.

³ [The Private Dentistry \(Wales\) Regulations 2017, Section 23](#)

Quality of Management and Leadership

Governance, Leadership and Accountability

We found that there were very good leadership and clear lines of accountability in place.

The day to day management of the practice was the responsibility of the practice manager who we found to be very committed and dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the practice manager and felt well supported in their roles. Many of the staff had worked together for some time and there was a good rapport amongst them.

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 patients and this was supported by a range of policies and procedures. We saw that staff had signed the policies to confirm they had read and understood them. All policies and procedures contained an issue and review date ensuring that they were reviewed regularly and that 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 with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate available.

Workforce

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

We saw that 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 regular team meetings took place and we saw that detailed records of these meetings were being kept on file.

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

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Bupa Dental Care, Mold

Date of inspection: 09 August 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan was required for 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, Mold

Date of inspection: 09 August 2022

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
We recommend that the British Society of Periodontology guidelines are discussed as part of the peer review process.	The British Society of Periodontology guidelines	All clinicians have been made aware of the guidelines of periodontology and these will be discussed as part of on-going peer reviews. A team meeting has been conducted to discuss	Richard Leigh	Complete

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): Richard Leigh

Job role: Practice Manager

Date: 15/09/2022