

General Dental Practice Inspection Report (Announced)

Bupa Dental Care, Rhyl

Betsi Cadwaladr University Board

Inspection date: 15 November 2022

Publication date: 15 February 2023



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Digital ISBN 978-1-80535-457-4

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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, Rhyl, within Betsi Cadwaladr University Board on 15 November 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, Rhyl 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.

Delivery of Safe and Effective Care

Overall summary:

We found Bupa Dental Care, Rhyl 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:

- Review and update the infection control policy
- Consider locating the sharps boxes close to the areas where medical sharps are used and ensure lids are kept closed
- Implement three monthly quality assurance processes in line with IR(ME)R 2017 regulations
- Utilise the Health Education and Improvement Wales (HEIW) website and the Clinical Audit Peer Review (CAPRO) funded improvement toolkits for future audits
- All dentists to discuss the British Society of Periodontology guidelines as part of the peer review process
- Ensure that patients' preferred language choice is recorded within their clinical records.

This is what the service did well:

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

Quality of Management and Leadership

Overall summary:

We found a staff team that worked very well together and were committed to providing a good 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, working very well together as part of a team

- Well maintained staff files.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection, we invited the practice to hand out questionnaires to patients to obtain their views on the service provided. In total, we received 12 completed questionnaires. Nine completed questionnaires were from patients who had been a patient at the practice for more than two years, two for less than a year and one was unsure. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

“Keep doing what they are doing”

“Practice very good”

Patients were asked in the questionnaire how the setting could improve the service it provides. Some of the comments provided included:

“The reception service needs to be better. Some, not all have been fairly rude”

“More staff, less cancellations”

“Answer telephone, but it is understandable the practice is busy”

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 that air purifying systems were being used in the surgeries to further reduce transmission.

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 waiting area and surgeries.

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.

'No Smoking' signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Dignified care

Communicating effectively

There were arrangements in place to protect patients' privacy, including dedicated areas for patients to have private conversations with staff.

The majority of patients stated that they felt that staff at the practice treated them with dignity and respect.

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

All patients who 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 regulations.

We found that there were various posters and information sheets displayed, providing 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

Six patients who completed the questionnaire confirmed that it was easy to get an appointment when they needed one and six told us that it was not easy.

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.

Eight of the 12 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. 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 satisfactory standard. We saw evidence of treatment options being recorded and consent to treatment obtained from each patient.

Eleven 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 purpose.

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.

Eleven 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.

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 wellbeing 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 clean.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly 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 clean, well organised, well 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 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 (HEIW) audit tool which is aligned to the 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 used 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. However, the policy refers to Health Technical Memorandum (HTM) 01-05 guidance, rather than WHTM 01-05.

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.

We found some sharps bins (hazardous waste) were located on the floor with lids left open within the surgeries. We recommend that the practice considers locating the sharps boxes close to the areas where medical sharps are used, to prevent any spillages and the lids kept closed.

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 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 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 well organised, clean and tidy.

All X-ray equipment was well maintained and in good working order. We saw evidence of up-to-date ionising radiation training for all clinical staff. However, no three month quality assurance audits had been completed to check the x-ray equipment, including the intra-oral units, phosphor plates and the image scanning process. We recommend that the practice should implement a three monthly, in-house, quality assurance processes and audits in line with IR(ME)R 2017 regulations.

Effective care

Safe and clinically effective care

We saw that there were suitable 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 various audits had been completed, such as cross infection, hand hygiene, sharps injury, clinical records and antibiotic prescribing. However, we recommend that the practice considers utilising the HEIW website and the Clinical Audit Peer Review (CAPRO) funded improvement toolkits to further improve their audit processes. The practice should complete the following toolkits:

- ionising radiation toolkit
- antibiotic prescribing
- smoking cessation toolkit.

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 individual 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 and ensured 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 satisfactory clinical records, demonstrating that care was 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 satisfactory 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. We also noted that patients' language choice was not recorded within the clinical notes. We recommend that patients' preferred language choice is recorded within their clinical records.

Quality of Management and Leadership

Governance, Leadership and Accountability

The day to day management of the practice was the responsibility of the practice manager who had recently been appointed. Immediately following the inspection, we received an application to register the practice manager.

Staff told us that they were confident in raising any issues or concerns directly with the practice manager and felt supported in their roles. Many of the staff had worked together for some time and there was a good rapport between them.

We found that staff were very clear and knowledgeable about their roles and responsibilities. All staff were committed to providing a good standard of care 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.

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.

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, Rhyl

Date of inspection: 15 November 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 improvements 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: Bupa Dental Care, Rhyl

Date of inspection: 15 November 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
The practice manager should ensure that the infection control policy refers to WHTM 01-05.	WHTM 01-05	The BDC Infection Control Policy does mention WHTM 01-05 but only briefly, the BDC Infection Control Policy and Manual are both due to be reviewed Jan 23 and we have taken on board that we need to refer to the WHTM 01-05 for our Welsh practices and the policy and manual will be amended to reflect this.	BDC Clinical Governance team	6 months
The practice should consider locating the sharps boxes close to the areas where medical sharps are used and ensure lids are kept closed.	The health and safety (sharp instruments in healthcare) regulations 2013	All sharps' Boxes have been located where medical sharps are used and lids are kept closed.	Richard Leigh	Completed

<p>The practice should implement three monthly quality assurance processes and audits in line with IR(ME)R 2017 regulations.</p>	<p>IR(ME)R 2017 Regulations</p>	<p>Bupa Dental Care operates a Clinical Governance Framework which links all policies, provides evidence to meet regulatory standards and informs practices of all audits required and frequency. There is a new Clinical Audit SOP in draft that will set out all practice and clinician-based audits, and the month and frequency for completion. The audits are being built into our clinical governance framework and the individual and overall practice results will be linked to the relevant standards as evidence, with integrated action plans to address any areas identified for improvement.</p> <p>Currently - quality assurance processes and audits in line with IR(ME)R 2017 are stipulated in the BDC Radiograph Policy and the Audit process has now been reviewed and improved in line with policy</p>	<p>Stuart Piper</p>	<p>Completed</p>
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<p>The practice should utilise the HEIW website and the CAPRO funded improvement toolkits for future audits. The practice should complete the following toolkits:</p> <ul style="list-style-type: none"> • ionising radiation toolkit • antibiotic prescribing • smoking cessation toolkit. 	<p>Health Education Improvement Wales</p>	<p>The practice will utilise the HEIW website and the CAPRO funded improvement toolkits for future audits.</p> <p>all Bupa Dental Care practices are currently transitioning to the new Bupa Dental Care Clinical Governance Framework (CGF), which enables us to identify areas for improvement and use as an ongoing, live governance tool to monitor meeting regulatory standards, best practice and identify and action any improvements. We will ensure that the clinical governance framework covers all aspects that the Maturity matrix and SOSET advocates to ensure that it optimises and learns from these tools.</p>	<p>Stuart Piper</p>	<p>12 Months</p>
<p>The British Society of Periodontology guidelines should be discussed as part of the peer review process.</p>	<p>The British Society of Periodontology guidelines</p>	<p>The British Society of Periodontology guidelines will be discussed as part of the peer review process.</p>	<p>Stuart Piper</p>	<p>3 months</p>

Patients' preferred language choice should be recorded within their clinical records.	The Private Dentistry (Wales) Regulations 2017, Section 20	This information is now recorded within the clinical records and all team members are aware of the importance	Stuart Piper	Complete
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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): Stuart Piper

Job role: Practice Manager

Date: 22/12/2022