

# General Dental Practice Inspection Report (Announced)

BUPA Dental Practice, Neath,  
Swansea Bay University Health Board

Inspection date: 3 September 2024

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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 Practice, Neath, Swansea Bay University Health Board on 3 September 2024.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 12 questionnaires were completed by patients or their carers and 4 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found that the staff at BUPA Dental Practice, Neath were committed to providing a positive experience for their patients.

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

All respondents to the HIW questionnaire rated the service as 'very good' or 'good'.

This is what the service did well:

- Pleasant, well-maintained environment
- Adjustments made to assist wheelchair users and patients with mobility difficulties
- Useful information made clearly available to patients
- Patient feedback encouraged and acted upon.

### Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and organised. Dental surgeries were well equipped and fit for purpose.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

All areas were seen to be clean, tidy and free from any visible hazards.

This is what the service did well:

- The practice was clean, well equipped and fit for purpose
- Clinical equipment was safe and maintained appropriately
- Robust measures were in place to ensure high standards of infection control
- Policies and procedures were in place to support safe and effective care.

## Quality of Management and Leadership

Overall summary:

We found that BUPA Dental Practice, Neath had good leadership and clear lines of accountability. The practice manager demonstrated commitment to providing a high standard of care.

Staff records were well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and appraisals.

There was a comprehensive range of policies and procedures in place. These were regularly reviewed and updated.

This is what we recommend the service can improve:

- Update the complaints procedure.

This is what the service did well:

- Use of an electronic system to manage staff training requirements
- Systems in place to ensure regular review of policies and procedures
- Robust systems and records for the recruitment and employment of staff.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

## 3. What we found

# Quality of Patient Experience

### Patient feedback

Comments provided by patients on the questionnaires included:

*"Always receive excellent and professional treatment. Very happy with practice."*

### Person-centred

#### Health promotion and patient information

We saw a good range of leaflets and posters in the reception area and a comprehensive patient information folder. These included information about oral care, smoking cessation, diet and dental health.

The service's Statement of Purpose was available in the patient information folder, but not on the practice website.

**The registered manager must ensure that the Statement of Purpose is available on the practice website.**

A 'no smoking' sign was clearly displayed, showing that the practice complied with the smoke-free premises legislation.

All respondents to the HIW questionnaire who provided an opinion said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.

#### Dignified and respectful care

Surgery doors were kept closed during treatment, and music was played in the waiting area, to preserve patient privacy and dignity.

Except for surgery 4, all external windows in clinical areas had either blinds or obscured glass to promote patient privacy.

**The registered manager must ensure the external window in surgery 4 is obscured.**



There were posters showing the treatment prices for both NHS and private care in the reception area. An up-to-date certificate of Employer's Liability Insurance was also on display. The patient information folder included a good range of useful information, including bilingual copies of the General Dental Council (GDC) code of standards.

The names and GDC registration numbers of clinical staff were displayed in the front window, visible from outside the practice. Additionally, there was a display inside the practice showing pictures of staff members, their names, roles and GDC numbers.

Staff told us that patients wanting a confidential discussion could be taken to an available surgery or to a secondary seating area outside surgery 2.

All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

### **Individualised care**

We reviewed a sample of 10 patient records and confirmed that appropriate identifying information and medical histories were included.

All respondents to the HIW questionnaire who provided an opinion said that staff gave them enough information to understand which treatment options were available, and the risks and benefits of these.

## **Timely**

### **Timely care**

Staff told us that an instant messaging system was in place for those working in surgeries to update reception staff about any delays. Patients would then be updated verbally and given the option to re-book their appointment if desired.

The practice opening hours were clearly displayed on the front door, along with telephone numbers to use out of hours or in an emergency. Staff told us that a new sign had been ordered to reflect updated opening hours.

Patients were able to make appointments by phone, in person or by using an online booking system.

Staff told us that time to accommodate emergency appointments was built into the daily schedule and that cancellations were actively offered to patients on a waiting list. Reception staff prioritised emergency appointments based on patient

symptoms and clinical need. We saw that the practice had a 'triage and safe access to care' policy.

All but one of the respondents to the HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

## **Equitable**

### **Communication and language**

There was an 'active offer' of Welsh at the practice, with some materials provided bilingually. A poster in the reception area highlighted to patients that bilingual information and translation services were available.

Staff told us that one member of staff spoke Welsh. Although laith Gwaith badges were not worn, the practice adopted a similar scheme where staff name badges included flag symbols to indicate languages spoken by them, including Welsh.

Staff told us they had access to LanguageLineUK translation services, if required for non-English speaking patients.

### **Rights and equality**

The practice had an Inclusion and Diversity Standard in place provided by their corporate group, which included definitions of protected characteristics under the Equality Act and addressed the rights of both patients and staff.

Staff told us that preferred names and/or pronouns were recorded on patient records, to ensure transgender patients were treated with respect.

We saw that good provision had been made to accommodate wheelchair users and patients with mobility difficulties. The front entrance had a ramp and grab handles fitted, and the reception desk had a lowered section for wheelchair users. There were two surgeries downstairs, and staff told us that patients with a need or preference for these had this noted in their records.

The patient toilet was on the first floor. However, staff told us that any patients unable to access this were escorted to the staff toilet, which was on the ground floor. The staff toilet was fitted with a grab handle, suitable hand washing and drying facilities and a sanitary disposal bin.

Approximately half the chairs in the waiting area had arm rests, to aid patients with mobility issues.

Patients with hearing difficulties were aided by a hearing loop in reception area.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We saw that the premises were clean, well-maintained, and free from obvious hazards. Some historic water damage had been repaired and staff told us that further works were scheduled. A tap in the patient toilet needed repair but staff assured us that this had already been identified and a repair scheduled.

We saw that the practice had an appropriate Health and Safety policy, supported by a comprehensive range of risk assessments. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

The practice had an up-to-date Business Continuity Plan, which included contact details and emergency phone numbers.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment, and records of regular checks and servicing of fire safety equipment. Escape routes were clearly signposted, and we saw evidence of fire drills having taken place. Fire extinguishers were stored correctly and had been serviced regularly. Staff told us that in addition to regular checks by the practice staff, the corporate team conducted annual audits relating to fire safety.

We saw evidence of up-to-date testing of portable appliances (PAT) and gas appliances, and an electrical installation report.

Staff had access to lockable changing facilities and secure storage for personal items.

There was a closed-circuit television (CCTV) system at the practice, in public and staff areas but not in clinical areas. Staff told us that this recorded video only, with recordings deleted after 30 days. Appropriate signage advised that CCTV recording was taking place and we saw that an appropriate CCTV policy was in place.

The mixed-gender patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit.

### **Infection, prevention and control (IPC) and decontamination**

There were arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures, a designated infection control lead and an effective cleaning regime. The chairs in the waiting areas were of wipe clean materials and in good repair.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. We found that the procedures for processing, decontamination and sterilisation were appropriate and well understood. The practice kept most instruments in the decontamination room until needed. We found that appropriate checks on equipment were carried out and recorded.

All respondents to the HIW questionnaire said that the practice was 'very clean', and that infection prevention and control measures were evident.

### **Medicines management**

We reviewed the arrangements for the disposal of waste and found them to be satisfactory. Staff told us that expired or unused medicines, including Midazolam, were taken to a local pharmacy for disposal, with receipts issued to record this.

We found that the practice had appropriate and safe arrangements for medicines management, supported by a Medicines Management policy. Prescription pads were stored securely, and logs kept of medicines dispensed to patients.

We noted that each surgery had a checklist of expiry dates for all materials, which we considered to be good practice. In addition, each surgery had a folder of useful information for clinicians and patients, including checklists and consent forms.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory, with all equipment in-date and regular checks being carried out. Similarly, first aid kits were available on each floor of the premises and regularly checked.

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that two members of staff were trained first aiders.

### **Safeguarding of children and adults**

We found that up-to-date safeguarding policies and procedures were in place and available to all staff. Appropriate contact details were available in each surgery.

The policies and procedures made reference to the All Wales national safeguarding procedures.

The practice manager was the safeguarding lead, with training to Level 2 in the safeguarding of children and vulnerable adults. They were supported by an Area Lead in the corporate group, with training at Level 3. In addition, the practice had a member of reception staff acting as a lead on 'was not brought' issues, to identify children regularly missing appointments.

### **Management of medical devices and equipment**

We found clinical equipment at the practice to be safe, in good condition and fit for purpose. We saw appropriate servicing records for equipment, including the compressor.

We saw that the practice had an inventory of X-ray equipment, records of maintenance and local rules in place. We reviewed staff training records and saw that all staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). Information about the benefits and risks of X-ray exposures was readily available to patients.

## **Effective**

### **Effective care**

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients. Staff explained to us how they would obtain and follow professional guidance and advice when necessary.

The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists, to minimise the risk of wrong site tooth extraction. Copies were available in each surgery.

### **Patient records**

Patient records were held electronically and in line with an appropriate Records Management policy.

We reviewed a sample of 10 patient records and found notably good and consistent recording of clinical information.

As a matter of best practice, we recommended the practice reviewed the Delivering Better Oral Health evidence-based toolkit, specifically about providing Fluoride varnish to children.

## Efficient

### Efficient

The premises and facilities were appropriate for the services being provided. Staff told us that patients requiring urgent care were prioritised where possible, and any cancelled appointments made available to others using a waiting list.

# Quality of Management and Leadership

## Staff feedback

Four members of staff completed a HIW questionnaire, with responses being positive about the practice and how it operated. All respondents were satisfied with the quality of care and support they gave to patients and would recommend the practice as a good place to work.

## Leadership

### Governance and leadership

There were clear management structures in place, with the practice under the direction of the practice manager, supported by a corporate group. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

We saw evidence of monthly team meetings taking place, with minutes circulated to ensure all staff were kept up to date. We were told staff had regular 1:1 meetings and appraisals and saw evidence to this effect.

We found that a comprehensive range of policies and procedures were in place and reviewed regularly.

## Workforce

### Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw a Recruitment and Selection policy, detailing the recruitment process and checks made on prospective employees.

A checklist was used, that included proof of identity, the right to work, qualifications and vaccinations and checks were carried out using the Disclosure and Barring Service (DBS). A further induction checklist was used to ensure staff understood practice specific issues and procedures.

We were told that agency staff were used as needed and that similar checklists were used to ensure their fitness to work, and to familiarise them with the practice and its procedures.

We reviewed a sample of staff records and saw evidence that staff were registered with the GDC, covered by professional indemnity insurance, and had appropriate

vaccination against Hepatitis B. We also saw that appropriate DBS checks had been carried out.

Staff training was monitored using an electronic system and staff had good access to learning opportunities via the corporate group. We found there was good compliance with mandatory training requirements and the systems used were effective.

## Culture

### People engagement, feedback and learning

Patient feedback was actively sought with posters and reminders directing patients to leave online reviews. Patients received emails after treatment asking for feedback, which could be done anonymously.

Posters in both English and Welsh in the waiting area showed the results of patient surveys, with scores out of ten for various aspects of the service.

Staff told us that paper feedback forms were normally available in the reception area, but none were seen during the inspection.

**The registered manager must ensure that paper feedback forms are available to patients and that these can be submitted anonymously.**

There were 'you said, we did' posters in the waiting area to show that actions were taken as a result of feedback.

There was a comprehensive complaints procedure in place, readily available to patients. The procedure included appropriate timescales for response and how to escalate the issue if required.

We noted that, although the procedure directed patients to raise complaints with the practice manager, their contact details were not provided. Similarly, it was difficult for patients to find appropriate contact details via the practice website.

Staff told us they were aware of the Llais advocacy service but had not included the details in the procedure yet. We noted that details were given about HIW, including the website address. However, the procedure should also include the postal address and telephone number for HIW.

**The registered manager must ensure the complaints procedure is updated to include contact details for patients to raise a complaint, reference to Llais and full contact details for HIW.**



Staff told us that both verbal and written complaints were logged and reviewed regularly, with any issues and actions shared with staff in team meetings.

There was a detailed Duty of Candour policy in place and staff told us they had received appropriate training on this.

## **Information**

### **Information governance and digital technology**

The practice used electronic systems to manage patient records, policies and procedures, and staff training records.

## **Learning, improvement and research**

### **Quality improvement activities**

The practice had a Quality Assessment Policy in place, with an effective system of peer review and support for the clinical staff.

We found evidence of a variety of audits being carried out. These included antimicrobial prescribing, radiographic quality, health and safety and the requirements of WHTM 01-05. However, a Smoking Cessation audit had not been undertaken.

**The registered manager must ensure that smoking cessation is included in the auditing program.**

Staff told us that they made use of quality improvement training tools provided by their corporate group.

## **Whole-systems approach**

### **Partnership working and development**

Staff told us that interaction with system partners was typically by phone or email, or by use of online systems such as for the referral of patients.

## 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 summarises 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 Practice, Neath

**Date of inspection:** 3 September 2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate assurance or non-compliance issues were identified during the 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):** N/A

**Job role:** N/A

**Date:** N/A

## Appendix C - Improvement plan

**Service:** BUPA Dental Practice, Neath

**Date of inspection:** 3 September 2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. The service's Statement of Purpose was not available on the practice website.	The registered manager must ensure that the Statement of Purpose is available on the practice website.	The Private Dentistry (Wales) Regulations 2017, Regulation 5(2)	Service action statement of purpose should be uploaded to website by week ending 11/10/2024	Quaid-ann Bancroft	Imminent
2. An external window in one surgery was not obscured, reducing patient privacy.	The registered manager must ensure the external window in surgery 4 is obscured.	The Private Dentistry (Wales) Regulations 2017, Regulation 15	New vision company has been instructed to fit frosting awaiting fitting date.	Quaid-ann Bancroft	With in 2 months
3. Paper feedback forms were not available in the reception area at the time of inspection.	The registered manager must ensure that paper feedback forms are available to patients and that these can be submitted anonymously.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(ii)	Feed back forms are now available in reception.	Quaid-ann Bancroft	Completed.

4.	The complaints procedure lacked some contact information and details of external bodies.	The registered manager must ensure the complaints procedure is updated to include contact details for patients to raise a complaint, reference to Llais and full contact details for HIW.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(1) and (4)	Policy has been updated to reflect Llais and Full contact details for HIW and to include easy method of contacting Manager for complaints	Quaid-ann Bancroft	Imminent
5.	The practice had not undertaken a Smoking Cessation audit.	The registered manager must ensure that smoking cessation is included in the auditing program.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)	Smoking cessation being undertake Via NHS link. Bupa are looking at inputting this audit into our mandatory audits	Quaid-ann Bancroft	On going

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):** Quaid-ann Bancroft

**Job role:** Practice Manager

**Date:** 10 October 2024