

General Dental Practice Inspection Report (Announced)

BUPA Dental Care, Bangor,
Gwynedd

Inspection date: 1 October 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 Care, Bangor, Gwynedd on 1 October 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 six questionnaires were completed by patients or their carers and two 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 Care, Bangor were committed to providing a positive experience for their patients.

We observed staff treating patients in a polite, friendly and professional manner. A good range of information was provided to patients about the service and treatments provided.

All respondents to the HIW questionnaire rated the service as 'very 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 we recommend the service can improve:

- Carry out a smoking cessation audit.

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 Care, Bangor 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 performance management.

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

The practice made good use of electronic systems to support the management and improvement of the service.

This is what the service did well:

- Effective management of the practice, supported by the wider corporate group
- 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:

" Courteous, efficient, no complaints whatsoever"

" Consistently excellent"

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 the service and treatments provided, oral and general health, smoking cessation, and dental health for children.

The service's Statement of Purpose was available on the practice website in both English and Welsh.

'No smoking' signs were 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.

External windows in clinical areas were fitted with blinds to promote patient privacy.

Treatment prices were made clearly available to patients on posters in the reception area and in the patient information folder. An up-to-date certificate of Employer's Liability Insurance was seen.

The nine principles of the General Dental Council (GDC) code of standards were displayed on posters in the waiting area, in both English and Welsh.

The names and GDC registration numbers of clinical staff were displayed outside the practice. Additionally, the practice information leaflet included pictures of staff members, their names, roles and GDC numbers.

Staff told us that patients wanting a confidential discussion could be taken to the practice manager's office or an available surgery.

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 at the front door, in the patient information leaflet and on the practice website.

Staff told us that patients telephoning the practice outside of normal opening hours would hear a voicemail message advising them of a mobile phone number to use. The message was updated regularly according to which dentist was on duty.

Patients were able to make appointments by phone, in person or online. Online appointments could be booked via the practice website or through a patient portal available to registered patients.

Staff told us that time to accommodate emergency appointments was built into the daily schedule and that emergency appointments were prioritised based on patient symptoms and clinical need.

All 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

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

Staff told us that several languages were spoken at the practice, including Welsh and staff name badges included flag symbols to indicate languages spoken by them.

A range of information was provided in both English and Welsh, with a poster advising patients that Welsh translation services were available.

Rights and equality

The practice had policies and procedures in place to ensure that equality and diversity were promoted. The practice manager advised us that information about equality and diversity was shared through regular communications and staff meetings, extending beyond the protected characteristics of the Equality Act to include issues such as neurodiversity.

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. A clearly signposted side entrance was used for disabled access, adjacent to disabled parking bays. The door was fitted with a bell to ring for attention, grab handles and a removable ramp to ease access over the door sill. There were three surgeries downstairs, and patients with a need or preference for these had this noted in their records.

Two chairs in the waiting area had arm rests, to aid patients with mobility issues and patients with hearing difficulties were aided by a hearing loop.

The patient information leaflet stated ‘we offer wheelchair access as well as the surgeries and toilet facilities’. However, although the patient toilet was on the ground floor it was not wheelchair accessible.

The registered manager must update the patient information leaflet to ensure patients using wheelchairs are provided with accurate information.

Delivery of Safe and Effective Care

Safe

Risk management

We found the premises to be clean, well-maintained, and free from obvious hazards.

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. Staff told us that patient information could be accessed remotely if required and arrangements were in place where patients could be re-directed to a practice nearby.

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.

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

Staff had access to changing facilities and lockers for the secure storage for personal items. The room containing the lockers, and predominantly used for changing, also housed the compressor. This room was not secure and could potentially be accessed by unauthorised people. We advised that a lock should be fitted, and the practice manager addressed this during the inspection, logging a request for this to be actioned by the facilities contractor. Photographic evidence was provided shortly after the inspection showing the work had been completed.

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 checked the ventilation in the decontamination room and found that air input was good but the extraction didn't appear to be working. This was discussed with the practice manager who confirmed that the system had been serviced recently. The issue was addressed immediately, with the practice manager submitting a request for repair during the inspection and confirming shortly afterwards that the work had been completed.

We found that the procedures for processing, decontamination and sterilisation were appropriate and well understood. Appropriate checks on equipment were carried out and recorded.

All respondents to the HIW questionnaire said that the practice was 'very clean' or 'fairly 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.

The practice did not dispense medications directly and prescriptions were generated via an electronic system, as needed.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory, with equipment being in-date and regular checks being carried out. Similarly, first aid kits were available and regularly checked. We noted that the emergency drugs included aspirin that was not dispersible and advised that the dispersible type should be used. This was addressed immediately with dispersible aspirin procured.

Staff confirmed that they had received training on the use of emergency oxygen as part of first aid training. However, because of a recent safety notice we recommended that staff also complete specific training on the safe use of oxygen cylinders.

The registered manager must ensure that all relevant staff undertake online training on the safe use of oxygen cylinders.

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that eight 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, available to all staff, and referenced the All Wales national safeguarding procedures. Quick-reference flowcharts were available to staff.

The practice manager and clinical staff had appropriate training to Level 2 in the safeguarding of adults and children. They were supported by a Quality Improvement Lead in the corporate group, acting as the safeguarding lead for the practice. This safeguarding lead had training to Level 4 which is an advanced level and notably good practice.

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 a well completed radiation protection file, with 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. Clinicians had good support from the corporate group and we saw evidence of professional guidance and advice being followed.

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

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 generally very good and consistent recording of clinical information. We advised that patient language preference should be recorded routinely.

The registered manager must ensure that patient records include patient language preference.

We also recommended that children who have central incisors and first molars erupted should have an annual check (Basic Periodontal Exam or BPE) for early detection of juvenile periodontitis, in line with guidance.

We recommend that dentists at the practice carry out annual BPE checks on juvenile and adolescent patients, as appropriate.

Quality of Management and Leadership

Staff feedback

Two members of staff completed a HIW questionnaire, with responses being positive about the practice and how it operated. 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.

One member of staff commented:

“Genuine care of patients, want to provide the best service possible, feel supported by management to ensure we are equipped to do the job well”

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 regular team meetings taking place, with minutes shared to ensure all staff were kept up to date. We were told staff had regular performance management meetings and saw evidence to this effect.

We found that a comprehensive range of policies and procedures were in place and reviewed regularly. These were stored using an electronic system, making them available to all staff.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw policies and procedures, detailing the recruitment process and checks made on prospective employees. Some pre-employment checks were carried out by the practice and some by the corporate group.

Checklists were 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). Induction checklists were used to ensure staff

understood matters relating to the practice and premises, and any specific to their role.

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 actively 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, asking patients to leave online reviews. Patients also received emails after treatment asking for feedback, which could be submitted via an electronic portal. We saw that paper forms were also available in the waiting area, that could be submitted using a suggestion box by the front door.

Staff demonstrated how patient feedback was gathered, analysed and shared with staff.

There was a 'you said, we did' poster in the waiting area, showing actions that had been 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 some improvements were required to the complaints procedure, specifically:

- the procedure directed patients to raise complaints with the practice manager, but their contact details were not provided.
- details were given about HIW but did not include the postal address and telephone number
- reference was made to Community Health Councils, which have been replaced by Llais, as an all-Wales advocacy organisation.

These issues were discussed with the practice manager and improvements to the document were instigated during the inspection, with a satisfactory amended document provided shortly afterwards.

Staff told us that minor, verbal complaints were logged in patient records, and that formal complaints were logged using electronic systems. Complaints were regularly reviewed, and staff told us that any issues or trends would be highlighted. Actions and lessons learnt from complaints were typically shared at staff meetings.

Learning, improvement and research

Quality improvement activities

The practice had appropriate policies and procedures in place to monitor and improve service quality, with an effective system of review and support for the clinical staff.

An electronic system provided by the corporate group was used effectively to monitor, record, highlight and assign actions relating to quality improvement.

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.

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
The room containing staff lockers and the compressor was not secure.	Equipment could potentially be accessed by unauthorised people.	We advised the practice manager that a lock be fitted.	This was addressed during the inspection, with the practice manager logging a request for a lock to be fitted by the facilities contractor. Photographic evidence was provided shortly after the inspection showing the work had been completed.
The extraction fan in the decontamination room did not appear to be working.	Insufficient ventilation in this area could affect infection control.	This was discussed with the practice manager.	The issue was addressed during the inspection, with the practice manager submitting a request for immediate repair and confirming shortly afterwards that the work had been completed.
The emergency medical equipment included aspirin that was not dispersible.	Dispersible aspirin should be available in the event of a medical emergency.	This was discussed with the practice manager.	This was addressed immediately with dispersible aspirin procured and added to the emergency kit.

Improvements were required to the complaints procedure, including how to contact the practice manager, HIW contact details and advocacy service details.	Full details should be provided to patients to enable them to effectively raise or escalate a complaint if required.	This was discussed with the practice manager.	improvements to the document were instigated during the inspection, with a satisfactory amended document provided shortly afterwards.
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Appendix B - Immediate improvement plan

Service: BUPA Dental Care, Bangor

Date of inspection: 1 October 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
1. No immediate 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 Care, Bangor

Date of inspection: 1 October 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 patient information leaflet incorrectly suggested that the patient toilet at the practice was wheelchair accessible.	The registered manager must update the patient information leaflet to ensure patients using wheelchairs are provided with accurate information.	The Private Dentistry (Wales) Regulations 2017, Regulation 7	The patient information leaflet will be replaced, ensuring the wording is clear regarding what facilities are available for wheelchair access.	Practice Manager	31 st Dec 2024
2. Further to a recent safety notice we recommend that staff complete specific training on the safe use of oxygen cylinders.	The registered manager must ensure that all relevant staff undertake online training on the safe use of oxygen cylinders.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(b)	12 of 16 team members have completed. The remaining few commits to complete by 31st Dec 2024.	Practice Manager	31 st Dec 2024

3.	Patient records did not routinely note language preference.	The registered manager must ensure that patient records include patient language preference.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	This action has been implemented; we are annotating on Dentally using a note facility the preferred language.	Practice Manager	Complete
4.	Where appropriate, children should have a Basic Periodontal Exam (BPE) for early detection of juvenile periodontitis.	We recommend that dentists at the practice carry out annual BPE checks on juvenile and adolescent patients, as appropriate.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	This action has been implemented; Dentists have been advised of this requirement and agree to complete where appropriate.	Dentists	Complete
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)	We have contacted the HEIW dental QI to register to complete the Smoking Cessation audit. Dentists commit to completed once the registration process is complete.	Dentists	31 st Mar 25

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): G Innocent

Job role: Practice Manager

Date: 5 December 2024