

General Dental Practice Inspection (Announced)

Bupa Dental Care, Aneurin Bevan
University Health Board

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2017

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Bupa Dental Care at 53 Gaer Road, Newport NP20 3GY, within Aneurin Bevan University Health Board on the 5 December 2017.

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

HIW explored how the service met the Health and Care Standards (2015), Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Bupa Dental Care provided safe and effective care to its patients.

The practice was patient focussed and had in place the necessary policies and procedures to support the practice and staff.

The practice needs to ensure that all scanned documentation is filed correctly.

This is what we found the service did well:

- There was evidence of good leadership from the practice manager who in turn, had the support of her area manager.
- The practice actively sought and shared patient feedback
- The practice undertook audits in accordance with WHTM 01-05 and on hand hygiene, medical record keeping, radiographs and specific treatments.

This is what we recommend the service could improve

- Ensure all clinical staff have documentation confirming they have the necessary immunity from Hepatitis B.
- All medical records are to be completed to show that patients have been provided with advice on smoking and alcohol cessation.
- Remedy the signs of wear and tear in the clinical areas.

3. What we found

Background of the service

Bupa Dental Care, 53 Gaer Road, Newport NP20 3GY provides services to patients in the Newport area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes three dentists, one hygienist, two dental nurses, two trainee dental nurses, three reception staff and one practice manager.

The practice provides a range of NHS and private general dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found that the practice is committed to providing a positive experience for their patients and actively seeks feedback which they in turn fed back in monthly reports displayed in the waiting area.

Patients who provided comments indicated that they were treated with respect when they visited the practice and we observed staff being courteous and professional.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 15 were completed. Patient comments included the following:

"Service is very efficient and organised"

"Very good, reliable and always willing to help if issues with appointments"

"The practice staff are very friendly and a warm welcoming atmosphere"

Staying healthy

In the waiting area we saw a selection of health promotion information leaflets available. These included leaflets providing information regarding treatments and preventative advice. All patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

All the patients who completed a questionnaire told us that they had been treated with respect when visiting the practice.

Staff told us that if there was a need to have a private conversation with a patient this could be conducted in a surgery if free, the alternative being the

staff kitchenette but they were conscious that this would not be ideal. The practice manager told us of her intention to turn a small space in the rear of the practice into an office which would afford patient privacy if needed. Telephone calls could also be made from a free surgery or the kitchenette providing the patient with privacy.

The doors to the surgeries would be closed whilst a patient was having treatment, affording them privacy and dignity.

Patient information

Every patient who completed a questionnaire told us they felt involved (as much as they wanted to be) in any discussions made about their dental treatment. The majority of those patients said they had received clear information about available treatment options.

The majority of patients who completed a questionnaire said the cost of any treatment was always made clear to them before they received any treatment. Nine of those patients said they understood how the cost of their treatment was calculated.

In the waiting area there were leaflets setting out the price lists for private dental treatment and NHS dental treatment however the posters displayed in the surgeries only displayed NHS dental treatment costs. We recommend that the practice display both private and NHS dental treatment price lists. When this was raised with the practice manager she rectified this before the end of the inspection.

Communicating effectively

Patients were asked in the questionnaires whether they considered themselves to be a Welsh speaker. Two patients said that they considered themselves to be Welsh speakers. The majority of patients indicated on the questionnaire that they were always able to speak to staff in their preferred language, including the two patients that considered themselves to be Welsh speakers. Only one patient told us that they were never able to speak to staff in their preferred language.

During the inspection we observed staff being polite and courteous when speaking to patients in person and on the telephone.

Timely care

10 of the 15 patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed both inside and outside the practice. This information was also provided on the practice's answerphone message.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay.

Individual care

Planning care to promote independence

All the patients who completed a questionnaire confirmed that the dentist asks them about their medical history before undertaking any treatment.

People's rights

The main entrance, reception, waiting area and two of the surgeries were on the same level which made them accessible for patients with mobility difficulties. A step led to the other two surgeries.

Listening and learning from feedback

11 of the 15 patients who completed a questionnaire said they would know how to raise a concern or complaint about the services they received at the dental practice.

The practice had a single complaints policy for both private and NHS dental treatment. The policy reflected the NHS complaints process "Putting Things Right"¹ and in respect of private dental treatment, contained reference to HIW, the registration authority. The policy still contained contact information for

¹ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales.

Oasis. The practice recently became part of the BUPA group of dental practices in England and Wales. The practice manager amended the policy to reflect the contact details for BUPA during the inspection.

The practice maintained a file containing records of complaints received but not all had details of the action taken by the practice and outcome. The practice manager told us that records of action taken and outcomes of complaints were now stored electronically. We saw evidence of this. The practice recorded any verbal/informal concerns on the patient's notes. It is recommended that patients' feedback is kept separate from their medical notes and we advised that the practice maintain a notebook in reception to record any verbal feedback. Together with the information in the complaints file, this would enable the practice to identify any recurring themes. During the inspection the practice manager actioned this and a notebook was available at the reception desk for the recording of verbal feedback.

The practice had questionnaires available in the waiting area for patients to complete. 5 of the 15 patients were not aware of the questionnaires. Each month the practice manager reviewed the responses and displayed the findings in the waiting area.

Improvement needed

The practice to cease recording patients' informal feedback in patient records and to make alternative arrangements for recording such information

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found evidence that patients were provided with safe and effective dental care.

Clinical facilities were clean, tidy and well laid out, but there were signs of wear and tear to the furniture which needs addressing.

The practice had in place appropriate safeguarding policies and all staff had received training in child and adult protection.

The practice needs to ensure its emergency kit is stored in an appropriate bag or box.

Safe care

Managing risk and promoting health and safety

Overall we found arrangements were in place to protect the safety and well being of staff working at, and people visiting the practice.

The building appeared to be well maintained. There was some wear and tear in the surgeries, including missing cupboard doors and laminate. This needs to be rectified in order to ensure thorough cleaning and hygiene.

There were no concerns expressed by the patients who completed a questionnaire, about the cleanliness of the practice and we observed all areas to be clean and uncluttered.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. Directions for the emergency exits were visible.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) waste and of amalgam waste.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. The practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice.

At the time of the inspection the practice did not have a Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR) book due to this being mislaid. The practice manager provided evidence of a replacement book having been ordered and in the interim had printed off the relevant guidance, contact information and forms for completion if an accident occurred.

Improvement needed

The practice to replace missing doors and laminate on surgery furniture and address any signs of wear and tear in all clinical areas.

Infection prevention and control

The practice had dedicated and appropriate facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05².

We noted that instruments were transported between surgeries to the decontamination room appropriately in lidded and leakproof containers that were replaced on a three monthly basis.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. We would advise that the practice provide a training guide for the decontamination process to support staff any new staff that may join the practice in the future.

² The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

We saw evidence that all clinical staff had certificates on file to confirm their infection control training was up to date.

The practice had undertaken infection control audits as recommended by WHTM 01-05 guidelines.

Medicines management

The practice had procedures in place to deal with patient emergencies. With the exception of three dental nurses, who would be attending a course before the end of 2017, all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had two named, appointed first aiders who both held current first aid certificates.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance³. These were stored securely but uncontained in a cupboard behind reception. We would recommend that for ease of access at a time of a medical emergency, they are stored together, and are easily identifiable, in a bag or container. We noted that the practice had in place a system to check that emergency drugs and equipment were in date and ready for use.

We noted that prescription pads were kept securely.

Improvement needed

The practice to store its emergency drugs and equipment in an appropriate bag or container so that they are easily accessed and identifiable at a time of a medical emergency.

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact

³ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration

details for the relevant safeguarding agencies. All staff had completed training in the protection of children and vulnerable adults.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice. All staff, with the exception of three who were awaiting receipt of their certificates, held Disclosure and Barring Service (DBS) certificates.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental teams.

The surgeries and radiological equipment were visibly clean and in working order and controlled areas had been identified.

We saw documentation to show that the X-ray machines were regularly serviced although, whilst we saw evidence of the most recent inspection in November, the Certificate of Completion was not available at the time of the inspection. We recommend the practice ensure its records are updated with all current certification. The Radiation Protection file was maintained and contained all essential information.

In accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical exposure) Regulations (IR(ME)R) 2000⁵ all the dentists and hygienists had completed the required training.

Improvement needed

The practice to provide evidence of current Certificates of Completion relating to its radiation equipment

⁴ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁵ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence of the practice undertaking audits in accordance with WHTM 01-05 and audits on hand hygiene, medical record keeping, radiographs and specific treatments, including crowns.

Information governance and communications technology

The practice has mainly electronic records with the majority of paper documents, including medical histories being scanned and the originals destroyed appropriately. During the inspection we did note that scanned medical histories had been filed in the wrong patient's electronic record and we recommend the practice put in place a system of checks to ensure this does not occur in the future. The only paper records maintained are patient declaration forms (PRW) and these are retained in a locked cupboard. Electronic files were backed up nightly.

The practice had a number of appropriate policies in place, including corporate information security policy and information governance policy.

Improvement needed

The practice to put in place a system of checks to ensure the correct filing of scanned documents.

Record keeping

We reviewed a sample of patients' records. Overall we found there was a very good quality of record keeping, indicating good patient care. However we found incidents where that the provision of advice on smoking cessation and alcohol cessation had not been recorded on the patient record.

Improvement needed

In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record the giving of advice on smoking cessation and alcohol cessation.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence of good leadership and lines of accountability. The practice manager was responsible for the day to day management of the practice.

There were good management procedures in place for the benefit of staff including staff appraisals and regular and minuted staff meetings.

We noted a comprehensive range of relevant policies and procedures in place.

The practice needs to ensure its staff records relating to immunity from Hepatitis B are up to date.

Governance, leadership and accountability

Bupa Dental Care is now part of the BUPA group of dental practices in England and Wales. Day to day management is provided by the practice manager who has the support of an area manager. We found the practice to have good leadership and staff understood their roles and responsibilities. We observed a very good rapport between the practice staff.

The practice was well organised with good record keeping being made across most areas. There was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We saw that each policy had a review date and were signed by all staff to confirm that they have been read and to evidence knowledge and understanding. All members of staff should know their role if there is a medical emergency. The practice's medical emergencies policy and procedure was brief and we would recommend this is amended to include information on roles and responsibilities of staff if an emergency arose.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The dentists provide private dental services and we saw registration certificates for two dentists displayed as required by the Private Dentistry (Wales) Regulations 2008. The third dentist held a certificate but it was not displayed. We recommend that all registration certificates are displayed.

Improvement needed

The practice should amend its medical emergency policy and procedures to ensure staff are aware of their roles if there is a medical emergency.

In accordance with the Private Dentistry Regulations 2008, dentists must display their certificates of registration in a conspicuous place.

Staff and resources

Workforce

We saw certificates that evidenced staff had attended training on a range of topics relevant to their roles and to meet Continuous Professional Development (CPD) requirements. However we noted that three members of the clinical staff did not have up to date training on cardiopulmonary resuscitation. We were told they were booked to attend a course in December 2017.

The practice holds regular staff meetings that are supported by detailed minutes that are circulated to all staff.

Staff told us they enjoyed working in the practice and were happy carrying out their roles. We saw evidence that the practice had an induction programme for new staff and there is a programme of staff appraisals.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection.⁶ The practice was unable to provide proof of immunity with regard to the immunisation records for one dentist. The

⁶ Welsh Health Circular (2007) 086

practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all dentists, dental nurses, trainee nurses and one receptionist. We noted that DBS applications had been submitted for the remaining two receptionists.

Improvement needed

The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B

4. What next?

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 when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Price list setting out the costs of NHS dental treatment were displayed in the surgeries but not price lists setting out costs of private dental treatment.	A practice must ensure price lists are displayed including a list of basic items and providing clear information on prices. Patients should not have to ask for this information	This was brought to the attention of the Practice Manager	The Practice Manager immediately rectified the issue by putting up price lists regarding private dental care in all of the surgeries.
The practice complaints policy and procedures relating to both private dental treatment and NHS dental treatment did not contain the correct details for the management company, BUPA.	Patients may not be able to refer a concern or complaint to the correct management company.	During the course of the inspection the practice manager was advised of the error.	The practice manager amended the policy to reflect the contact details for BUPA during the inspection

Appendix B – Immediate improvement plan

Service: Bupa Dental Care

Date of inspection: 5 December 2017

The table below includes any immediate 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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
There are no immediate assurance issues				

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

Date of inspection: 5 December 2017

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	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice to cease recording patients' informal feedback in patient records and to make alternative arrangements for recording such information	6.3 Listening and Learning from feedback	We have a 'comments' book available on reception to staff and patients to record any feedback	Toni-Marie Burrows	Completed on the day of the inspection.
Delivery of safe and effective care				
The practice to replace missing doors and laminate on surgery furniture and address any signs of wear and tear in all clinical areas.	2.1 Managing risk and promoting health and safety	We have obtained 3 quotes, from different suppliers	Toni-Marie Burrows	To be completed by the end of February

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice to store its emergency drugs and equipment in an appropriate bag or container so that they are easily accessed and identifiable at a time of a medical emergency.	2.6 Medicines Management	We now have a large plastic container with everything in	Toni-Marie Burrows	Completed 6th December 2017.
The practice to provide evidence of current Certificates of Completion relating to its radiation equipment	2.9 Medical devices, equipment and diagnostic systems	The servicing to all units took place on 30th November 2017. We have now received the certificates, they were sent to the practice on 8th December 2017.	Toni-Marie Burrows	Completed on 8th December 2017
The practice to put in place a system of checks to ensure the correct filing of scanned documents.	3.4 Information Governance and Communications Technology	All staff who scan patients records have been informed of this, and they are now double checking all documents are scanned on to the correct records.	Toni-Marie Burrows	Immediately
In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record the giving of advice on smoking cessation and alcohol cessation.	3.5 Record keeping	All clinicians have been informed of this I have checked myself and can confirm they are now doing this routinely with their patients.	Clinicians	Immediately
Quality of management and leadership				
The practice should amend its medical	Governance,	I have fed back to head office that the	Head Office/Toni-	2nd January

Improvement needed	Standard	Service action	Responsible officer	Timescale
emergency policy and procedures to ensure staff are aware of their roles if there is a medical emergency.	Leadership and Accountability	HIW recommended 'the practice should amend its medical emergency policy and procedures to ensure staff are aware of their roles if there is a medical emergency'. Whilst awaiting a response I have implemented an additional sheet to go with the medical emergencies policy which states staff roles in an emergency.	Marie Burrows	2018
In accordance with the Private Dentistry Regulations 2008, dentists must display their certificates of registration in a conspicuous place.		The one certificate we were missing has been displayed in the surgery.	Toni-Marie Burrows	Completed on 6th December 2017.
The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B	7.1 Workforce	The members of staff are currently waiting for these records from their doctors.	Toni-Marie Burrows	31st January 2018.

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): Toni-Marie Burrows

Job role: Practice Manager

Date: 12/01/2018