



General Dental Practice Inspection (Announced)

Bupa Dental Care Chepstow,
Aneurin Bevan University Health
Board

Inspection date: 18 July 2018

Publication date: 19 October 2018

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	17
	Quality of management and leadership	28
4.	What next?	32
5.	How we inspect dental practices	33
	Appendix A – Summary of concerns resolved during the inspection	34
	Appendix B – Immediate improvement plan	35
	Appendix C – Improvement plan	36

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 Chepstow, Boscobel House, Chepstow, Monmouthshire, NP16 5LN, within Aneurin Bevan University Health Board on the 18 July 2018.

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), the Private Dentistry (Wales) Regulations 2017 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 Chepstow was providing safe and effective care through a polite, friendly and professional manner. We noted that the practice was clean and tidy, and saw documentation demonstrating that equipment was safe and was maintained appropriately and regularly serviced.

Good leadership was evident, and the practice was patient focused, and had a comprehensive range of policies and procedures in place, to maintain the safety of staff, patients and visitors. We also saw evidence that patients rated the service provided by the dental practice as excellent. However, we found some evidence that the practice was not fully compliant with all Regulations and Health and Care Standards in all areas.

This is what we found the service did well:

- Patients were provided with relevant information to make informed decisions about their treatment and they were satisfied with the service they received
- Good leadership was evident and the practice provides a service with effective systems in place to support overall practice management
- The staff appeared happy in their roles; they were competent in carrying out their duties and had strong commitments to providing a high quality service and positive experience to patients
- The practice was well-equipped, very clean, tidy and well organised
- Appropriate arrangements were in place for the safe use of equipment
- Good system for governance and auditing the quality of service provision were in place
- Staff felt supported and had good access to training opportunities

- There were provisions at the practice and on the website for patient feedback.

This is what we recommend the service could improve:

- Ensure staff adhere to full guidance when undertaking the cleaning and sterilisation and storage process of dental instruments
- Update website patient information and some policies as applicable, to NHS Wales, Welsh Health Technical Memorandum (WHTM) 01-05¹ and HIW
- Provision of patient information leaflets promoting oral health and hygiene and maintain accurate treatment options
- Ensure patient privacy and dignity is maintained at all times.

We identified regulatory breaches during this inspection. Further details can be found in Appendices A and C. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered manager takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

¹ 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.

3. What we found

Background of the service

Bupa Dental Care Chepstow provides services to patients in the Chepstow area of Monmouthshire. 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 five dentists, three hygienists, three dental nurses, one trainee dental nurse, two receptionists and one practice manager.

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

The practice is within the nationwide chain of Bupa Dental Care and was previously owned by Oasis Dental Care.

The practice previously offered conscious sedation up until 2017, but no longer offers this service. The practice also offers dental implants and orthodontics.

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.

Overall, we found the practice was committed to providing a positive patient experience, and all patients who completed a HIW questionnaire rated the service provided as excellent.

Privacy and dignity was maintained in most instances. However, we recommend that the practice arrange for the installation of full length privacy screen to the glass on the external doors of both ground floor surgeries, and a privacy screen installed between the main stock room and treatment area. This will prevent anyone passing by, being able to view patients receiving treatment.

A good patient information folder was situated within the ground floor waiting area highlighting the treatments provided, price lists and the complaints policy. We recommend that this information folder is implemented for the first floor waiting area, along with a range of oral health and hygiene promotion leaflets in both waiting areas. This will ensure that all patients attending the practice are able to access relevant information.

The practice had a complaints policy and a corporate electronic system for recording formal complaints. However; there was no evidence of any formal complaints reported. Informal verbal concerns or complaints should also be recorded. The practice was therefore advised to develop a formal process for recording this information.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. A total of nine questionnaires were completed; the majority by people who had been a patient at the practice for two years or more.

Patient comments included the following:

"The staff are so helpful and polite"

"I always have a great service from all the team"

"The care I received recently was first class. I am most grateful and send my sincere thanks"

Staying healthy

On the day of our inspection we observed no smoking signs within the building and there were leaflets available with information on smoking cessation. There were also information posters for dietary and oral health promotion on the walls within the surgeries, however; it would not be possible for patients to read this information from the location of the dental chairs.

All patients who completed a HIW questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. However, during the inspection, there were very few oral health and hygiene promotion leaflets available.

The practice offered a selection of dental products for patients to purchase for example, manual and electric toothbrushes, toothpastes and mouthwash within the ground floor reception area.

Improvement needed

We recommend that the practice provides a range of oral health and hygiene promotion leaflets for patients to read and take away, in both waiting areas.

Dignified care

The staff presented as a small friendly team and we observed them speaking to patients in a respectful and professional manner and demonstrated friendly, polite and courteous interactions with them.

We saw that the doors to the surgeries (where patients received care during the inspection), remained closed to maintain privacy and dignity.

On the ground floor, there was an open plan reception and waiting area. If there was a need to talk to a patient privately out of the surgeries, staff could conduct such conversations within the practice manager's office, behind the reception.

Without exception, all patients who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff whilst visiting the practice.

Whilst patient privacy and dignity was maintained in most instances, we identified an issue where passers by and other staff could see inside the surgeries from the rear car park and outdoor staff seating area, below and above the current frosted glass panels on the external doors.

We recommend that the practice installs frosted privacy screen to the full length glass doors, to maximise the privacy and dignity of the patients seated within the outside facing dental chairs. The practice manager assured us that that they were waiting for the installation of this, but a date was not available as yet.

Access to the main stock room was within one of the ground floor surgeries. There was a low wall separating the access to the stock room, however, it was possible for other staff to observe the patient and potentially distract the dentist during treatment.

We recommend installation of a full length screen between the stock room and treatment area.

We saw that the practice displayed the General Dental Council² (GDC) Standards³ for the Dental Team poster, describing nine principles patients should expect from their dental care team whilst delivering care and treatment.

Improvement needed

We recommend that the practice:

Installs frosted privacy screen to all glass panels of the full length doors in both ground floor surgeries.

² The regulatory body for dental care professionals

³ <https://standards.gdc-uk.org/>

Installs a full length privacy screen in the surgery where staff access the stock room.

Patient information

The practice provides a range of private and NHS dental treatments. Information on costs for both NHS and private treatments were clearly displayed in the waiting area, within the patient information folder and on the practice's website.

Where applicable, all patients that completed a HIW questionnaire said that the cost of their treatment was always made clear to them before they received the treatment. In addition, patients said that the dental team helped them understand all available treatment options, and said they were involved as much as they wanted to be, with any decisions made about their treatment.

We saw that the practice information leaflet contained information on the practice's opening hours, treatments on offer and other relevant patient information. However, additional information is required within the practice information leaflet, to comply with the Private Dentistry (Wales) Regulations 2017. We recommend that the names and details of the dentists and dental care professionals and the arrangements for dealing with patients who are violent or abusive to staff is included in the information leaflet.

We saw signage in the practice was mostly adequate, however, there was no sign on the decontamination room, informing visitors of Staff Only access. This is a concern as the decontamination room is unlocked and adjacent to another treatment room, which is rented out to other health professionals that are not associated with the dental practice. The door is also unobserved.

We recommend that a sign is placed on the decontamination room door stipulating for example, No Entry/ Staff Only and that a digital lock is installed.

We saw that the practising dentists' details and the practice's opening hours were displayed externally with the exception of one dentist. We recommend that all dentist names working within the practice are displayed externally.

Improvement needed

We recommend that the practice:

Provides additional information within the practice information leaflet of all the names of dentists and dental care professionals and the arrangements for dealing with patients who are violent or abusive to staff

Installs a Staff Only sign on the decontamination room door and installs a digital lock for patient and visitors safety.

Externally displays all dentist names working within the practice.

Communicating effectively

All patients who completed a HIW questionnaire said that they were English speakers and that they could always speak to staff in their preferred language.

Whilst staff at the practice could not speak Welsh, they told us that if patients wanted to converse in a different language, then they could do so with a number of different dentists who were multilingual, or that they could access the Health Board's language line to aid the communication. In addition, staff told us that if patients required written information in Welsh or another language, they could arrange this through a translation service.

The practice advertised in the main reception, in the patient information leaflet and on the website that sedation is available for nervous patients. However, this service is no longer provided.

We recommend that all methods communicating this information to patients, is removed to prevent misinformation to patients.

Improvement needed

We recommend that all methods communicating the option for the provision of sedation to patients is amended in the practice waiting area, patient information leaflets and website, to prevent misinformation to patients.

Timely care

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. All patients who

completed a questionnaire told us that they found it either very easy, or fairly easy to get an appointment when they needed to. One patient provided a positive comment in relation to timely care;

"I find the whole team at this practice to be very efficient without rushing you. They always seem to be able to accommodate me around working hours".

All but two patients who completed a HIW questionnaire said that they knew how to access the out of hour's dental service if they had an urgent dental problem. A number for urgent out of hours dental care was available to patients. The telephone number was displayed near the practice main entrance, on the answer phone message, website and within the patient information leaflet.

Individual care

Planning care to promote independence

We reviewed a sample of patient records and found that there were records of treatment options and planning, and consent was obtained for treatment from each patient.

Within the patient records, each patient's medical history was reviewed and updated at each visit. All of the patients who completed a HIW questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice was located in a converted house with a car park to the rear. There were two dental surgeries, the main reception with waiting area and a patient toilet on the ground floor, and there were two dental surgeries, a hygienist surgery, computed tomography⁴ (CT) scanning room and waiting area on the first floor, which was accessed by climbing a staircase.

⁴ A computed tomography scan makes use of computer-processed combinations of many X-ray measurements taken from different angles to produce cross-sectional images of specific areas of a scanned object, allowing the user to see inside the object without cutting.

During the inspection, both the practice manager and reception staff told us that the car park was for staff only however, the website suggests that the practice has free onsite parking for patient's use. We recommend that this advice is amended on the website if the car park is staff only or if applicable, that staff within the practice inform and allow patients to use the car park and it is signposted as either.

We found that access to the practice was good. The main entrance led to the reception and ground floor waiting area. There was one small step down towards the toilet and the practice had a portable ramp to enable wheelchair users' access. However, the toilet cubicle was too small to allow access inside with a wheelchair.

Staff informed us that they always inform potential new patients of the difficulty accessing all facilities if wheelchair dependant. They also reported that if a patient required a practice with full wheelchair access to all facilities, then they could refer them to a nearby practice.

There were two surgeries located on the ground floor which could be accessed by those with a wheelchair or with other mobility difficulties.

The practice had up to date Equality Act and Confidentiality Policies in place. In addition, we noted that the practice had an equality and diversity policy in place, which demonstrates a commitment to ensure that everyone has access to the same opportunities and to the same fair treatment.

Improvement needed

We recommend that the practice parking advice for patients is amended on the practice website if the car park is staff only or; that staff within the practice inform and allow patients to use the car park.

Listening and learning from feedback

We saw that the practice had a written complaints policy and procedure in place. Information for patients on how to raise a concern was displayed for patients in the ground floor waiting area for both NHS and private patients. The advertised time scale for a response followed that of the NHS Wales Putting

Things Right process⁵. However, there was no reference to the Putting Things Right process displayed within the practice.

We recommended that information should be displayed in both waiting areas and patient information folders about the Putting Things Right process and to provide the NHS Wales Putting Things Right leaflet for patients as required. The practice manager verbally assured us that she would implement this.

Whilst the practice had not received any complaints, we found that there was an appropriate electronic process in place to record and address any formal concerns if received. However, verbal complaints were not recorded formally and the practice manager told us that she documents these in her work diary.

We recommend that the practice records all verbal complaints centrally to ensure they are accessible to other staff members where appropriate. The practice manager verbally assured us that she would implement this.

We found that the practice had a process in place for obtaining patient feedback about the services and care received through patient questionnaires and suggestion boxes in both waiting areas. We saw that the practice considered the information received and implemented some suggestions made by the patients. For example, some patients requested that the practice replace the magazines for reading whilst waiting, since these were initially removed when Bupa initially took over the practice in April 2017. Magazines were now in place for patients as they suggested.

The practice also provides patient feedback on their website and patients can also make suggestions electronically through the website.

Improvement needed

We recommend that the practice formally records all informal and verbal complaints centrally to ensure they are accessible to other staff members where appropriate.

⁵ '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

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 arrangements were in place to protect the safety and well-being of staff and patients or visitors within the practice. In addition, the staff endeavoured to provide patients with good quality, safe and effective care.

A thorough process for cleaning and sterilising dental instruments was demonstrated, however, improvements were required to the cooling of instruments during the decontamination process and preparation of instruments immediately prior to dental implantation⁶.

Documentation and information was available to demonstrate that X-ray, CT scanner and decontamination equipment was being used and maintained safely.

A robust system was in place for a programme of audit and risk assessment.

Some improvements were required to ensure information within patient records were consistently and appropriately recorded.

Safe care

Managing risk and promoting health and safety

⁶ A dental implant is an artificial tooth root made of titanium, that is placed into your jaw bone beneath the gum line, to hold a replacement tooth or bridge in that area.

Overall, we found arrangements were in place to protect the safety and well-being of staff working within the practice and for patients and other visitors to the practice.

The building appeared to be generally well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from fall, slip or trip hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice, and every patient who completed a HIW questionnaire said that, in their opinion, the dental practice was very clean.

There was one ground floor toilet for patients' use and one toilet for staff, to the rear of the staff room on the first floor. All facilities were signposted and were visibly very clean and tidy. There was a sanitary disposal bin located in the ground floor patient toilet however, there was no sanitary bin located in the first floor staff toilet.

The Workplace (Health, Safety & Welfare) Regulation 1992⁷ recommends that all businesses should ensure all female toilets are provided with a suitable method for disposing of sanitary waste. Therefore, we recommend that a sanitary disposal bin is also placed within the first floor staff toilet. We raised this with the practice manager during our inspection and she verbally assured us that she would implement this as soon as possible.

All clinical waste bins inside the surgeries were stored securely and the external clinical waste bins were secure outside at the rear of the practice. However, during our inspection, in one of the surgeries we saw an orange clinical waste bag on the floor. We raised this with the lead dental nurse and practice manager and they investigated immediately. They advised us that the agency dental nurse had left it there as she was not sure of the location of the external clinical waste bins. The waste bag was placed in the external clinical waste skip immediately after notification.

⁷ Workplace (Health, Safety and Welfare) Regulations 1992 is a United Kingdom Statutory Instrument that stipulates general requirements on accommodation standards for nearly all workplaces

We recommended that the practice fully orientates any temporary staff to the full building both internally and externally, and to the waste management policy on arrival to the practice.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure that equipment was safe for use.

Fire extinguishers were secure throughout the building and were serviced regularly. We also saw that the practice had undertaken a fire risk assessment within the past 12 months and we were told that fire drills were carried out weekly. Directions for the emergency exits were clearly visible and the Health and Safety poster was on display. All staff had received recent corporate Bupa fire safety, fire warden training and for the use of the fire extinguishers.

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002⁸, employers must prevent or minimise staff exposure to substances that are hazardous to their health. We found that all chemicals were stored securely and none were left in public areas. There was an excellent comprehensive file available containing all relevant data sheets and local and corporate guidance for the management of COSHH and a COSHH policy and relevant risk assessments were in place and had been recently reviewed.

The practice had a policy and process in place to manage waste appropriately and safely. Contract documents were 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 or containers in accordance with the correct method of disposal and stored securely while awaiting collection (apart from the one incident referred to, above).

During our inspection of the surgeries, we observed that all sharps boxes were correctly assembled and labels completed appropriately. However; none of these were wall mounted or placed in a secure cradle or stand, which posed a risk for sharps spillage and potential risk of sharps injury.

⁸ The Control of Substances Hazardous to Health Regulations 2002, as amended is a United Kingdom Statutory Instrument that states general requirements on employers to protect employees and other persons from the hazards of substances used at work by risk assessment, control of exposure, health surveillance and incident planning.

We recommend that all sharps bins are wall mounted or stored securely in a sharps cradle or stand.

The practice had a record book for reporting any incidents or injuries and were also aware of their requirement for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013)⁹

We found that there were appropriate policies and procedures in place to manage health and safety in the practice, including contingency arrangements in an emergency situation. The practice had also undertaken an overall environmental risk assessment within the last 12 months.

Improvement needed

We recommended that:

The practice fully orientates any temporary staff to the building both internally and externally, and to their waste management policy, on arrival to the practice

A sanitary disposal bin is placed in the first floor staff toilet

All sharps bins should be wall mounted or stored securely in a sharps cradle or stand.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. The facility was very clean, well organised, well equipped and uncluttered, and had the relevant personal and protective equipment available for staff.

Staff demonstrated the decontamination process well and we found that the procedures in place for cleaning and sterilisation of instruments were in line with latest best practice guidelines. However, we noticed an unsatisfactory

⁹ RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences or near misses.

method towards the end of the process, with storage of instruments once removed from the autoclave for cooling. The instruments were placed on the clean work surface and were covered with a non-sterile disposable sheet. We were also told that this was the usual practice with all sterilised instruments, including those to be used for implantation procedures.

Since the practice does not use a vacuum autoclave for sterilisation, we recommend that the practice ensures that the sterilised instruments are covered with a sterile sheet or other appropriate method, to maintain sterility, prior to placing in the sterile bag. With instruments used for implantation treatment, since a vacuum autoclave is not available, best practice suggests that the instruments should be re-sterilised immediately prior to use and transported safely, to prevent any cross contamination, to the surgery as soon as possible following the process.

We saw records that showed the practice had undertaken audits of infection control on a regular basis. We saw evidence that the practice had used the Welsh Health Technical Memorandum 01-05, which is the standard for decontamination and infection control practices in dental surgeries in Wales.

We were satisfied that there were appropriate procedures in place to minimise the risk of cross infection other than those noted above, to protect both patients and staff. We also noted that the dental instruments were stored and transported in line with the current decontamination policy following the sterilisation process.

We identified that four clinical staff members did not have evidence of relevant infection control training therefore, we recommend that all staff undertake infection control training as soon as possible.

Improvement needed

The practice must ensure that:

Sterilised instruments are covered with a sterile sheet or other appropriate method (to maintain sterility), during the cooling phase

In the absence of a vacuum autoclave, instruments used for dental implantation should be re-sterilised immediately prior to use

All staff should complete infection control training as soon as possible.

Medicines management

The practice held appropriate emergency drugs and emergency resuscitation equipment, as recommended within the UK Resuscitation Council guidance¹⁰. All were available for use in an emergency situation for example, patient collapse, and were easily accessible. The drugs and equipment were being checked on a regular basis to ensure they remained in date and safe to use. A poster for the correct resuscitation procedure was also displayed in each surgery and both waiting areas.

We found that all staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice also had two appointed first aiders however, both required update training. The practice manager verbally assured us that both would undertake refresher training as soon as possible.

The practice had a policy in place for managing medical emergencies. We recommended that it should be updated to include the individual roles and responsibilities during an emergency.

In the event of an adverse drug reaction, staff were unaware of the procedure for reporting any adverse reactions and we recommend the practice should ensure that all staff are aware of how to report any adverse reactions with medicines or medical devices via the MHRA Yellow Card Scheme¹¹.

Improvement needed

We recommend that:

The policy for managing medical emergencies is updated to include the practices' individual roles and responsibilities during a patient emergency

Both appointed first aiders should undertake refresher training

The practice manager should raise awareness for all staff to report any adverse reactions with medicines or medical devices via the MHRA Yellow Card.

¹⁰ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

¹¹ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Safeguarding children and adults at risk

The practice had appropriate policies in place to promote and protect the welfare of children and adults who are vulnerable or are at risk, which also contained the contact details for the relevant safeguarding agencies. All but two staff members had completed training which was up to date in adult protection and all but one staff had completed training and was up to date in child protection.

We recommend all staff within the practice undertake child and adult protection training as soon as possible.

There were arrangements in place for staff to raise any safeguarding concerns, and staff told us they felt able to do this in the practice. The process for safeguarding concerns was displayed in all surgeries and in both waiting areas.

We found that the practice had appropriate policies and procedures in place to ensure safe recruitment and induction of new members of staff, including all pre-employment checks, to help protect both staff and patients against inappropriate personnel employment. All practice staff held full Disclosure and Barring Service (DBS)¹² certificates.

Improvement needed

We recommend that all staff within the practice complete child and adult protection training as soon as possible.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities within the surgeries and found that they contained the relevant maintained and fully serviced equipment, to sustain the safety of patients and staff. The surgeries were also well organised and tidy however, we identified some aspects which required improvement.

¹² The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving children or vulnerable adults, and provides wider access to criminal record information through its disclosure service for England and Wales.

We found that some surgeries required sealant around the perimeter of the surgery, fitted floor units and around the dental chairs. One surgery had significant damage exposing the internal sponge to the headrest upholstery, which prevented effective cleaning and posed a risk of cross infection. The dentist informed us that they use a disposable plastic cover over the headrest for each new patient.

We recommend that the head rest within the applicable surgery is replaced, repaired or reupholstered. We also recommend that sealant is implemented where applicable within each surgery.

All radiography equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. We saw evidence of up to date ionising radiation training for all but one member of the clinical staff. We also saw evidence that the practice had undertaken risk assessments and regular image quality assurance audits of X-rays and there was a comprehensive radiation policy in place. Each X-ray operation point had relevant instructions attached as displayed within the policy.

We recommend that the dentist who's ionising radiation training is out of date, must undertake training as soon as possible. The practice manager assured us that she had already discussed this with the dentist concerned and that he will aim to complete this within the next two weeks.

On the first floor, there is a dedicated room for computed tomography (CT) scanning, which is used for the implantation process. We noted that the main power switch and handset to operate the CT machine was located on the wall outside to the left of the room. One of the inspectors who were familiar with this machine was able to power up and mobilise the CT machine (but not activate the scanning process), from outside the room by activating the power switch. We feel that the unsecure switch and handset posed a potential safety risk to staff, patients and visitors, as these can be easily tampered with.

We recommend that a lockable box is secured to the wall for the main switch and handset to be located within this and the box should be kept locked when the CT machine is not in use. The practice manager verbally assured us that she would arrange for this to be in place within the next 72 hours.

The practice also provided evidence of servicing for the compressor on the day of inspection.

Improvement needed

We recommend that:

Sealant is applied around the perimeter of each surgery walls, fixtures and fittings and every surgery is thoroughly inspected and assessed for this.

The damaged head rest within the ground floor surgery is replaced, repaired or reupholstered.

A lockable box is secured to the wall outside the CT scanner room for the main switch and handset to be located within and the box should be kept locked, when the CT machine is not in use.

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed and or arranged by the practice such as; prescribing antibiotics, clinical records, cross infection, X-ray use and emergency kits. In addition, we were told, and shown, evidence that the corporate Bupa clinical effectiveness team undertake audits remotely of the patient record keeping.

All staff has access to the Bupa Dental corporate intranet which displays up to date guidance including the latest National Institute for Health And Care Excellence (NICE) guidance, any safety alerts, and initiatives, developments and access to review numerous study sessions, courses and conferences.

Quality improvement, research and innovation

On inspecting the staff personal files and from discussions with some staff, we identified that there was evidence of annual appraisals for the dental nurses and admin staff. However, there was no evidence of annual appraisals in place for the dentists and hygienists although, the practice manager did have recent one to one meetings, which were documented and signed with each dentist, discussing their role and any concerns they may have within the practice. This was not an annual appraisal.

We recommend that a process is implemented to ensure that all staff working within the practice has an annual appraisal, to ensure that competence is maintained and any training needs are identified.

There was also no evidence of peer reviews between the clinical teams, whereby if undertaken, may contribute to the quality and safety of the care provided to patients.

The practice informed us that they do not use the Wales Deanery Maturity Matrix Dentistry (MMD) tool. The MMD Self-Evaluation Tool is a straightforward dental practice team development tool, to allow the team to focus on how they work. Using the Matrix enables everyone in the practice to think about the quality of care provided in 12 areas or 'dimensions'. The dimensions link to General Dental Council core topics and are designed to raise awareness of quality and safety systems.

We recommend that the practice considers using the Wales Deanery Maturity Matrix Dentistry tool, to raise awareness of quality and safety systems throughout the practice.

We saw evidence from recorded minutes that regular meetings were held between and information was shared throughout the team.

Improvement needed

We recommend that:

A process is implemented to ensure that all staff working within the practice has an annual appraisal.

The practice considers using the Wales Deanery Maturity Matrix Dentistry tool, or devises an internal method and strategy for the team to raise awareness of quality and safety systems throughout the practice.

Information governance and communications technology

An information governance policy was in place and all staff had completed information governance training. The storage of patient files was electronic and appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet and password protected.

Record keeping

There was evidence that the practice was keeping good clinical records with some of the dentists and hygienists, demonstrating that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing. We found the records contained sufficient information regarding discussions

held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning and treatment plans were given to most patients. However, we identified some issues with three dentists' record keeping in relation to the frequency and justification¹³ of radiography, which potentially impacted on care and potential treatment planning and options for maintaining patients' health and well-being.

We discussed our findings with the practice manager and she informed us that the corporate Bupa clinical advisory team had undertaken a patient records audit just before our inspection and they also identified issues with the same dentists that we identified. She informed us that the clinical advisory team were currently making plans to address this imminently with the dentists concerned. She also verbally assured us that she would inform us as to what action was implemented in relation to these dentists, once a plan was devised.

We recommend that the practice undertakes a full radiography (X-ray) audit of all relevant practitioners who undertake radiography within the practice and that they should also undertake peer reviews between the dentists, particularly with record keeping, as highlighted earlier within the report.

Improvement needed

We recommend that the practice:

Undertakes a full radiography audit of all relevant practitioners who undertake radiography

Undertake peer reviews between the dentists, particularly with record keeping.

¹³ Justification of radiation for medical imaging (X-rays), for the use of radiation for diagnosis and treatment for oral or dental diseases.

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.

The practice manager was responsible for the day to day management of the practice, and we observed good relations with all staff and good leadership and clear lines of accountability.

We found evidence that this was a well run practice with a strong commitment to providing high quality service and attention to detail.

Staff appeared happy in their roles and was competent in carrying out their duties and responsibilities. Staff also confirmed that they were supported and encouraged by the practice manager and Bupa corporate services to access training opportunities.

Communication was good within the practice, and we saw evidence that regular staff meetings were held, and minutes were recorded and shared with those not in attendance. Staff signatures were evident to demonstrate that all staff had read and understood the minutes.

There was a comprehensive range of relevant policies and procedures in place. Staff signature sheets were also attached to every policy for staff to evidence that they had read and understood the policy.

There were good management structures in place for the benefit of staff however; the practice manager needs to introduce a programme of annual appraisals for all staff.

Governance, leadership and accountability

The practice is owned by Bupa Dental Care (previously Oasis Dental Care) and is managed by a practice manager who is supported by a wider team of clinical and non-clinical staff. The practice had a statement of purpose and patient information leaflet, as required within the Private Dentistry (Wales) Regulations 2017. Both were displayed within the practice.

We found the practice team to be organised and very proactive in their approach to providing safe and effective care to their patients. Clear lines of accountability and reporting were described by all of the practice team that we spoke to. Where we identified areas for improvement, the practice manager or lead dental nurse acted promptly, and demonstrated a willingness and commitment to address any issues and suggestions.

Staff working on the day of our inspection told us that they were happy and felt well supported in their roles by all members of the practice team. We found that staff were aware and knowledgeable about their roles and responsibilities. Staff also told us that communication within the practice was good and we saw evidence that regular staff meetings were held and meeting minutes recorded.

We identified a comprehensive range of policies and procedures in place to maintain staff, patient and visitors' safety. We saw that all of the policies were reviewed and dated. There were also staff signature sheets attached with all policies and meeting minutes to record confirmation that they had read and understood these. We reminded the practice manager that all policies must be reviewed and dated every three years or sooner if amendments made.

We noted that some policies made reference to HTM 01-05 and not WHTM, and also to NHS England and the Care Quality Commission (CQC) (who regulate and inspect health and social care services in England). We also saw that the practice website within some aspects made reference to NHS England and the CQC. We discussed this with the practice manager before and during the inspection and she acknowledged this herself. She assured us that she had raised this with the Bupa corporate team prior to our inspection and again on the day of inspection however; she did not have the authority to instruct changes to the Bupa company website herself.

During the inspection, we recommended to the practice manager to ensure that all the policies held within the practice are carefully reviewed and where reference is made to NHS England, HTM or CQC, she should amend where applicable to NHS Wales, WHTM and HIW, on the practice hard copies within the policy file. The practice manager verbally assured us that she would make arrangements as soon as possible to carefully review all the practice policies

and she would also inform HIW as soon as she had confirmation that the relevant amendments were made as recommended, on the practice website.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance in place and we also saw the practice's public liability insurance certificate.

Improvement needed

We recommend that:

The practice manager ensures that all policies held within the Chepstow practice are carefully reviewed and where reference is made to NHS England, HTM or CQC, she would amend the practice hard copies within the policy file, where applicable to NHS Wales, WHTM and HIW.

The practice manager must inform HIW as soon as she has confirmation that the relevant amendments are made (as applicable) on the practice website.

Staff and resources

Workforce

We observed a good rapport between all practice staff who were present on the day of inspection. Every staff member was courteous, polite and very welcoming to the HIW team.

We saw that the practice had recruitment and induction policies and programmes in place with completed checklists filed, for the most recent recruits. We also noted that all but one long term staff member had a signed employment contract with references on file.

The practice manager is currently undertaking annual appraisals for dental nurses and non-clinical staff, but there is no formal process in place for the annual appraisals of dentists and hygienists. As highlighted earlier in the report, we recommend that the practice implements a formal annual programme of appraisals for all staff.

We saw evidence that all staff had attended training on a broad range of topics relevant to their roles and were therefore meeting their Continuing Professional Development (CPD) requirements relevant to their role. However, as discussed earlier, not all staff held a current certificate in relation to child and adult protection training, four did not have evidence of infection control training, one

staff member did not have up to date training for ionising radiation, and two appointed first aiders required refresher training.

Staff also confirmed that they were supported and encouraged by the practice manager and Bupa corporate services to access training opportunities.

We recommended that the practice manager implements a training matrix to ensure that an overall record of staff training is easily accessible. This would help to ensure that compliance with essential training is maintained in a timely manner and identify if training is required prior to expiry. The practice manager agreed that this would be beneficial and verbally assured us that she would implement a process for this.

The practice holds regular staff meetings chaired by the practice manager and minutes are recorded.

All clinical staff must be immunised against Hepatitis B to protect patients and themselves against this viral infection. The practice provided proof of immunity for all but one member of clinical staff. We raised this finding with the staff member and practice manager, that the individual did not have satisfactory immunity following vaccinations. We were informed that they had received a booster vaccination following that result, but had not had a blood test to check for immunity following the booster injection.

We recommended that the individual contacts the health board's occupational health department, to organise a blood test to check their immunity, as soon as possible. The individual provided us with verbal assurance that they would contact the department the following day.

Improvement needed

We recommend that:

The individual who requires evidence of immunity to Hepatitis B following the booster vaccination, to contact the health board's occupational health department, to organise a blood test to check their immunity.

A training matrix is implemented to ensure that a record of staff training is easily accessible to confirm whether compliance with essential training is maintained and identify if training is required prior to expiry date.

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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). 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
During the inspection we found a clinical waste bag left on the floor of a ground floor surgery.	The clinical waste bag was not stored within a container, such as, a foot operated bin. This meant that staff could potentially be at risk when handling the bag. There was also potential for fluids/waste material to leak out of the bag onto the floor.	This was raised directly with the practice manager and lead dental nurse during the inspection.	The lead dental nurse immediately checked and removed the clinical waste bag and placed within the external clinical waste skip.

Appendix B – Immediate improvement plan

Service: Bupa Dental Care Chepstow

Date of inspection: 18 July 2018

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 Chepstow

Date of inspection: 18 July 2018

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 should provide a range of oral health and hygiene promotion leaflets for patients to read and take away.	1.1 Health promotion, protection and improvement	On the 11/9/2018 I ordered patient information leaflets from our Marketing Toolkit. I ordered leaflets to explain to our patients Root Canal Treatment, Crowns, Fillings and Implants as these are the most common treatments performed here.	Gillian Wright	11/9/2018
The practice should; Install frosted privacy screen to all glass of the full length windows of each door in both ground	4.1 Dignified Care	Surgery 1 has just been approved a full refurbishment and the screen will be added into this plan. We have had a surgery assessment but not a quote yet.	Gillian Wright	Capex requested 17/9/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>floor surgeries.</p> <p>Install a privacy screen where staff access the stock room, within the ground floor surgery.</p>		<p>However this will be happening within the next 3 months. The frosted windows recommended for Surgery 1 and Surgery 2 will be fitted on the 28/9/2018.</p>		
<p>The practice should;</p> <p>Provide additional information in the practice information leaflet, of the names of all dentists and dental care professionals and the arrangements for dealing with patients who are violent or abusive to staff.</p> <p>Place a clear sign on the decontamination room door stipulating for example, 'Staff Only'.</p> <p>All dentist names and details working within the practice are displayed externally.</p>	<p>4.2 Patient Information</p>	<p>The external refurbishment is due in 28/9/2018 when all the dentists will be listed on the exterior.</p> <p>We have a poster at the entrance already with our Violence in the workplace policy.</p> <p>I have already placed a Staff Only sign clearly on the decontamination room door.</p> <p>I have today ordered new Practice leaflets with Sedation removed from our list of provided treatments.</p> <p>I have emailed Marketing about adding Violence in the Workplace policy and the Dentists names into our leaflets as this is not possible on our online system and I will keep the HIW updated on the reply I receive.</p>	<p>Gillian Wright</p> <p>Gillian Wright</p> <p>Gillian Wright</p> <p>Gillian Wright</p> <p>Gillian Wright</p>	<p>28/9/2018</p> <p>1/8/2018</p> <p>1/8/2018</p> <p>11/9/2018</p> <p>17/9/2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
All methods communicating the option for the provision of sedation to patients is removed from the practice waiting area, patient information leaflets and website, to prevent misinformation to patients.	3.2 Communicating effectively	Removed 18/7/2018.	Gillian Wright	18/7/2018
The parking advice for patients should be amended on the practice website, if the car park is for staff only or; if the car park is also for patient use, then staff should inform and allow patients to use the car park as such and signpost both as such.	6.2 Peoples rights	This is a patient car park and there must have been a mis-understanding on the day of the audit. Staff can park here but only when working until 7.15 at night.	Gillian Wright	18/7/2018
Formally record all verbal complaints centrally to ensure they are accessible to other staff members where appropriate.	6.3 Listening and Learning from feedback	Patient Feedback book set up for reception to monitor any verbal comments made, we can then discuss this at our monthly meeting.	Gillian Wright	10/9/2018
Delivery of safe and effective care				
The practice must ensure that; There is a process in place to ensure that any temporary staff are fully orientated to the	2.1 Managing risk and promoting health and safety	I have installed a sanitary bin in the staff room upstairs already. Agency staff are normally inducted before their session starts, on the day of	Gillian Wright Gillian Wright	30/8/2018 18/7/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>building and to the policy and procedure for managing clinical waste.</p> <p>A sanitary disposal bin should be placed in the first floor staff toilet.</p> <p>All sharps bins should be wall mounted or stored securely in a sharps cradle or stand.</p>		<p>the audit we simply forgot to do this.</p> <p>This was ordered on the day of the Audit and delivered within a week</p> <p>We have the sharps bin wall mounts in practice now and they will be fitted asap.</p>	<p>Gillian Wright</p> <p>Gillian Wright</p>	<p>25/7/2018</p> <p>28/9/2018</p>
<p>The practice must ensure that;</p> <p>Sterilised instruments are covered with a sterile sheet or other appropriate method (to maintain sterility), during the cooling phase.</p> <p>In the absence of a vacuum autoclave, instruments used for implantation treatment should be re-sterilised immediately prior to use.</p> <p>All clinical staff should undertake infection control training</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>We changed the way we process instruments on the day of the audit after discussing this at length.</p> <p>We now autoclave Implant Kit just before the session.</p> <p>All the staff have completed Infection Control Training. One Clinician chased as he is outstanding 17/9/2018.</p>	<p>Gillian Wright</p> <p>Gillian Wright</p> <p>Gillian Wright</p>	<p>19/7/2018</p> <p>19/7/2018</p> <p>21/9/2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must ensure that;</p> <p>The policy for managing medical emergencies is updated to include the practices' individual roles and responsibilities during an emergency.</p> <p>Both appointed first aiders should undertake refresher training in first aid.</p> <p>Ensure that all staff are aware of how to report any adverse reactions with medicines or medical devices via the MHRA Yellow Card scheme.</p>	2.6 Medicines Management	<p>We have discussed the roles in an emergency situation in our last meeting and the roles set.</p> <p>Both staff completed the Emergency First aid at Work course on the 20/7/2018.</p> <p>We now understand who to report any adverse reactions to.</p>	<p>Gillian Wright</p> <p>Gillian Wright</p> <p>Gillian Wright</p>	<p>20/7/2018</p> <p>20/7/18</p> <p>20/7/18</p>
<p>The practice must ensure that all staff must complete child and adult protection training.</p>	2.7 Safeguarding children and adults at risk	All staff fully trained.	Gillian Wright	19/7/2018
<p>The practice must ensure that;</p> <p>Floor sealant is placed around the perimeter of each surgery and fixture and fittings and each fully inspected and sealed where not present.</p> <p>The damaged head rest within the ground floor surgery is replaced, repaired or reupholstered.</p>	2.9 Medical devices, equipment and diagnostic systems	<p>Floor in Surgery 1 sealed 24/7/2018. This is the only surgery which was not sealed.</p> <p>Head rest will be reupholstered as part of the surgery refurbishment within the</p>	<p>Gillian Wright</p> <p>Gillian Wright</p>	<p>24/7/2018</p> <p>19/7/2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The dentist whose ionising radiation training is out of date must complete training.</p> <p>A lockable box is secured to the wall for the main switch and handset for the CT scanner to be located within it and the box kept locked, when the CT machine is not in use.</p>		<p>next 3 months. It is still being used using the disposable covers for each and every patient.</p> <p>The dentist has now left the company.</p> <p>The unit is now sealed with a lockable metal box.</p>	Gillian Wright	10/8/2018
<p>The practice must ensure that;</p> <p>A process is implemented to ensure that all staff within the practice has an annual appraisal.</p> <p>Consideration of using the Wales Deanery Maturity Matrix Dentistry tool, or devises an internal method and strategy for the team to raise awareness of quality and safety systems throughout the practice.</p>	3.3 Quality Improvement, Research and Innovation	<p>Our employed staff has always had appraisals annually. This year our dentists will too.</p> <p>We shall look further into using this tool. I have forwarded the link to my Clinical Team today via email and we will discuss at the next staff meeting 3/10/2018</p>	Gillian Wright Gillian Wright	19/7/2018 17/9/2018
<p>The practice must ensure they;</p> <p>Undertake a full radiography audit of all relevant</p>	3.5 Record keeping	Bupa provides us with an Internal audit tool for the monitoring radiography audits. We showed the auditors proof of	Gillian Wright	18/7/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>practitioners who undertake radiography within the practice</p> <p>Undertake peer reviews between the dentists, particularly with record keeping.</p>		<p>this on the day.</p> <p>All Clinical staff have been audited on their note taking and a review given them with recommendations going forward. We also changed our templates to show specific information recommended on the audit day.</p>	Gillian Wright	26/7/2018
Quality of management and leadership				
<p>The practice manager must ensure that;</p> <p>All policies held within the Chepstow practice are carefully reviewed and where reference is made to NHS England, HTM or CQC, amendments should be made to the practice hard copies within the policy file (where applicable) to NHS Wales, WHTM and HIW.</p> <p>HIW is informed as soon confirmation is received that the relevant amendments are made on the practice website.</p>	Governance, Leadership and Accountability	<p>This is ongoing depending on when the policy needs updating.</p> <p>Within the footer of the website, we've removed England from the NHS England logo to cover all areas. In instances where practices are monitored by HIW, we are putting details on the About us page, this will be confirmed as soon as it is actioned by our Marketing Team.</p>	Gillian Wright	17/9/2018
<p>The practice manager must ensure that;</p>	7.1 Workforce	<p>This information is now on file in</p>	Gillian Wright	17/9/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The individual who requires evidence of immunity to Hepatitis B, contacts the health board's occupational health department, to organise a blood test for this.</p> <p>A training matrix is implemented to ensure that a record of staff training is easily accessible to help confirm compliance with essential training and identify training requirements prior to expiry.</p>		<p>practice.</p> <p>We now have a Staff Training Calendar in practice which I monitor closely and alert the team to any training needs.</p>	Gillian Wright	19/7/2018

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): Gillian Wright

Job role: Practice Manager

Date: 17/9/2018