



General Dental Practice Inspection (Announced)

Gupta Dental Surgeons, Swansea
Bay University Health Board

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2021

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Gupta Dental Surgeons at 41 Forge Road, Port Talbot, within Swansea Bay University Health Board on the 01 September 2021.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) 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 Gupta Dental provided a friendly and professional service to their patients.

We saw evidence of good infection control arrangements in place to protect both patients and staff.

The building was kept to a very good standard, with clinical areas well equipped, clean and well maintained.

This is what we found the service did well:

- The practice had appropriate equipment in place to treat patients in line with COVID-19 requirements
- Staff were friendly, welcoming and supportive
- Patients were provided with information about how to keep their mouths healthy, and about treatment options when appropriate.

This is what we recommend the service could improve:

- The practice must ensure there are robust governance arrangements in place at the practice
- The practice must ensure suitable quality improvement activities are undertaken.

3. What we found

Background of the service

Gupta Dental provides services to patients in the Port Talbot area. The practice forms part of dental services provided within the area served by Swansea Bay University Health Board.

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 Gupta Dental was committed to providing a positive experience for their patients. All patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent, or very good. Patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a range of information to support patients in making effective choices about their treatment options. There was a welcoming atmosphere, and we saw staff making efforts to make patients feel relaxed and at ease from the moment they arrived.

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 36 questionnaires were completed.

Staying healthy

Health promotion protection and improvement

All but one of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. This was also supported by the patient records we inspected. There was evidence within the records of advice given on oral health information, diet advice, smoking cessation and the link between alcohol/smoking and oral health. It was evident that patients are encouraged to change their behaviour and supported to do so.

Where applicable, all of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options and that the cost was always made clear to them before they received any treatment.

Dignified care

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

We observed patients being greeted and welcomed by reception staff in a professional and friendly manner. If there was a need to talk to a patient privately, staff could conduct those conversations in an empty surgery. Telephone calls were handled by a member of staff either on reception or in the office, so calls could be taken privately.

The practice had appropriate policies to ensure patients are treated with dignity and respect. We saw that the code of ethics, professional practice by General Dental Council (GDC) poster was displayed within the patients waiting area.

We saw that during appointments, the doors to the treatment rooms were closed, to protect patient privacy.

Patient information

All of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options and that the cost was always made clear to them before they received any treatment.

We noted the price list setting out treatment costs was provided in the waiting room.

In order to minimise the risk of transmission of COVID-19, patient information had been removed from the waiting room, with only minimal pieces of information available as wipe clean sheets on notice boards.

Communicating effectively

All of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

If a patient required translation services, the practice had access to a language line for translation services.

Services and information were available through the medium of Welsh upon request, but this was not well advertised throughout the practice.

Improvement needed

The practice should make patients aware that they can access information via the medium of Welsh if required.

Timely care

All but two of the patients who completed a questionnaire said they would know how to access 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 provided in the patient user guide, on the front door and provided on the practice's answerphone message.

The practice ensures that provision was made for emergency appointments on a daily basis.

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 and, if appropriate, offer another appointment with no additional charges being incurred.

Individual care

Planning care to promote independence

A review of patient records showed that patients are asked about their medical history at the time of their visit.

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

People's rights

We found access to the practice to be good. The patient area of the practice was located on the ground floor. Doors to all of the rooms were wheelchair friendly, and there was a disabled bathroom available.

We found that there were a number of policies in place to support staff and patients, including an equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010. The practice had an equal Opportunities policy and a Confidentiality policy in place.

Listening and learning from feedback

The practice had a complaints policy in place, which was aligned to the Putting things Right¹, and the Private Dentistry Wales 2017 Regulations².

Since the COVID-19 Pandemic, the practice had not collected patient feedback. The practice must ensure that it collects, reviews and acts upon patient feedback.

Improvement needed

The practice must ensure it collects, reviews and acts upon patient feedback

¹ *Putting Things Right* is the NHS process for the raising, investigation of and learning from concerns.

² <http://www.legislation.gov.uk/wsi/2017/202/made>

Delivery of safe and effective care

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

We found evidence that patients were provided with safe and effective dental care.

We noted that clinical facilities were well equipped and were kept to a satisfactory standard.

We noted some discrepancies in clinical processes, including finding expired stock and an omission in fridge temperature checks.

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 patients visiting the practice. The outside of the building appeared to be well maintained. Inside, the building was light, tidy and spacious.

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy and emergency contingency policy. Policies and risk assessments were available to all staff. There was an environmental risk assessment in place to help protect both staff and patients.

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.

The practice had a fire policy in place, which was missing some information including roles and responsibilities of staff. The practice must ensure that there is a comprehensive fire policy in place. Two members of staff had been fire trained, however, we advised that in house training be given to all staff to give them an understanding of fire safety.

We found that a first aid kit was available at the practice, which contained appropriate equipment which was in date. The principal dentist was first aid trained.

We noted that there were a number of needles out of date within surgeries, and local anaesthetic which had expired the day before the inspection. The practice must ensure that stock is regularly checked and out of date equipment and medicines are disposed of appropriately.

Improvement needed

The practice must ensure there is an appropriate fire safety policy in place.

The practice must ensure that stock is regularly checked and out of date equipment and medicines are disposed of appropriately.

Infection prevention and control

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored appropriately.

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. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) protocol and a mercury handling policy.

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within a dedicated decontamination room. We saw evidence that the protocol for checking the sterilisation equipment was available and up to date.

There was an infection control policy and a sharps safety policy for staff.

The surgeries were visibly clean and tidy and the practice had a cleaning schedule for staff to follow to ensure all were kept in line with the Welsh Health Technical Memorandum (WHTM) 01-05. We noted that a WHTM 01-05 audit had been completed in August 2021.

We noted that both surgeries had mechanical ventilation installed as a result of the COVID-19 pandemic, allowing the practice to meet the air circulation requirements for undertaking Aerosol Generating Procedures (AGPs)³.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role⁴. We saw evidence that the majority of staff had received training within the last twelve months on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). There was one member of staff who was due to complete training, however we saw evidence that training had been booked for the following week.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁵. These were stored in the front surgery at the time of the inspection. We advised that these should be moved outside the surgery so they could be accessed if a procedure was taking place within a surgery.

We saw that emergency drugs were appropriately kept in a drugs fridge within the practice. However, we noted an occasion where the fridge temperature had not been checked. The practice must ensure a daily log is kept of fridge temperatures.

³ An aerosol-generating procedure is a medical or health-care procedure that results in the production of airborne particles or respiratory droplets, which may be pathogenic

⁴ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

⁵ 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

Improvement needed

The practice must ensure a daily log is kept of fridge temperatures.

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, these policies contained the contact details for the relevant safeguarding agencies located within the locality. We noted that the All Wales Safeguarding Procedures were readily available to staff.

The Registered Manager displayed a good understanding on the obligations of the practice, and described the actions that would be taken should a concern be raised. The safeguarding lead for the practice had attended a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

Medical devices, equipment and diagnostic systems

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

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. Documentation for the management of radiation protection was up to date. We saw that the local rules⁶ were available to staff.

⁶ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

In accordance with the requirements of the General Dental Council⁷ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017⁸ all clinical staff had completed the required training.

Effective care

Safe and clinically effective care

The practice had appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We were told that professional, regulatory and statutory guidance, such as National Institute for Care and Excellence (NICE) guidelines⁹, were given due consideration and followed where appropriate.

Quality improvement, research and innovation

We saw evidence that the practice had a very limited number of clinical audits in place to help demonstrate keeping up to date with professional standards. We recommended that in order to promote continuous improvement, a broader range of audits should be regularly undertaken.

We were told that the practice used Quality Improvement tools including the BDA Good Practice Guide¹⁰. These are team development tools which encourage the team to focus on best practice and legislative requirements, and also about how they work together.

⁷ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁸ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

1. ⁹ <https://www.nice.org.uk/.../oral-and-dental-health>

¹⁰ BDA Good Practice is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice

We noted that there was a limited amount of peer review being undertaken throughout the practice. We recommended that a range of peer review record keeping audits is completed.

Improvement needed

The practice should ensure a broad range of audits is undertaken

The practice must ensure that a range of peer review is completed

Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. The practice also had a records management policy. Patient records were kept in both paper form and electronically.

Record keeping

We reviewed a sample of patient records. We found that the patient records were kept to a suitable standard and no further recommendations were made.

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 had a range of policies and procedures in place that were reviewed annually, however we noted that these were difficult to find at times.

Governance, leadership and accountability

Gupta Dental is owned by the Registered Manager¹¹, who also acts as the Responsible Individual¹² and principal dentist. The daily running of the service is managed by the Practice Manager, who currently also works as a dental nurse.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. The statement of purpose and patient information leaflet contained all the relevant information required by the regulations and were available to patients through the welcome pack and on the website.

We noted during the course of the day that the governance arrangements for the practice were disorganised, and made finding policies, procedures and staff training difficult. This could pose a risk if staff are unable to quickly find information when required, and could mean that mandatory staff training could

¹¹ “registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

¹² “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

be missed. The practice must ensure suitable arrangements in place for the governance of the practice.

The Registered Manager confirmed that he was aware of his duties regarding notifications, including serious injury to patients and absence or changes to the Registered Manager that must be sent to HIW.

Improvement needed

- The practice must ensure there are robust governance arrangements in place at the practice

Staff and resources

Workforce

Day to day management of was handled by the Registered Manager and practice manager. We found that staff understood their roles and responsibilities clearly. Staff were welcoming, positive and knowledgeable when talking to the inspection team.

We saw evidence that a number of changes had been made as a result of the COVID-19 pandemic. This included reviewing the safety of staff within the practice, and updated arrangements for keeping staff and patients safe.

Staff team meetings had been sporadic at times, but we saw evidence that these were happening on at least a quarterly basis. We were told that a Whatsapp¹³ group chat was used to allow both work and non-work related staff discussions. We were told this had strengthened staff relationships and employees felt confident raising concerns and issues when needed.

We noted the range of policies and procedures that were in place to ensure the safety of both staff and patients.

¹³ WhatsApp Messenger is a cross-platform mobile messaging app which allows you to exchange messages

We undertook a review of mandatory staff training within the practice. Due to difficulties finding documentation, we found it difficult to assure the inspection team that mandatory staff training had been completed. The practice was asked to gather further evidence for numerous members of staff. We noted that one member of staff had not completed all of their mandatory training, but this was booked on the day. At the time of writing the report, we had evidence that this had been completed. The practice must ensure that all staff keep up to date with mandatory training.

Improvement needed

The practice must ensure that all staff keep up to date with mandatory training.

4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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, measurable, 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 2017](#), 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
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Gupta Dental Surgeons

Date of inspection: 01/09/21

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non compliance issues were identified during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Gupta Dental Surgeons

Date of inspection: 01/09/21

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice should make patients aware that they can access information via the medium of Welsh if required	3.2 Communicating effectively;	Welsh language signs displayed at reception area and Welsh forms have been printed ready to be used	Felicity Williams	Completed
The practice must ensure it collects, reviews and acts upon patient feedback	6.3 Listening and Learning from feedback,	We are encouraging patients to write google reviews and starting to use feedback via email channel.	Amrish Gupta	Ongoing)
Delivery of safe and effective care				
The practice must ensure there is an appropriate fire safety policy in place.	2.1 Managing risk and promoting health and safety;	We have now got a up to date fire safety policy in place and all staff members have been made aware of this.	Amrish Gupta/ Felicity Williams	All the action points on the reports have

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
				been completed.
The practice must ensure a daily log is kept of fridge temperatures	2.4 Infection Prevention and Control (IPC) and Decontamination,	New temperature log is being maintained.	Felicity Williams	Completed
The practice must ensure that stock is regularly checked and out of date equipment and medicines are disposed of appropriately	2.6 Medicines Management;	Monthly spot checks to be introduced and to be logged in and weekly surgery checks.	Amrish Gupta/Felicity Williams	Ongoing
The practice should ensure a broad range of audits is undertaken	3.3 Quality Improvement, Research and Innovation;	We as a team have decided to introduce more clinical audits in addition to WHTM01-05 and shall be undertaking smoking cessation Audit as well	Amrish Gupta	By 03/22)
The practice must ensure that a range of peer review is completed	3.3 Quality Improvement, Research and Innovation;	We have decided to peer review our referral process in the practice	Amrish, Amit , Tara)	By 03/22)
Quality of management and leadership				

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure there are suitable arrangements in place for the Governance of the practice	Governance, Leadership and Accountability	Ring Fencing of management and Leadership time to be introduced for Amrish and Felicity.	Amrish & Felicity	Ongoing
The practice must ensure that all staff keep up to date with mandatory training	7.1 Workforce	We have instructed Dental HR limited to help us with our mandatory training)	Amrish Gupta and Felicity Williams	Done

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): Amrish Gupta

Job role: Principal Dentist

Date: 06/10/2021