

Quality Check Summary

Bupa Dental Care, Armstrong House,
Wrexham

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Bupa Dental Care, Armstrong House, Wrexham as part of its programme of assurance work. The practice offers a range of NHS and private treatments and has five dentists, two dental therapists¹/hygienists and seven dental nurses. The practice forms part of the dental services provided within the area serviced by Betsi Cadwaladr University Health Board within the area of Wrexham.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Private Dentistry (Wales) Regulations 2017.

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

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the registered manager² on 14 July 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How has the practice and the services it provides adapted during this period of COVID-19?
- How do you ensure that equality and a rights-based approach are embedded across the service?

¹ "Dental Therapist" means a person qualified to treat both adults and children providing periodontal and restorative work and some minor oral surgery procedures on children under the referral of a dentist.

² "Registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental risk assessments / audits
- Fire safety policies/procedures, including fire safety risk assessment (if applicable).

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

The registered manager provided details of the changes that had been made to the practice environment that allowed patients to be seen during the COVID-19 pandemic. We were told that at the start of the pandemic, the door to the practice was kept locked to ensure only those individuals with pre-booked appointments could enter the practice. A door intercom system was used to strictly control footfall through the practice and a one-way system was imposed.

We were told that signage was still in place on the floor to remind patients to socially distance. Toys and magazines had been removed from the waiting area and fewer chairs were available. These were spaced out to ensure appropriate social distancing. The registered manager informed us that a second waiting room was also now in use to prevent overcrowding in the waiting area on the ground floor.

We asked what measures were in place to keep patients informed about safety procedures relating to COVID-19. We were told that patients were telephoned prior to their appointment to explain COVID-19 safety procedures. During this telephone call, patients would be screened for symptoms of respiratory illness and would be reminded not to bring unnecessary belongings, to arrive on time and alone whenever possible. We were told that if the waiting areas were busy, patients may be asked to wait temporarily in their cars when applicable.

We were told that the practice used a text messaging system to send out appointment reminders to patients. This system would also remind patients to rebook if they had symptoms of respiratory illness.

We saw evidence of facilities available at the practice to ensure those with disabilities were able to access the dental practice. We were informed that the practice had a surgery downstairs for patients with mobility difficulties as well as a disability access ramp to the rear of the property with a call bell to alert staff.

We were told that the practice had access to a language line translation service offered by the local health board and all staff had undertaken mandatory training in equality and diversity. We saw evidence that the practice had a hearing loop system³ for those patients hard of hearing and a lowered reception desk.

The registered manager told us how those wishing to communicate through the medium of Welsh were encouraged to do so. We were told that, although the practice did not have any Welsh speaking staff, documents, such as medical history forms and patient information leaflets, were available in Welsh. In addition, the practice had a notice board with important practice information that was bilingual. We were told that should a patient wish to communicate through the medium of Welsh, a translator would be provided to facilitate this.

We saw evidence of a practice cleaning policy and surgery cleaning schedules that considered the increased measures for COVID-19. We were also provided with an up-to-date practice risk assessment.

The following areas for improvement were identified:

We saw evidence of the most recent fire risk assessment and action plan. This had been undertaken in April 2022 and demonstrated areas that required improvement. Eleven actions had been identified by the assessor for completion with set time periods of three or six months dependent upon the urgency. However, at the time of this quality check, the fire action plan had not been updated to demonstrate that the actions required within three months or less had been completed.

The registered manager must ensure that the fire action plan is completed promptly and within the designated timescales as set out by the fire risk assessment.

We were provided with the regulation 23 annual report⁴ as required under regulation 23 of The Private Dentistry (Wales) Regulations 2017. This report, dated February 2022, noted several areas of concern that had been identified as requiring prompt action. These related to the environment of the dental practice, specifically:

- Damage to walls
- Tears in flooring
- Lack of sealant around flooring
- Unnecessary skirting boards present on top of existing 'cap and cove' flooring that was retaining dust
- Broken/loose cupboards in clinical areas

³ Audio induction loop systems, also called audio-frequency induction loops or hearing loops, are an assistive listening technology for individuals with reduced ranges of hearing. A hearing loop consists of one or more physical loop of cable which are placed around a designated area, usually a room or a building

⁴ The Regulation 23 annual report is an annual return prepared by the registered provider following an unannounced visit to the private dental practice and sets out the quality of the service provided by the private dental practice to staff and patients.

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- Rust present on non-working parts of the dental chair
 - Rips in chairs used by dental staff.

During the quality check video call, we asked the registered manager to provide us with evidence and assurance that the necessary repairs had been undertaken or were planned to be completed in a prompt manner. We were told that communications and agreement to complete the work had led to a significant delay for some actions. Evidence in support of repairs already made was not provided to HIW.

The registered manager must ensure that the actions identified in the regulation 23 annual return report are acted upon swiftly and promptly. Evidence of remedial works must be sent to HIW to provide assurance that the environment of the dental practice is safe for patients, staff and visitors.

The regulation 23 annual return report provided to us as part of the quality check process noted that Control of Substances Hazardous to Health (COSHH)⁵ data sheets at the dental practice had not been updated since 2019. We asked the registered manager whether these had been updated since the writing of the regulation 23 report in February 2022. We were told that these had been updated and evidence would be provided to us to provide assurance of the safety of staff, patients and visitors to the practice. However, no evidence was provided.

The registered manager must ensure evidence is provided to HIW that provides assurance of updates to the COSHH safety data sheets as noted in the regulation 23 annual report.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors, and staff safe.

The key documents we reviewed included:

- A copy of the most recent WHTM 01-05 decontamination audit and the action plan to address any areas for improvement.
- Generic infection control policies and Covid-19 specific policies
- Most recent infection control risk assessments / audits
- Cleaning schedules.

⁵ COSHH is the law that requires employers to control substances that are hazardous to health.

The following positive evidence was received:

The registered manager confirmed the processes in place to protect patients and staff when an aerosol generating procedure (AGP)⁶ was taking place. This process followed the most recent guidance for the prevention of respiratory illness issued by the Chief Dental Officer (CDO) for Wales. All staff were kept informed of the guidance and changes to policy via internal staff email and the company intranet. In addition, documents would be printed to enable staff to read them in hard copy. The practice also used a multimedia mobile messaging application in which to put links to important guidance and changes to it.

The registered manager informed us that fixed air filtration units⁷ had been installed into the surgeries which enabled the practice to operate with the minimum fallow time⁸ of 10 minutes when necessary, following an AGP. We saw evidence of an up-to-date COVID-19 policy that was version controlled, dated and in line with the most recent guidance.

We confirmed with the registered manager the process to check that patients attending the practice were not displaying symptoms of a respiratory illness. We were told that patients would be telephoned prior to their appointment and a series of screening questions would be asked. The responses to these questions would be documented and added to the patients dental record. Patients would be rescreened upon attendance at the practice. Face coverings were encouraged, and we were told that hand gel was available at a sanitisation station set up in the reception area.

We asked the registered manager the process that would be followed should a patient attend displaying symptoms of a respiratory illness and were told that they would be told to rebook their appointment. Advice and a prescription (if appropriate) would be provided unless it was necessary for them to be seen. Should a patient with symptoms of COVID-19 require treatment, they would be booked for the end of the day and the specified respiratory pathway followed as set out in the most recent guidance issued by the CDO. This would include enhanced personal protective equipment (PPE) to include a filtering face piece (FFP3) mask. Additional cleaning would also be undertaken.

We were told that staff were up to date with training in the use of enhanced PPE. This included the correct methods of donning and doffing⁹. This was achieved through a blended learning approach using online training available on the dedicated Bupa training platform as well as in-house practical sessions. We were told that posters and visual reminders were displayed within areas used to don and doff PPE. We were told that all staff had undertaken specific COVID-19 risk assessments and all clinical staff had been correctly fit-tested for FFP3

⁶ An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

⁷ Fixed air filtration units, effectively filter the air within a clinical area to mitigate against the risks posed by airborne viruses

⁸ Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place which allows any droplets to settle before cleaning and decontamination takes place

⁹ Donning and doffing of PPE refers to the correct method of putting on and taking off of PPE.

masks.

We asked the registered manager about the arrangements for sourcing PPE. We were told that at the start of the pandemic it had been challenging to source enough PPE. However, support had been provided by the head office team as well as the local health board to ensure supplies had not run out. The registered manager informed us that they were responsible for the checking of all stocks. This was achieved using a dedicated log sheet. In addition, each surgery was provided with a logbook to document items that were running out.

We saw evidence of a recently completed and compliant Welsh Health Technical Memorandum (WHTM 01-05)¹⁰ audit. This noted that the IPC lead for the practice was a dental nurse who was supported in this role by the registered manager.

We saw evidence of daily checklists for decontamination and sterilisation equipment and cleaning schedules covering the previous two weeks.

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- The regulation 23 (Responsible Individual visit) report prepared under Regulation 16(3) of the Private Dentistry (Wales) Regulations 2017
- Informed consent policies / procedures
- Business continuity plans
- Mandatory training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety.

The following positive evidence was received:

The registered manager told us that the practice had closed temporarily to patients at the beginning of the pandemic. However, during this time, the practice continued to provide support and advice remotely. This included providing prescriptions as appropriate, pain control

¹⁰ WHTM 01-05 refers to the accepted guidance concerning the decontamination and sterilisation of dental equipment and the environment within primary dental care settings.

advice and temporary filling kits to patients. The registered manager told us that staff not furloughed by the company were kept on a rota system to provide remote services to patients.

The registered manager spoke highly of the staff, and this was confirmed in the regulation 23 annual report which noted the dedication of staff to the practice and patients they cared for. We were told that although staff found the challenges of the pandemic difficult to adapt to, support was available via a 'healthy minds' scheme that the practice had access to. In addition, occupational health support was available to those staff that required it.

The registered manager told us that regular staff meetings would be held to provide updates to guidance as necessary and to discuss anything that staff may be concerned about. Meeting minutes would be available to all staff.

We were told that the practice did use locum dental staff on occasion when short staffed. These would be sourced from a local dental agency. We were informed that agency staff would be vetted by the agency and confirmation of compliance with training and General Dental Council registration requirements would be sent to the practice. Staff new to the practice would be given a thorough induction and support would be provided by permanent staff.

We asked the registered manager to describe the processes and procedures that ensured emergency drugs and equipment were present and in date. We were told that the emergency drugs were checked on a weekly basis by staff and a log kept. Emergency glucagon¹¹ was stored in a clinical fridge. Temperature checks on the fridge were undertaken daily to ensure safe storage.

We were informed that the practice had in place a robust audit process. We were provided with examples that covered infection control, radiography and record keeping. These audits were regularly repeated to ensure improvements were maintained.

We were provided with an up-to-date statement of purpose¹² and patient information leaflet¹³ as required by the Private Dentistry (Wales) Regulations 2017. Both documents contained relevant information about the services offered by the practice. In addition, we were provided with a sample of policies and procedures which were all up to date.

The practice provided a comprehensive and completed record of mandatory training that demonstrated that most staff were up to date and compliant with mandatory training requirements including Basic Life Support (BLS), IPC and the safeguarding of children and

¹¹ Glucagon is a drug administered via intramuscular injection to patients suffering from hypoglycaemia

¹² The statement of purpose is the information required in accordance with Schedule 1 to the Private Dentistry (Wales) Regulations. This includes the practice aims and objectives and the names and qualifications of the dentists and dental staff. Additionally, it should list the kinds of treatment, facilities and all other services provided in or for the purposes of the private dental practice, including details of the range of needs which those services are intended to meet.

¹³ The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations. The information included a summary of the statement of purpose, arrangements seeking patients' views, access to the premises and keeping appointments.

vulnerable adults.

The following areas for improvement were identified:

We saw evidence of the most recent regulation 23 annual report dated February 2022. This report identified that the local rules¹⁴ necessary for the safe use of radiography equipment at the practice were out of date. In addition, the practice did not have a contract in place for a Radiation Protection Supervisor¹⁵ (RPS). During the quality check video call, we asked the registered manager to provide us with assurance that these actions had been appropriately rectified. Evidence in respect of this was not provided to HIW.

The registered manager must provide evidence to HIW:

- The up-to-date local rules for the radiography equipment at the practice
- The contract in place for an RPS.

We were provided with a copy of the most recent mandatory training spreadsheet for staff at the practice. This noted that some staff were not fully up to date with requirements for mandatory training, including training in BLS and safeguarding of children and vulnerable adults. It is important that staff have the necessary skills and knowledge, relevant to their role, to work at the private dental practice.

The registered manager must ensure that staff are up to date with mandatory training requirements in BLS and the safeguarding of children and vulnerable adults.

Our review of the record card audit provided as evidence in support of the quality check, identified that plaque scores¹⁶ and bleeding scores¹⁷ were consistently not recorded for patients. Both assessments provide useful indications of a patients' oral hygiene and gingival¹⁸ health. Although this had been identified in the record card audit, no actions had been set out to ensure improvements in the recording of this information within the dental records.

The registered manager must ensure areas requiring improvement identified as part of the record card audit are actioned appropriately.

¹⁴ The 'local rules' describe procedures for the safe use of X-ray equipment at the practice including use of PPE and shielding, controlled area entry, use of the equipment, personal monitoring devices (if appropriate) and quality assurance.

¹⁵ A radiation protection supervisor (RPS) is appointed by the dental practice to ensure the local rules are followed and to oversee work related to X-ray and radiography equipment at the practice.

¹⁶ A dental plaque score is an indicator used to determine a patient's oral hygiene

¹⁷ A dental bleeding score is provided following probing of the gingivae and provides an indicator of gingival and periodontal health.

¹⁸ Gingival health refers to the health of the gums and soft tissues that support the teeth

What next?

Where we have identified areas for improvements and immediate concerns during our quality check and require the service to take action, these are detailed in the following ways within the appendices of this report:

- Appendix A: 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 B: Includes any other improvements identified during the quality check where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where an improvement plan is required, it should:

- 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 areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

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

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

Appendix A - Immediate improvement plan

Setting: Bupa Dental Care, Armstrong House, Wrexham

Ward/Department/Service: Betsi Cadwalдар University Health Board

Date of activity: 14 July 2022

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

Immediate Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
No immediate Improvements required.				

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 B: Improvement plan

Setting: Bupa Dental Care, Armstrong House, Wrexham

Ward/Department/Service: Betsi Cadwalдар University Health Board

Date of activity: 14 July 2022

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

Please note, all actions are expected to be complete within three months of the quality check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
The registered manager must ensure the actions identified within the fire risk assessment are completed promptly and as set out in the fire risk assessment.	Standard 2.1 Managing risk and promoting health and safety; Regulation 22 (4f) The Private Dentistry (Wales) Regulations 2017	Fire Risk assessment remedials and FRA uploaded. Awaiting contractors completion.	Lynsey Burkhill	1 month

<p>The registered manager must ensure that the actions identified in the regulation 23 annual return report are acted upon swiftly and promptly and evidence of remedial works is sent to HIW to provide assurance that the environment of the dental practice is safe for patients, staff and visitors.</p>	<p>Standard 2.1 Managing risk and promoting health and safety; Regulation 22 (2b) The Private Dentistry (Wales) Regulations 2017</p>	<p>Flooring- Flooring has been fixed 5th August 2022. Please see email trail awaiting correspondence of the completion.</p> <p>Rust - DD please see email trail awaiting update. An engineer has been out to check the rusted areas and has taken photos to assess before confirming if we can replace the parts or if new chairs will be needed.</p> <p>Chair head rest replaced- Please see attached email trail.</p> <p>I am being supported by:</p> <p>Lizzie Falla, Clinical Regulatory Manager</p> <p>Natalie Shield, Clinical Governance and Assurance Lead</p> <p>Sandeep Bhatoe, Property Manager</p>	<p>Lynsey Burkhill</p>	<p>2 months</p>
<p>The registered manager must ensure evidence is provided to HIW that provides assurance of updates</p>	<p>Standard 2.1 Managing risk and promoting</p>	<p>Please see uploaded the COSHH folder review tracker.</p>	<p>Lynsey Burkhill</p>	<p>Completed</p>

<p>to the COSHH safety data sheets as noted in the regulation 23 report.</p>	<p>health and safety; Regulation 8 (1m) The Private Dentistry (Wales) Regulations 2017</p>	<p>This is updated annually or sooner if we have new COSHH items in practice.</p>		
<p>The registered manager must provide evidence to HIW:</p> <ul style="list-style-type: none"> The up-to-date local rules for the radiography equipment at the practice That a contract is in place for an RPS. 	<p>Standard 2.9 Medical Devices, equipment and diagnostic systems; Regulation 13 The Private Dentistry (Wales) Regulations 2017</p>	<p>Please see attached up-to-date local rules completed after the Bupa In-house inspection in February 2022.</p> <p>The RPS in practice is Claire Gavan</p> <p>The RPA and MPE contact details are available.</p>	<p>Lynsey Burkhill</p>	<p>Completed</p>
<p>The registered manager must ensure that staff are up to date with mandatory training requirements in BLS and the safeguarding of children and vulnerable adults.</p>	<p>Standard 7.1 Workforce; Regulation 13 (3a) & regulation 14 (1b) The Private Dentistry (Wales) Regulations 2017</p>	<p>The trainee nurse and receptionist have the BLS booked in 10/08/2022. Please see attached booking confirmation.</p> <p>The clinician who had been marked as not having Safeguarding of children and vulnerable adults does have his certificate this was an error on my part. Please see attached certificates.</p>	<p>Lynsey Burkhill</p>	<p>Completed</p>

The registered manager must ensure areas requiring improvement identified as part of the record card audit are actioned appropriately.	Standard 3.5 Record keeping; Regulation 20 (1a i,ii) The Private Dentistry (Wales) Regulations 2017	Discussed with clinicians to complete plaque and bleeding scores with each patient. Training session with associates scheduled for 24/08/2022	Lynsey Burkhill	1 month
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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: Bupa Dental Care

Name (print): Lynsey Burkhill

Job role: Practice Manager

Date: 09/08/2022