

General Dental Practice Inspection Report (Announced)

BEAM Denti Spa, Chepstow

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Beam Denti Spa, Chepstow on 01 June 2022.

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

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Beam Denti Spa to be a welcoming and friendly practice that focussed on providing a professional and caring service for their patients.

The practice was situated within the heart of Chepstow town centre and provided a modern and calming atmosphere for patients.

This is what the service did well:

- We found the practice was light, airy and modern
- Equality and diversity were promoted, and the practice was accessible for all.
- We witnessed patients being treated in a caring and friendly manner

Safe and Effective Care

Overall summary:

Overall, we found that the practice offered safe and effective care to their patients.

Of the ten patient records that were reviewed as part of the inspection, we identified that, overall, patient dental records were completed to a high standard.

We found that the practice had appropriate and sufficient policies, arrangements and procedures in place for the taking, handling and recording of x-rays and appropriate medicines management procedures in place.

Emergency drugs and equipment were also stored and managed correctly. However, we found that the practice did not have midazolam on site due to supply issues.

This is what we recommend the service can improve:

- Ensure that receipts are provided by the disposing pharmacy for expired medicines accepted for disposal
- Staff working at the practice should have training for anaphylaxis incidents.
- Containers for amalgam, extracted teeth and crown bridges need to be purchased.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- The practice used an online portal system for patients to fill in and update details of their medical history and COVID-19 screening.

Quality of Management and Leadership

Overall summary:

Beam Denti Spa has a committed and professional team of staff who we witnessed working well together. Staff strived to provide high standards of care to their patients.

We saw that the practice was well organised. Policies and procedures were stored in a dedicated storage system. These met the standards and regulations for private dental practices in Wales.

Staff personal files were stored securely and contained the necessary documentation to ensure compliance with mandatory training and compliance with GDC guidelines.

This is what we recommend the service can improve:

- Ensure the most up to date policies are on display.

This is what the service did well:

- An effective management structure was in place and staff were well supported.
- Staff had an excellent understanding of the private dentistry regulation.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 10 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Some of the comments provided by patients on the questionnaires included:

“The practice is very well run, and treatment is always done.”

“I am a nervous patient but was put totally at ease.”

“Above and beyond.”

“Good service - on time!”

Patients were asked in the questionnaires how the setting could improve the service it provides. No improvements were suggested, with patients commenting:

“They can't everything is perfect.”

“The service is of a high standard.”

Responses and comments indicate a positive patient experience at this setting, across all areas. That said, response levels were low; therefore, it is unclear whether the views of this small patient group can be generalised to the wider patient population using this service.

Staying Healthy

Health Protection and Improvement

We observed the changes that had been made to the environment of the practice due to COVID-19. We saw that facemasks and alcohol gel were available at the entrance to the practice and when appropriate, patients would be asked to wear a mask and apply sanitising gel to their hands from a dispenser positioned by the door of the practice.

We observed that the waiting area was bright, although small and clutter free. There was limited seating available, but this was suitable for the size of the practice. All relevant information about the practice was displayed in the waiting area.

The name of the practice was clearly visible above the main entrance to the practice. Opening hours were displayed on the front door as well as details of the staff that worked for the practice.

All 10 respondents said the dental team talked to them about how to keep their mouth and teeth healthy.

Dignified care

Communicating effectively

All patients who completed the HIW questionnaire stated that they felt that the staff at the practice treated them with dignity and respect. Every respondent to the questionnaire also indicated that they felt the dental team help them to understand all the available options for treatment when they needed it.

We heard staff speaking to patients in a manner that was helpful and friendly.

We questioned staff as to how they would undertake a private or sensitive conversation should they need to and were told that this would be carried out in the surgery. Prior to discussing anything of a confidential nature over the telephone, we were told that a check would be carried out of the caller's identity to preserve confidentiality.

We found the practice had a limited supply of patient information leaflets. Additionally, information was available, at request, to patients in alternative formats.

All 10 respondents said the dental team help them to understand all available options when they need treatment.

All nine who answered this question said that things are always explained to them during their appointment in a way they can understand. A patient commented:

“Staff ... explained what they were doing every step of the way”

We also noted that the practice had access to a telephone translation service for patients who were speakers of other languages.

Patient information

The practice had information leaflets available to patients that provided information about the different types of treatments available at the practice.

We saw that information concerning fees for private treatment was displayed on an information board in the waiting area. This information board also provided information relating to the staff working at the practice, details of opening hours and several policies and procedures.

The practice also had a modern website which provided all relevant information for patients.

We saw that the practice had displayed both Welsh and English versions of the HIW registration certificates and we saw that the General Dental Council's "Standards for the Dental Team" was also displayed.

We were provided with the most recent statement of purpose and patient information leaflet, these were also readily available in the waiting area. We found that both documents contained the information required as set out in the Private Dentistry (Wales) Regulations 2017.

Timely care

Timely access

We were told that the practice strived to ensure that patients were treated in a prompt and timely manner. We were also told that appointments could be booked over the telephone in person or online.

Staff told us that should the dentist run late for an appointment, patients would be notified by the reception team and an apology offered to the patient.

Nine of the 10 patients told us it was very easy to get an appointment when they need it, and one told us it was fairly easy.

All 10 who answered this question indicated they would know how to access the 'out of hours' dental service if they have an urgent dental problem.

Individual care

Planning care to promote independence

During the inspection, we reviewed ten patient dental records. We saw that all had evidence of appropriate treatment planning.

This was confirmed in the responses to the HIW questionnaire. All patients questioned responded that they felt they were as involved as much as they wanted to be in the decisions made regarding their care.

People's rights

We were provided with evidence of an equality and diversity policy to ensure patients human rights were always upheld.

The practice was located over two floors. Entry was via a ground floor doorway at the front of the practice. The practice was accessible with a slope up to the front door, although there was a small step downwards into the practice.

The surgery was located on the first floor of the building, there was no access to the surgery for those who require the use of a wheelchair, and no elevator facilities were available. However, the practice did have handrails on the stair case.

All respondents to the HIW questionnaire indicated that they felt they could access the right care at the right time regardless of any protected characteristic. Patients reported that they did not face any discrimination when accessing or using the dental practice.

Listening and learning from feedback

We were informed that the practice used a variety of methods to gather the views and feedback of patients and would provide questionnaires to patients to achieve this. We were also told that patients would be encouraged to leave a review on google and social media.

We were told that the practice would discuss feedback from patients in staff meetings.

At the time of our visit, the practice was not displaying information relating to improvements made. We were told that this information is displayed on the website.

We noted that the practice complaints policy was displayed on the information board within the waiting area and saw that a summary of this was also available in the patient information leaflet. The policy contained details of the named person to whom a complaint should be directed, as well as timescales for response. In

addition, details of organisations to whom a complaint could be escalated were include. This included signposting to HIW. At the time of inspection, the practice has not had any complaints made against it.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

The practice was located in Chepstow town centre. The practice was well maintained, neat and tidy and the surgery was modern and fit for purpose. The practice had a dedicated clinical room that was situated opposite the surgery on the first floor.

The surgery was well maintained with all equipment in working order. Despite the surgery being modern, there was no extraction fan system in place, but despite this the surgery had access to opening windows creating adequate ventilation for the surgery.

We were provided with a health and safety risk assessment that had been recently completed as well as a business continuity plan that contained details of the utility companies used by the practice should a failure arise

The practice displayed an employer's liability insurance certificate on the information board in the waiting area. However, the displayed certificate was expired. The practice quickly rectified this and provided evidence that the policy was still in date and that a new certificate had not yet been sent to the practice. The practice was able to display an updated version of this certificate before the inspection had finished.

We reviewed the arrangements relating to fire at the practice. We saw the current fire risk assessment. No actions had been identified for completion. We were provided with evidence of fire safety and maintenance logbooks. These contained details of the regular checks and maintenance carried out at the practice. We saw that fire drills were undertaken and checks on fire extinguishers were carried out annually. Checks on the integrity of doors and escape routes were carried out weekly.

We saw that the practice had an appropriate number of fire extinguishers available, and these were of a suitable type for the practice. All staff had undertaken fire safety training.

Infection prevention and control (IPC)

We found that the practice had appropriate policies and procedures in place to ensure effective infection prevention and control (IPC). We were provided with evidence of policies that covered hand hygiene, the disposal of clinical waste and cleaning regimes. The practice also had specific policies in place to ensure that the risks posed by COVID-19 were mitigated.

The practice had a designated infection control lead in place. This was the practice manager. We were told that the Welsh Health Technical Memorandum (WHTM) 01-05 had been recently completed and staff were up to date with training in IPC. A review of staff files also demonstrated that all staff working clinically at the practice had provided satisfactory evidence of hepatitis B immunity.

We observed that the practice environment was clean, in good condition and enabled effective infection control. We saw that the dental surgery had a cleaning schedule with a separate schedule available for the clinical room.

We requested evidence of checks completed on the decontamination and sterilisation equipment at the practice and were provided with evidence of digital printouts and logbooks for the autoclaves. These were completed daily and checked weekly to ensure they had been consistently completed by staff.

We saw that the practice was using a safer sharps system for administration of local anaesthetic injections.

We questioned the registered manager on the support available to staff should they sustain a needlestick or sharps injury and we were told that the local hospital was available to all staff. We saw evidence of the sharps injury policy and when speaking to staff we were assured that staff were aware of the protocol to follow should they sustain a sharps injury in the course of their work.

We were provided with evidence of contracts for the disposal of waste from the practice and we were told that there is a contact in place for the disposal of clinical waste.

We did not see evidence of a contract for disposal of amalgam, extracted teeth or crown bridges, However the practice did not have disposal pots for these treatments available.

We reviewed the arrangements for the handling of substances that were subject to Control of Substances Hazardous to Health Regulations (COSHH) and were provided with a recently updated folder containing the data sheets for this. We suggest the practice should consider alphabetising this folder so the material data sheet can be easily found in the event of an incident.

Medicines management

We saw that the practice had a medicines management policy in place. This policy contained the procedures and processes to ensure that medicines were handled, stored and used safely. The policy did not contain details of safe disposal and this therefore required addition.

We were told that the practice did not store medication other than those required as emergency medicines.

During our review of patient dental records, we found that clear records were kept of medicines administered. We observed that staff gave patients information about any medicines prescribed by the treating clinician.

We were told that expired medications would be disposed of at a local pharmacy. At the time of our visit, no receipt was obtained from the disposing pharmacy of their acceptance.

We reviewed the emergency drugs and equipment at the practice and found them to be stored appropriately, in date and in an area that was easily accessible to staff. However, it was noted that the practice did not have midazolam on site due to supply issues. We saw evidence of regular checks to ensure emergency drugs and equipment were present and ready for use if needed.

The practice had one designated first aider in place. The designated first aider held recently completed first aid training. A fully stocked first aid kit was also available. We saw that items within it were appropriate and in date.

Safeguarding children and safeguarding adults at risk

We saw that all staff at the practice had completed training, up to level three in safeguarding children and vulnerable adults. We were told that the designated lead for the practice was the registered manager.

We saw evidence that the practice had a safeguarding policy in place. The safeguarding policy was comprehensive and we were assured to see contact details of local authority departments with responsibility for safeguarding. We also saw that

the policy referred to the All Wales Safeguarding procedures as well as the local police.

A hard copy of the All Wales Safeguarding procedures was not available to staff at the time of our visit.

When questioned, however, staff appeared knowledgeable of the procedure to follow should they have a concern and knew who to contact for further advice, support and guidance should they need it.

We saw that all staff had completed satisfactory pre-employment checks, including disclosure and barring service (DBS) checks that were enhanced for child and adult workforce.

Medical devices, equipment and diagnostic systems

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

Our observations of the clinical equipment demonstrated that it was safe and in good condition. We saw evidence of induction checklists for new starters to ensure all staff were appropriately trained in the use of this equipment. We were given a demonstration on how equipment would be cleaned and disinfected in line with IPC guidelines between each patient use.

We reviewed the arrangements in place to ensure the safe use of radiographic equipment and found this to be compliant with the requirements as set out in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (2017). We saw that X-rays were taken digitally at the practice.

Documentation provided to us during our visit demonstrated that the practice had safe arrangements in place relating to the environment, maintenance and testing of X-ray equipment. These included a radiation protection advisor (RPA) as well as a radiation risk assessment.

We were informed that the principal dentist was qualified in the taking of X-rays and all three out of four clinical staff had training in IR(ME)R (2017). We were informed that the fourth member of staff was due to undertake the training.

Effective care

Safe and clinically effective care

We were satisfied that the practice had arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. This was outlined within the practice statement of purpose and patient information leaflet, both documents were compliant with the Private Dentistry (Wales) Regulations (2017).

We saw evidence that staff would obtain and follow professional guidance and advice when necessary. However we did not see that the practice used the Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to prevent wrong site tooth extractions.

Quality improvement, research and innovation

We were assured to be provided with evidence of commitment to continual improvement by the practice. The most recent audit undertaken at the practice was the WHTM 01-05.

Further evidence was provided in the form of audits undertaken in prescribing and the undertaking of X-rays.

Information governance and communications technology

We saw that the practice had a staff confidentiality policy in place that complied with the General Data Protection Regulations.

Patient dental records were stored electronically and securely. Access to dental records was via a password protected system and this followed an appropriate records management policy. We were told that records were retained for eight years in line with the regulations.

We saw that staff personal folders were held securely within a lockable room.

Record keeping

During the inspection we reviewed ten sets of patient dental records. This concluded that the standard of record keeping for all clinicians at the practice was high. We found that patient dental records were clear and contained sufficient information.

We saw that each patient had full baseline dental charting which was updated at each course of treatment. We noted that A basic periodontal exam (BPE) had also been recorded in nine out of 10 patients, and where indicated, a full periodontal six-point pocket chart had been undertaken.

We saw that medical histories were updated at each appointment for all of the dental records we reviewed as well as social history including tobacco and alcohol use.

We noted that oral cancer screening was noted for nine of the ten dental records that we reviewed, although a soft tissue exam was carried out and recorded for all patients.

We also saw that consent was recorded for all of the sample dental records that we reviewed and further assurance was given by viewing the consent policy.

Quality of Management and Leadership

Governance, Leadership and Accountability

The registered manager, who is also the responsible individual for the practice, was competent, enthusiastic and had responsibility of the day to day running of the practice.

At the time of our visit, the practice had one dentist providing services at the practice. Additionally, the practice employed one dental therapist and two dental nurses.

All qualified members of staff were GDC registered and providing care that was within their scope of practice and according to the conditions of registration as set out by HIW.

We witnessed the team working well together. We saw that there were effective communication systems in place and staff treated each other with respect. The registered manager provided strong leadership to the team. The practice appeared efficient and well-run with a focus on providing a positive patient experience.

We saw that the practice had in place a wide range of policies and procedures that were relevant to the practice. These were readily available to staff in hard copy.

The registered manager had overall responsibility for the submission of notifications to HIW of incidents as set out by the regulations. When questioned, they demonstrated knowledge of these requirements and we were assured that prompt and timely reporting of incidents would occur. This was evidenced in a policy that was in place and readily available when required.

We saw evidence of regular team meetings. Minutes were made available for all staff to read, and staff were expected to sign to confirm they had read them.

Workforce

We were told the process undertaken by the registered manager for the recruiting of new staff. We were told that all new staff would undergo a thorough induction programme. This was documented and provided to us as evidence. New staff would be reviewed three months after commencing employment. Unsatisfactory performance would be dealt with informally in the first instance and a further three-month review date set. Further training would be arranged if appropriate should performance of new staff provide concerns.

The registered manager informed us that agency staff were not used. Should the practice have staffing issues, the registered manager would cover the shift. Currently the registered manager only works two days clinically and is available to cover any staffing issues. We were informed that if the registered manager was unavailable, other staff would be asked if they would consider working extra shifts. Holidays would be staggered across the year to provide enough permanent staff for continuity of care for patients. Should an agency dental nurse be required, we were told that only reputable agencies would be used. Compliance to ensure fitness to work for a dental practice would be carried out by the agency and this information passed to the practice. An induction would then be provided to ensure agency staff were aware of how to safely use equipment and processes in place at the practice.

We saw that the practice had a whistleblowing policy and anti-bullying policy in place. Both policies had been recently reviewed. We were told that staff could approach the registered manager should they have a concern they would like to raise.

The registered manager informed us that to aid in collaborative working, staff would use a mobile messaging application. Links to important documents would also be sent via this method.

We saw evidence of mandatory training certificates for all staff and found compliance with this to be very high. All members of staff had undertaken recent training in basic life support (BLS), IR(ME)R, fire safety and IPC.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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

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

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

Appendix A - Summary of concerns resolved during the inspection

The table below 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 issues requiring immediate assurance were identified during this inspection.			

Appendix B - Immediate improvement plan

Service: **Insert name**

Date of inspection: **Insert date**

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No issues requiring immediate assurance 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: BEAM Denti Spa, Chepstow

Date of inspection: 1 June 2022

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
The registered managers must ensure that a receipt is obtained from the pharmacy of the medicines received for disposal from the dental practice	2.6 Medicines Management; Regulation 13(4a) The Private Dentistry (Wales) Regulations 2017	We have discussed with a local Pharmacy and will from now on receive receipt from the Pharmacy that any out of date medicines etc, have been disposed of by them appropriately.	Gemma Rosser	Immediately
The Registered manager must ensure that midazolam is sourced and added to the emergency drugs kit.		Midazolam has now been sourced and obtained	Gemma Rosser and T. Vaideanu	Completed

The registered manager must ensure that staff have received training for anaphylaxis incidents.	2.6 Medicines Management; Regulation 17 (3a) The Private Dentistry (Wales) Regulations 2017	Our annual CPR training and BLS has now been booked for all team members for late September	Gemma Rosser	Completed

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): Gemma Rosser

Job role: Responsible Individual and Registered Manager.

Date: 12 September 2022