

## **General Dental Practice Inspection (Announced)**

Bupa Dental Care Canton /

Cardiff and Vale University Health  
Board

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2019

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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 Bupa Dental Care Canton at 68a Cowbridge Road East, Cardiff, CF11 9DN within Cardiff and Vale University Health Board on the 02 September 2019.

Our team, for the inspection comprised of two HIW inspectors, one of whom led the inspection, 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 Bupa Dental Care Canton was committed to ensuring patients received a positive experience at the practice.

Every patient who completed a HIW questionnaire said that they would rate the service provided by the practice as excellent or very good.

The environment was clean and tidy and some refurbishments had been recently undertaken to update some of the dental surgeries.

However, we found evidence that the practice was not fully compliant with current regulations, standards and best practice guidelines. This meant that the practice needs to do more to ensure they consistently provide safe and effective care and treatment to patients that meet their individual needs.

This is what we found the service did well:

- Staff were polite, respectful and professional to patients
- Good oral hygiene information for both children and adults was available throughout the practice
- Good infection control measures in relation to the cleaning and sterilisation (decontamination) of dental instruments
- Equipment throughout the practice had been maintained and serviced to ensure it was all safe to use
- Weekly documented checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use
- Clinical staff were registered to practice with the General Dental Council and had received the necessary training for their roles and responsibilities.

This is what we recommend the service could improve:

- Minor amendments are needed to the patient information leaflet and statement of purpose
- A glass panel on one dental surgery door needs to be covered to help protect patients' dignity and privacy when receiving treatments
- Clarification is needed from a fire safety expert to ensure the premises are adequately protected against the risk of fire
- Audit activities undertaken by staff need to appropriately identify improvements needed to the processes in place at the practice.

We found that the service was not compliant with the following regulations of the Private Dentistry (Wales) Regulations 2017:

- Regulations 13(5a) and 13(5b) regarding the quality of treatment and other service provision - hazardous waste was not being stored appropriately or securely in line with best practice guidelines
- Regulations 13(1a) and 13(1b) regarding quality of treatment and other service provision - some treatment planning and provision had not been provided to patients in line with professional guidelines
- Regulation 20(1a) regarding records - some patient records did not contain an accurate note of patients' medical histories, assessments or treatment planning.

These are serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

## 3. What we found

### **Background of the service**

BUPA Dental Care Canton provides services to patients in Cardiff and surrounding areas. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team consisting of five dentists, three hygienists, six dental nurses, a practice co-ordinator and a practice manager.

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



## Quality of patient experience

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

We found suitable processes in place at Bupa Dental Care Canton to help ensure a positive experience for patients at the practice.

Patients had opportunities to tell the practice about their experiences and there was evidence that the practice was listening and learning from patient feedback.

The dental team could speak a range of languages which helped meet the language needs of the diverse patient population at the practice.

A suitable procedure was in place for patients to raise a complaint or concern but we suggest that the heading 'code of practice' is changed to a term that is more easily recognisable as a complaints process.

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 eight questionnaires were completed.

Overall, patient feedback was positive; every patient who completed a HIW questionnaire said that they would rate the service provided by the practice as excellent or very good. One patient commented:

*"Very happy with my regular dentist. She is taking very good care of me since I've started seeing her"*

## Staying healthy

### Health promotion protection and improvement

We saw that a suitable range of written information on preventative care and good oral hygiene for both children and adults was available within the waiting

area for patients to read and take away, including information on smoking cessation. We also noticed a chart was displayed in the corridor to help raise awareness of the high sugar content of various soft drinks.

All of the 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.

## **Dignified care**

We observed staff speaking to patients throughout the inspection in a friendly but respectful and professional manner and all of the patients who completed a HIW questionnaire told us that they had been treated with dignity and respect by staff when visiting the practice.

A confidentiality policy was in place that outlined how patients' privacy and personal information would be protected. We noted the reception desk and waiting area were close together but staff confirmed that private conversations with patients would take place within one of the dental surgeries if necessary. The practice manager also told us that plans were in place to redevelop the reception area to better utilise the space and help to improve patient confidentiality.

We saw that the doors to each dental surgery being used on the day of the inspection were closed by staff during treatments to maintain patients' privacy and dignity. However, we noted that there was a small transparent glass panel on the door of dental surgery four. The practice manager told us that the door is due to be replaced soon with a solid wooden door, however we recommend that in the meantime the panel is covered or replaced with a non-transparent material to ensure that patients cannot be seen by other people during treatments.

We saw that the 9 Principles<sup>1</sup> developed by the General Dental Council (GDC) were on display within the waiting area and contained within a patient information folder. This is a requirement of the regulations and helps to ensure that patients are aware of the standards of care they should receive from dental professionals.

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<sup>1</sup> The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

### Improvement needed

The practice needs to ensure that the transparent glass panel on the door of dental surgery four is covered or replaced with a non-transparent material.

### Patient information

Each patient who completed a HIW questionnaire said that they had received clear information about available treatment options. We saw that a price list for private treatments and charges for NHS dentistry were on display for patients in the waiting area and included in the patient information folder. The majority of patients told us that any costs are always made clear to them before they received any treatment. However, one patient told us:

*“Cost is sometimes made clear to me AFTER the treatment is carried out”*

We would remind the practice of the importance of providing patients with full information about their care to ensure patients can make an informed decision about the treatment and care they receive.

The practice had copies of their patient information leaflet available in the waiting area for patients to read and take away. We reviewed the patient information leaflet and found it needed to be amended to fully comply with the Private Dentistry (Wales) Regulations 2017:

- the names of all the dentists and dental care professionals employed at the practice need to be added
- the arrangements for dealing with patients who are violent or abusive to staff need to be added.

The statement of purpose<sup>2</sup> provided to us on the day of the inspection contained the information required by the regulations but we noticed that one dentist needs

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<sup>2</sup> Every service provider is required by law to have a statement of purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used.

to be removed from the list of dentists employed at the practice as they no longer work there.

We saw that the names and relevant qualifications of the dental team were displayed in the waiting area of the practice in accordance with professional guidelines.

#### Improvement needed

The patient information leaflet needs to be updated to include the names of all the dentists and dental care professionals employed at the practice and to outline the arrangements for dealing with patients who are violent or abusive to staff.

The statement of purpose needs to be updated to remove details of the dentist who is no longer employed at the practice.

#### Communicating effectively

We saw that some patient information was available for patients in English and Welsh. We were told that many languages were spoken amongst the dental team which helped to ensure the language needs of patients are met as a natural part of their care.

If patients wanted to converse in any another language this could be arranged through a translation service. However, we could not see any information displayed within the waiting area to inform patients of the types of services that are available at the practice in different languages. The practice manager arranged for this information to be put on display in the waiting area during the inspection.

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

During the inspection we reviewed a sample of patient records to check they were being maintained in line with professional guidelines. We saw written treatment plans for patients that included notes of the treatment options discussed during appointments. This meant that patients were provided with information to make informed choices about their treatment.

Every patient who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment.

## **Timely care**

The majority of patients who completed a HIW questionnaire felt that it was fairly easy to get an appointment when they needed it.

During the inspection we observed patients being treated in a timely manner. Staff told us that patients are informed about any small delays to their appointment times on arrival, or as soon as possible. Where possible, receptionists will try to contact a patient if waiting times are longer than 15 minutes to offer the patient the option of rescheduling their appointment.

We were told that any patients requiring emergency treatment during working hours are accommodated on the same day wherever possible. Information informing patients how they can access emergency treatment out of hours was contained within the patient information leaflet and displayed in the window of the practice. All but one of patients who completed a HIW questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

## **Individual care**

### **Planning care to promote independence**

Every patient who completed a HIW questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, during our review of a sample of patient records we noted that the medical histories for some patients were not being appropriately documented. For example, we found:

- paper medical history forms completed by patients were not being countersigned by the relevant dentist
- the information contained on the paper medical history forms was not being transferred accurately onto the electronic dental records for some patients
- there was a lack of documented evidence to show that medical history checks were being verbally undertaken with patients at each follow up appointment.

Our concerns regarding this were dealt with under our immediate non-compliance process and are detailed in Appendix B along with the actions the practice has taken to address these concerns.

## People's rights

The practice was located just off the main street and access to the practice was via an entrance located at the side of the building. The reception, waiting area and dental surgeries were all located on the ground floor and therefore accessible to all. We noted that the patient information leaflet informs patients that the practice offers wheelchair access to the toilet facilities; however, we found the patient toilets to be small and not wheelchair accessible and therefore we recommend that this reference is removed from the patient information leaflet.

We noted that the practice had a 'fair and accessible care' policy and a disability policy in place which demonstrated a commitment to ensure everyone has access to the same opportunities and to the same fair treatment.

We also saw that the practice had a policy in place that detailed the arrangements for accepting new patients as required by the regulations.

### Improvement needed

The practice must remove the reference to wheelchair accessible toilet facilities from the patient information leaflet.

## Listening and learning from feedback

We saw that paper feedback forms were available in the waiting area for patients to provide immediate comments about the service provided by the practice. The practice manager also explained how the central management team at Bupa regularly issue questionnaires to patients after their appointment to collect feedback. Results are monitored centrally and sent to the practice to review and discuss at team meetings. We noted that the results from patient questionnaires were displayed in the waiting area for patients to see which we recognised as good practice.

Information on the procedure for patients to raise a complaint or concern was displayed for patients in the waiting area and included within the patient information folder. We suggested that the practice may wish to place more copies of the procedure in the folder for patients to take away without having to ask a member of staff for a copy to help protect the privacy and dignity of patients who may wish to raise a complaint or concern. This was actioned by staff during the inspection.

We noted that the procedure for patients to raise a complaint or concern was displayed under the heading 'code of practice', a term which is not easily

understandable or recognisable as a complaints process. We understand that this is a term used consistently across all Bupa practices however we would advise that the language used to communicate the procedure for patients to raise a complaint or concern uses more recognisable terms.

The complaints procedure was outlined for staff in a complaints policy and we found it was compliant with Putting Things Right<sup>3</sup> guidance and the Private Dentistry (Wales) Regulations 2017.

We saw that a system was in place to log any formal or informal complaints received from patients. We were told that any common themes emerging from complaints are discussed during team meetings and addressed accordingly.

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<sup>3</sup> Putting Things Right is the process for managing patient concerns about care and treatment in NHS 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.*

Suitable procedures were in place for the cleaning, sterilisation and storage of dental instruments.

Clinical facilities were in good condition, well equipped, and arrangements were in place for the safe use of X-ray equipment.

Policies and procedures were in place to protect patient information and safely manage patient records in compliance with the General Data Protection Regulations (GDPR).

The service must ensure healthcare waste is being stored appropriately and securely outside the dental practice to prevent unauthorised access from patients, staff and members of the public.

Improvements are needed in the area of treatment planning and provision to ensure patients receive safe and appropriate care that meets their individual needs.

## Safe care

### Managing risk and promoting health and safety

Overall, we found the practice had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose to help protect the wellbeing of staff and visitors to the practice.

The building appeared well maintained internally and externally and there was evidence that recent refurbishments had taken place. We saw that the ceiling tiles in surgery were showing signs of wear and tear and the practice manager confirmed that these were due to be replaced soon with new ones. All areas of the practice were clean, tidy and free from obvious hazards.

We saw that the practice had taken precautions to protect staff and people visiting the practice in the event of a fire. Emergency exits were signposted and all staff had been suitably trained in fire safety.



Fire extinguishers were available throughout the practice which had been serviced within the last twelve months to ensure that the equipment worked properly. We reviewed a recent fire risk assessment undertaken at the practice and there was some uncertainty on whether the fire extinguishers were placed in the most appropriate locations. We recommend the practice obtains advice from a fire safety expert to provide clarity on the situation.

We saw that no smoking signs were displayed throughout the practice to remind staff and patients of the smoke free premises legislation<sup>4</sup>. A Health and Safety poster was also displayed to inform staff how they can best protect their own health and safety within the workplace.

The practice had a business continuity plan as required by the regulations which detailed the contingencies in place to ensure the safe running of the practice in the case of an emergency or natural disaster. The plan included the emergency contact details of all staff and essential business contractors which we noted as best practice.

Staff could change in the patient toilets which had a lockable door to protect their privacy and dignity. Facilities were also available for staff to securely store their personal possessions as required by the regulations.

#### Improvement needed

The practice must obtain advice from a fire safety expert to ensure the fire extinguishers available within the practice are situated in the most appropriate locations to protect against the risk of fire.

#### Infection prevention and control

We found evidence that suitable infection control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum

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<sup>4</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

(WHTM) 01-05<sup>5</sup>. The dedicated decontamination room was visibly clean and tidy and staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

We saw evidence of a log book that confirmed staff had been undertaking and documenting daily checks to ensure that the sterilisation equipment was functioning correctly and had been meeting validation requirements. The practice had a wide range of policies in place that outlined the various infection control measures in place at the practice, such as the arrangements for suitable hand hygiene.

There were no concerns given by patients over the cleanliness of the dental practice; every patient who completed a HIW questionnaire felt that, in their opinion, the dental practice was clean.

A contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste. However, during the inspection we found that clinical waste was not being stored securely outside the practice. Our concerns regarding this were dealt with under our immediate non-compliance process and are detailed in Appendix B.

The practice used 'safer sharp' devices to help prevent or minimise the risk of an accidental needlestick injury. We saw evidence that all clinical staff working in the practice had an acceptable Hepatitis B immunisation status which meant that appropriate measures were being taken to help protect patients and staff from this blood borne virus.

### **Medicines management**

We found that the practice had effective procedures and arrangements in place in relation to the handling, safe-keeping and disposal of medicines which were outlined in a medicines management policy.

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<sup>5</sup> 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.

The practice had emergency drugs and emergency resuscitation equipment available that were in line with the Resuscitation Council (UK) guidelines<sup>6</sup>. All items were stored appropriately and easily accessible for use in an emergency situation for example, patient collapse. Weekly documented checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use which we noted as best practice.

The practice had a policy in place for managing medical emergencies which incorporated the most recent national guidelines for resuscitation to help maximise patient outcomes. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Two members of staff had been trained in first aid to ensure that any persons at the practice that require first aid can be treated appropriately.

Staff were aware of the need to report any adverse reactions with medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme<sup>7</sup> to help the MHRA monitor whether healthcare products are acceptably safe for patients and those that use them.

### **Safeguarding children and adults at risk**

The practice had a safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to report any concerns to the relevant local safeguarding agencies. During the inspection we spoke with staff members and they were able to describe the procedures to follow in the event of any safeguarding concerns they may have.

We saw that all staff had up to date training in the safeguarding of children and vulnerable adults. The practice did not have a copy of the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales. We advise the practice to obtain a copy of the procedures and ensure staff members familiarise

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<sup>6</sup> <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

<sup>7</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

themselves with the content in order to understand the national approach to safeguarding children.

Staff told us about the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included obtaining two references from previous employers and undertaking Disclosure and Barring Service (DBS)<sup>8</sup> checks to ensure the person is fit to work in a dental practice in accordance with the regulations.

### **Medical devices, equipment and diagnostic systems**

We inspected the clinical facilities at the practice and found that the dental equipment in all dental surgeries had been well maintained and was in good condition. Each dental surgery was well stocked with equipment, instruments and materials.

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and were assured that the practice was meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. This is because:

- the dental team had received up to date ionising radiation training
- the X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment
- a comprehensive radiation policy was in place and local rules<sup>9</sup> were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted.

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<sup>8</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

<sup>9</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

## Effective care

### Safe and clinically effective care

Our review of a sample of patient records being maintained at the practice raised some concerns in relation to the provision of appropriate care and treatment given to patients, notably:

- the results of some Basic Periodontal Examinations<sup>10</sup> (BPE) undertaken on patients were inconsistent with associated radiographic evidence and were therefore not accurately documenting the severity of the true periodontal status of some patients
- in some records there was a lack of documented evidence to show that patients with BPE scores of 3 or 4 had received a 6 point pocket chart or that a clear treatment plan was in place to improve or stabilise the condition
- some patients had received restorative dental treatment (e.g. dental crown and dental bridge procedures) but there was no documented evidence that intraoral periapical radiographs had been undertaken to aid preoperative planning.

This meant that on the day of the inspection we could not be assured that the treatment and other services being provided to patients at the practice were safe and clinically effective. Our concerns regarding this were dealt with under our immediate non-compliance process and are detailed in Appendix B.

### Quality improvement, research and innovation

We saw that the practice had undertaken clinical audits to analyse the quality of the dental care and service provided to patients and identify areas for improvement. Regular audits to check compliance with the WHTM 01-05 decontamination guidelines have been carried out and an audit to check that antibiotic prescribing at the practice is following best practice guidance was carried out within the last two years.

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<sup>10</sup> [https://www.bsperio.org.uk/publications/downloads/107\\_084422\\_bpe-guidelines-2011.pdf](https://www.bsperio.org.uk/publications/downloads/107_084422_bpe-guidelines-2011.pdf)

Audits on the image quality of X-rays and on the quality of patient records had also been undertaken by the practice. However, during our review of patient records we noted that some radiographs had been incorrectly graded, and we found some inaccuracies around treatment planning and the recording of patients' medical histories. We therefore recommend that the staff undertaking these audits receive more training and guidance on how to undertake such audits effectively and to ensure they can recognise when standards fall below those expected.

Staff explained how the practice uses a practice development tool developed by Bupa which encourages the team to focus on best practice and legislative requirements to improve how they work. The central management team at Bupa also maintain a skills matrix for all members of staff to monitor skills and competencies and staff are encouraged to learn new skills beyond their job role where appropriate.

The practice confirmed that they do not undertake any research.

#### Improvement needed

The practice must ensure that any staff undertaking clinical audits receive more training and guidance on how to undertake such audits effectively and to ensure they can recognise when standards fall below those expected.

### Information governance and communications technology

The practice had a number of policies in place that set out appropriate procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulations (GDPR).

Patient records were electronic and we were told that regular copies of the data are made and stored within a remote database (cloud storage) so that the original data can be restored should something happen to the practice or system and staff could no longer access them.

#### Record keeping

We have noted throughout the report our concerns that some patient records being maintained at the practice did not contain an accurate note of patient's medical histories, assessments or treatment planning. Appendix B outlines the urgent actions the practice are taking in response to our concerns, and the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

## Quality of management and leadership

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

We found evidence of effective management procedures in place, including annual staff appraisals and regular staff meetings.

Staff worked well together and had received the necessary training for their roles and responsibilities.

A wide range of suitable policies and procedures were in place for the safety of staff and patients which we saw had been reviewed annually in line with the regulations.

## Governance, leadership and accountability

The Canton practice is owned by Bupa Dental Care (previously Smiles Oasis Dental Care) and it was clear that staff at the practice are able to receive support and guidance from the central management team at Bupa when required. We observed staff working well together as a team and staff told us that they understood their individual roles and responsibilities.

Staff spoke to us about Speak Up<sup>11</sup>, which is a channel for Bupa employees to confidentially raise any issues or concerns they may have about the delivery of care to patients at the practice. A whistleblowing policy was also in place should staff wish to raise any concerns directly with the dentist/s, practice manager or an alternative appropriate body if required.

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<sup>11</sup> <https://secure.ethicspoint.eu/domain/media/en/gui/102918/index.html>

We found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. We saw that these had been reviewed annually in line with the regulations and that staff had to sign to evidence that they had read and understood each policy.

The practice manager confirmed as the nominated registered manager<sup>12</sup> that they were aware of their duties under the regulations regarding any notifications that must be sent to HIW such as in the event of serious injury to patients.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place.

We noted that certificates were on display evidencing that the practice had public liability insurance to protect the practice against compensation claims and associated legal costs and to show that the practice was registered with HIW to provide private dental services.

## **Staff and resources**

### **Workforce**

We found suitable governance arrangements in place at the practice. Members of staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files.

We were told that staff are encouraged to undertake training opportunities as often as possible and we saw certificates for staff that evidenced they had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements.

Formal team meetings are held monthly where staff are able to discuss topics such as areas for improvement, patient feedback results and safeguarding updates. We saw that minutes of the last team meeting held were displayed in the staff room so that any absent members of staff could read what was discussed.

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<sup>12</sup> A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.



We saw records that confirmed annual appraisals had taken place for all members of staff which provided opportunities for staff to hear feedback about their performance and to review any CPD opportunities.

The regulations require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We checked a sample of clinical and non-clinical staff records and saw that appropriate DBS clearance checks had been carried out to help ensure the safety of patients and staff.

A recruitment policy set out the procedure to follow to recruit new members of staff which included the pre-employment checks the practice would undertake to ensure any new staff are suitably qualified and protected to work with patients. An induction policy was also in place to help new staff gain an effective understanding of their new role which included a period of shadowing and monitoring from senior members of staff.

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

## Appendix B – Immediate improvement plan

**Service:** Bupa Dental Care Canton

**Date of inspection:** 02 September 2019

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
The service must ensure healthcare waste is being stored appropriately and securely outside the dental practice in line with best practice guidelines.	The Private Dentistry (Wales) Regulations 2017 Regulations 13(5a), 13(5b)	Log implemented and signed by two team members daily to confirm secure.  Protocol implemented and signed by all team members.  Bins secured to wall.	Natalie Stansfield PM	Completed
Medical history forms completed by patients must be countersigned by the relevant dentist to evidence the dentist has taken into account the patient's medical history when planning dental care and treatment.	The Private Dentistry (Wales) Regulations 2017	Meeting 10/9/19 to discuss findings- all team members present	Natalie Stansfield -PM, Pat Conway- Head of Clinical Services Bupa,	Completed

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
	Regulation 20(1a)		Toni-Marie Burrows – Oversight & Monitoring Lead Bupa	
		Clinicians to complete Record Keeping Refresher Training and provide certs to forward	Clinicians	24 <sup>th</sup> September 2019
		Monthly Audits to be carried out to monitor improvements	Toni-Marie Burrows -OML/ Natalie Stansfield PM	Monthly until satisfied issues fully resolved
An audit must be undertaken to provide assurance that medical history information is being transferred accurately from paper forms onto patient’s electronic dental records.	The Private Dentistry (Wales) Regulations 2017 Regulation 20(1a)	Meeting 10/9/19 to discuss findings- all team members present	Natalie Stansfield -PM, Pat Conway- Head of Clinical Services Bupa, Toni-Marie Burrows – Oversight &	Completed

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
			Monitoring Lead Bupa	
		Monthly Audits to be carried out to monitor improvements	Toni-Marie Burrows -OML/ Natalie Stansfield PM	Monthly until satisfied issues fully resolved
		Clinicians to complete Record Keeping Refresher Training and provide certs to forward	Clinicians	24 <sup>th</sup> September 2019
Medical history checks undertaken with patients need to be recorded on the patient's electronic dental record at each follow up appointment.	The Private Dentistry (Wales) Regulations 2017 Regulation 20(1a)	Meeting 10/9/19 to discuss findings- all team members present	Natalie Stansfield -PM, Pat Conway- Head of Clinical Services Bupa, Toni-Marie Burrows – Oversight & Monitoring Lead Bupa	Completed

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		Monthly Audits to be carried out to monitor improvements	Toni-Marie Burrows -OML/ Natalie Stansfield PM	Monthly until satisfied issues fully resolved
		Clinicians to complete Record Keeping Refresher Training and provide certs to forward	Clinicians	24 <sup>th</sup> September 2019
The practice must provide assurance to HIW that Basic Periodontal Examinations (BPE) undertaken on patients accurately reflect the true periodontal status of the patient.	The Private Dentistry (Wales) Regulations 2017 Regulation 20(1a)	Meeting 10/9/19 to discuss findings- all team members present	Natalie Stansfield -PM, Pat Conway- Head of Clinical Services Bupa, Toni-Marie Burrows – Oversight & Monitoring Lead Bupa	Completed
		Monthly Audits to be carried out to monitor improvements	Toni-Marie Burrows -OML/	Monthly until satisfied issues fully resolved



Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
			Natalie Stansfield PM	
		Clinicians to complete Perio Refresher Training and provide certs to forward	Clinicians	24 <sup>th</sup> September 2019
The practice must provide assurance that Full Periodontal Examinations are undertaken for patients with BPE scores of 3 and 4.	The Private Dentistry (Wales) Regulations 2017 Regulation 20(1a)	Meeting 10/9/19 to discuss findings- all team members present	Natalie Stansfield -PM, Pat Conway- Head of Clinical Services Bupa, Toni-Marie Burrows – Oversight & Monitoring Lead Bupa	Completed
		Monthly Audits to be carried out to monitor improvements	Toni-Marie Burrows -OML/ Natalie Stansfield PM	Monthly until satisfied issues fully resolved

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		Clinicians to complete Perio Refresher Training and provide certs to forward	Clinicians	24 <sup>th</sup> September 2019
The practice must provide assurance that clear and justified treatment plans are in place, and documented on patient's electronic patient records, to improve or stabilise the condition for patients with BPE scores of 3 or 4.	The Private Dentistry (Wales) Regulations 2017 Regulation 20(1a)	Meeting 10/9/19 to discuss findings- all team members present	Natalie Stansfield -PM, Pat Conway- Head of Clinical Services Bupa, Toni-Marie Burrows – Oversight & Monitoring Lead Bupa	Completed
		Monthly Audits to be carried out to monitor improvements	Toni-Marie Burrows -OML/ Natalie Stansfield PM	Monthly until satisfied issues fully resolved
		Clinicians to complete Perio Refresher Training and provide certs to forward	Clinicians	24 <sup>th</sup> September 2019

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The practice must provide assurance that intraoral periapical radiographs are being undertaken to aid preoperative planning for patients needing restorative dental treatment.	The Private Dentistry (Wales) Regulations 2017 Regulation 20(1a)	Meeting 10/9/19 to discuss findings- all team members present	Natalie Stansfield -PM, Pat Conway- Head of Clinical Services Bupa, Toni-Marie Burrows – Oversight & Monitoring Lead Bupa	Completed
		Monthly Audits to be carried out to monitor improvements	Toni-Marie Burrows -OML/ Natalie Stansfield PM	Monthly until satisfied issues fully resolved
		Clinicians to complete Radiograph Diagnosis Refresher Training and provide certs to forward	Clinicians	24 <sup>th</sup> September 2019

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): Natalie Stansfield**

**Job role: Registered Manager / Practice Manager**

**Date: 10 September 2019**

## Appendix C – Improvement plan

**Service:** Bupa Dental Care Canton

**Date of inspection:** 02 September 2019

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
<b>Quality of the patient experience</b>				
The practice needs to ensure that the transparent glass panel on the door of dental surgery four is covered or replaced with a non-transparent material.	Health and Care Standards 2015 Standard 2.1  Private Dentistry (Wales) Regulations 2017 Regulation 15(1)	Small glass window in door of surgery 4, covered with white plastic to cover temporarily. Awaiting confirmed date from contractor to fit replacement door.	Natalie Stansfield Practice Manager	Within next month  By 21/11/19
The patient information leaflet needs to be updated to include the names of all the dentists and dental care professionals employed at the practice	Private Dentistry (Wales) Regulations 2017 Regulation 6(1)	Patient Information Leaflets are designed centrally via Head Office, request sent to Marketing Team for amendments to be made to	Natalie Stansfield Practice Manager	Within two months - email request has been

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
and to outline the arrangements for dealing with patients who are violent or abusive to staff.		leaflet template to include-clinician/DCP details, include statement r.e zero tolerance policy and to remove statement r.e disabled toilet facilities.	Marketing team HO	sent to Marketing Team
The statement of purpose needs to be updated to remove details of the dentist who is no longer employed at the practice.	Private Dentistry (Wales) Regulations 2017 Regulation 5(1)	Statement of purpose edited to remove details of clinician that has left the practice	Natalie Stansfield Practice Manager	Completed on day of inspection
The practice must remove the reference to wheelchair accessible toilet facilities from the patient information leaflet.	Private Dentistry (Wales) Regulations 2017 Regulation 6(1)	Patient Information Leaflets are designed centrally via Head Office, request sent to Marketing Team for amendments to be made to leaflet template to include-clinician/DCP details, include statement r.e zero tolerance policy and to remove statement r.e disabled toilet facilities.	Natalie Stansfield Practice Manager Marketing Team HO	Within two months - email request has been sent to Marketing Team
<b>Delivery of safe and effective care</b>				
The practice must obtain advice from a fire safety expert to ensure the fire extinguishers available within the	Private Dentistry (Wales) Regulations 2017	Independent fire risk assessment scheduled to clarify and confirm	Natalie Stansfield Practice Manager	Scheduled for

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
practice are situated in the most appropriate locations to protect against the risk of fire.	Regulation 22(4(a))	appropriate locations and improvements if necessary		2/12/19
The practice must ensure that any staff undertaking clinical audits receive more training and guidance on how to appropriately undertake such audits to ensure effective improvements are identified.	Private Dentistry (Wales) Regulations 2017 Regulation 16(1(a))	Monthly audits being carried out to ensure consistent improvements in all areas of record keeping and diagnosis. Audits being monitored by clinical and compliance teams in HO	Natalie Stansfield Practice Manager Clinical and Compliance departments HO	Ongoing-monthly audits to evidence improvements
Quality of management and leadership				
No improvements were identified for this section.				

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):** Natalie Stansfield

**Job role:** Practice Manager

**Date:** 21 October 2019