

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

Bupa Dental Care Ebbw

Vale/Aneurin Bevan University

Health Board

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2020

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## Contents

1.	What we did .....	5
2.	Summary of our inspection.....	6
3.	What we found .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	15
	Quality of management and leadership .....	22
4.	What next? .....	25
5.	How we inspect dental practices .....	26
	Appendix A – Summary of concerns resolved during the inspection .....	27
	Appendix B – Immediate improvement plan .....	28
	Appendix C – Improvement plan .....	29

**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 Ebbw Vale at 51 Bethcar Street, Ebbw Vale, Gwent, NP23 6HW, within Aneurin Bevan University Health Board on the 18 February 2020.

Our team, for the inspection comprised of two HIW inspectors 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 Ebbw Vale was working hard to provide a high quality experience to their patients.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

The patient records we reviewed were generally comprehensive and legible, but the recording of cancer screening and smoking cessation needs to be improved.

Infection control procedures were aligned to the necessary guidance and regular checks of the equipment and decontamination processes were taking place.

Staff were up to date regarding their training and systems were in place to ensure staff were supported in their role.

This is what we found the service did well:

- Systems were in place to capture patient feedback, comments and complaints
- Patients who completed a HIW questionnaire rated the service provided at the practice as excellent or very good
- Staff we spoke to were happy in their roles and understood their responsibilities
- Staff had access to a variety of training and records showed staff were up to date with their mandatory training
- The environment provided clinical facilities that were well-equipped and well maintained.

This is what we recommend the service could improve:

- Patient records need to have better recording of cancer screening and smoking cessation discussions

- The location of the emergency equipment needs to be reviewed to ensure public access is limited whilst staff access is quick and easy
- The decontamination room needs to be deep cleaned to ensure the dust/debris visible on the cupboards/drawers, castors of the chair and around the bin is removed.

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

## 3. What we found

### **Background of the service**

Bupa Dental Care Ebbw Vale provides services to patients in the Ebbw Vale area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes a practice manager, two receptionists, four dentists, one dental hygienist and six dental nurses.

The practice provides a range of NHS and private general and cosmetic 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.*

Overall, we found Bupa Dental Care Ebbw Vale was committed to providing a positive experience for patients. The majority of patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

Relevant patient information was displayed in the reception/waiting areas. We have suggested that the NHS complaints process is displayed.

There were systems in place for patients to provide feedback regarding the service they received and this is regularly reviewed to identify themes with a view to making any improvements to services.

Prior to our inspection, we asked the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 32 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority of the patients that completed a questionnaire said they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

*"Staff are friendly and helpful"*

*"Caring and respectful at all times"*

*"very pleased with the service"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were generally happy with the practice, but the following comment was made:

*“need a lift to get upstairs for the elderly and children in prams”*

## **Staying healthy**

### **Health promotion protection and improvement**

The majority of patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Health promotion information was available in the reception/waiting areas, including a patient information folder, which was a central reference file for patient information<sup>1</sup>. Various health and cosmetic promotion leaflets were also available.

The name of the practice was on the front of the building and clearly visible from the road and pavements. The names of the dentists and their GDC registration numbers was displayed next to the entrance of the practice. On the entrance door, opening hours and contact numbers including the emergency telephone number were displayed.

There were signs within the practice displaying 'No Smoking', staff confirmed the practice adhered to the smoke free premises legislation<sup>2</sup>.

## **Dignified care**

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff were able to have private conversations with patients within the dental surgeries away from the reception/waiting areas, if required.

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<sup>1</sup> The Patient Information Booklet contained information including staff details, NHS and private dental costs, medical history reminder, claiming free treatment, Putting Things Right, data protection, equality and diversity policy and the patient information leaflet.

<sup>2</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.

The General Dental Council's (GDC) 9 principles<sup>3</sup> were displayed in the waiting area therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up and any paper files were kept securely in a locked cabinet.

### Patient information

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

The majority of patients also said that the cost of any treatment was always made clear to them before they received any treatment. Price lists for NHS and private treatments were displayed in the waiting area and in the patient information folder.

The practice had its own patient information leaflet which was available in the waiting area/patient information folder. A review of the patient information leaflet showed it contained the information required by the Private Dentistry (Wales) Regulations 2017.

The statement of purpose<sup>4</sup> also contained all the areas required by the Private Dentistry (Wales) Regulations 2017. The statement of purpose is available to patients upon request.

We found policies and procedures in place detailing the arrangements for consent.

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<sup>3</sup> The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

<sup>4</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. For more information visit [hiw.org.uk](http://hiw.org.uk)

## Communicating effectively

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

Staff told us that any patient wishing to converse in a language other than English would be accommodated. The practice had access to organisations to assist with this request. This information was displayed in the patient information folder. We did suggest the practice consider displaying their language line poster on or near the reception desk to allow patients easy access and sight of this service being offered.

There was limited information displayed in both English and Welsh. Staff told us that they had very few Welsh speakers, but if patients required written information in Welsh or another language, they would endeavour to meet the patient's request.

Of the patient records we reviewed, we saw evidence of written treatment plans on file. This ensures that patients are provided with information to make informed choices about their treatment.

## Timely care

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. The majority of patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

Just over half of the patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. The out of hours telephone number was displayed on the entrance door. It is also included within the patient information leaflet and folder, as well as on their website.

## Individual care

### Planning care to promote independence

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

All but one of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. Of the patient records we reviewed nine out of ten records had a medical history on file. Staff must ensure medical histories are obtained and recorded on patient notes.

## People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

The patient information leaflet contained arrangements for access to the practice. The practice had two surgeries and a public toilet located on the ground floor. A comment provided by a patient in our HIW questionnaire did cite difficulties some patients may have accessing the surgeries upstairs. Therefore we suggest that staff need to be mindful of the needs of their patients and accommodate them in a ground floor surgery if they have difficulty accessing the first floor.

The patient toilet was clearly signposted. The toilet provided hand washing and drying facilities as well as an emergency pull cord that would alert staff in an emergency. However, there were no handrails to provide support if required.

## Listening and learning from feedback

The practice had a written complaints policy and procedure in place. Information for patients on how to raise a concern was displayed for patients in the patient information leaflet and folder. We noted the complaint procedure provided a website link for the NHS complaints process, Putting Things Right<sup>5</sup>. We asked the practice manager to consider displaying putting things right posters and/or leaflets so the process can be clearer for NHS patients.

We found the practice had suitable systems in place to record, respond and monitor any concerns/complaints they receive. This information is regularly

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<sup>5</sup> 'Putting Things Right' is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

reviewed at both practice and head office levels. This enables the identification of any themes with a view to making improvements to the services provided.

The practice had processes in place for obtaining patient feedback about the services and care received. This is done through online reviews and internal feedback methods. A feedback box was located in the waiting room and results of patient feedback is displayed in the waiting area and on their website.

## Delivery of safe and effective care

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

We found that the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice provided a clean and clutter-free environment for staff and visitors. There were contracts in place to ensure the environment and facilities were safe and well maintained.

The patient records reviewed were good, with clear, legible entries; however, we have made recommendations for improvement. Specifically, we have asked the practice to look at the recording of cancer screening, smoking cessation discussions and Delivering Better Oral Health guidelines.

## Safe care

### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting, the practice.

The practice occupied a two storey building, with staff and patient areas located over the two floors. Access into the building was unrestricted which would enable anyone using a mobility aid/pushchair admission to the building.

The reception, waiting area, patient toilet and two surgeries were located on the ground floor. Two surgeries and a waiting area were on the first floor. The dental surgeries were well equipped.

The building appeared generally well maintained both internally and externally. We noted two small damp patches (by the stairs to the first floor and in one surgery on the first floor) that should be checked. We recommended the decontamination room needs a deep clean as dust was visible on top of the drawers and castors of a chair/stool. All other areas within the practice appeared clean and free from trip hazards.

There were no concerns given by patients over the cleanliness of the dental practice; the majority of patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

Fire safety equipment was available at various locations around the practice and we saw this was regularly serviced. Two members of staff were designated fire marshals and all staff had completed fire safety training. Fire drills were carried out and a log kept to evidence these. Emergency exits were signposted and a Health and Safety poster was displayed within the practice. Following the last fire risk assessment, we noted that actions identified had been completed.

The practice had various policies and procedures, as well as risk assessments in place, which were current for ensuring the premises were fit for purpose.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had two named, appointed first aiders. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>6</sup>. We made some recommendations regarding the storage of emergency equipment and drugs which are listed in the sections below.

#### Improvement needed

The registered manager must review the decontamination room to ensure that the cleaning of the cupboards and the chair/stool to remove dust/debris is actioned

#### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health

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<sup>6</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.



Technical Memorandum (WHTM) 01-05<sup>7</sup>. We identified that the room could benefit from a deep clean due to the dust/debris on the cupboards, around the bin and on castors of the chair/stool in the room. Apart from that, the room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We saw evidence that an infection control audit took place using recognised audit tools, including the Health Education and Improvement Wales (HEIW) audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

We saw that all staff had undertaken up to date infection control training which was in line with the five year requirements set out by the General Dental Council.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had made appropriate arrangements with the local occupational health service to deal with any sharps injuries and/or vaccinations. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

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<sup>7</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

## Medicines management

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were being stored in a location that could be accessed by patients. Therefore, we recommended the location of the emergency equipment is reviewed. The cupboard is unlocked for quick access to the equipment but is also located in an area frequently used by patients.

The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)<sup>8</sup>. However, on the day we identified some resuscitation pads that were out of date and asked staff to ensure these are checked regularly to ensure the expiry date does not lapse.

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

### Improvement needed

The registered manager must review the location of the emergency equipment to ensure public access is limited whilst staff access is quick and easy

The registered manager must ensure staff undertaking checks of emergency drugs and equipment check all dates and replace any expired items

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<sup>8</sup> [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

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

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place. A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise.

We saw that staff had up to date training in adult and child safeguarding. The practice had a member of staff who was the nominated safeguarding lead. They take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the practice manager or another member of the wider Bupa team and were confident those concerns would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service<sup>9</sup> (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

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

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Staff told us that the clinical team were adequately trained to use the equipment and we saw evidence of this in staff files.

The surgeries were clean and organised. Floors and surfaces within the surgeries were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in good condition and sufficient in number.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and

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<sup>9</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).

information on the safe use of the X-ray equipment was available and up to date. We saw the local rules<sup>10</sup> displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted. However, we were unable to locate the name and contact number of the radiation protection adviser. Despite this being available via the intranet, we suggested this is added to the document for ease of access.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity.

## **Effective care**

### **Safe and clinically effective care**

The practice carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients. Results of the audits will help to identify areas for improvement and support any changes to dental team practises.

Staff told us they obtain up to date guidance via circulars from head office, external bodies and from staff attending conferences and training.

### **Quality improvement, research and innovation**

The practice had a programme of internal audits which they undertake to enable themselves to demonstrate best practice in providing dental care. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

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<sup>10</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted.

## Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and there were appropriate procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulations (GDPR).

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

## Record keeping

There was evidence that the practice was keeping their clinical records to a good standard. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

Of the records we reviewed, we found they contained sufficient information of the patients' dental history, reason for attendance, treatment planning and recall information. However, there was no evidence that cancer screening was being recorded; patients that were identified as smokers had no smoking cessation discussions recorded in their notes. We also did not see any evidence to demonstrate that delivering better oral health guidelines had been implemented and were being fully recorded.

The notes were appropriately stored and record entries were clear, legible and good quality.

### Improvement needed

The registered manager must review patient records to ensure better recording of cancer screening, smoking cessation discussions (where applicable) and that delivering better oral health guidelines are being recorded.

## 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 systems and processes in place which ensured the practice and the staff were supported and committed to providing a high quality service.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. Some policies needed to be updated in line with the review dates stated on the document.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas which helped to ensure they had up to date skills and knowledge to assist them with their work.

## Governance, leadership and accountability

Bupa Dental Care is owned by Xeon Smiles UK Ltd. The day to day running of the practice is led by a registered manager<sup>11</sup> who is supported by a wider team of clinical and non-clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

The staff team worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the

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<sup>11</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.

delivery of care to patients, either directly with the practice manager, other Bupa staff or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We noted that the majority of policies should have been reviewed in 2017 and staff confirmed that whilst that review date had not been met policies were currently in the process of being reviewed and updated.

We saw that staff had signed to evidence they had read and understood the policies and procedures. Policies and procedures are devised and updated by head office. Any updates are circulated to all staff, who are asked to read and sign to confirm they have read the update.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate.

The registered manager confirmed that they were aware of their duties as registered manager regarding notifications that must be sent to HIW under the regulations such as in the event of serious injury to patients.

## **Staff and resources**

### **Workforce**

The practice had a number of human resources (HR) related policies in place. These included the recruitment of staff, dress code, flexible working, maternity, annual leave, staff appraisal and disciplinary policy.

Staff confirmed that head office undertook the majority of checks for the recruitment of staff. However, staff did describe what areas of recruitment were completed locally.

We were shown examples of staff files which contained various employment information. New members of staff had completed induction and probationary forms on file. In addition to the paper records, all employment information is stored on the computer system and only accessible to the practice manager.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these for all of the staff group. Staff told us DBS certificates would be renewed every three years. This practise contributes to ensuring safer recruitment choices, including working with vulnerable groups such as children.

The practice had an appraisal process in place and staff had received an annual appraisal.

We saw certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements.

Formal team meetings take place on a monthly basis and are documented. Staff have an opportunity to add items to the agenda and minutes are circulated to all staff. All staff sign the minutes to confirm they are up to date on practice matters.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all clinical 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](#), 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 Ebbw Vale

**Date of inspection:** 18 February 2020

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

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non compliance issues were identified on 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:** Bupa Dental Care Ebbw Vale

**Date of inspection:** 18 February 2020

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>				
No recommendations were identified on this inspection				
<b>Delivery of safe and effective care</b>				
The registered manager must review the decontamination room to ensure that the cleaning of the cupboards and the chair/stool to remove dust/debris is actioned	The Private Dentistry (Wales) Regulations 2017 – Regulation 22 (2)(a)	We have now Implemented an end of day shutdown checklist that now includes wipe down/dust cupboards and stool	Practice manager	Completed 26th February 2020

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Health & Care Standards – 2.4 Infection prevention control and decontamination			
The registered manager must review the location of the emergency equipment to ensure public access is limited whilst staff access is quick and easy	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (4) (a)  Health & Care Standards – 2.9 Medical devices, equipment and diagnostic systems	Original PM office was directly opposite the emergency equipment cupboard. PM office is now relocated. All emergency equipment has now been relocated to a cabinet that is not in direct access to the public but accessible to all staff & located in the centre of the practice.	Practice manager	Completed 27th February 2020
The registered manager must ensure staff undertaking checks of emergency drugs and	The Private Dentistry	We have two AED's only one is currently on our checklist. The other had expired	Practice manager	9th march 2020

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
equipment check all dates and replace any expired items	(Wales) Regulations 2017 – Regulation 13 (2) (a)  Health & Care Standards – 2.6 Medicines management	pads. New checklist to be implemented to include the two AED's and expiry dates.		
The registered manager must review patient records to ensure better recording of cancer screening, smoking cessation discussions (where applicable) and delivering better oral health guidelines are being recorded.	The Private Dentistry (Wales) Regulations 2017 – Regulation 20 (1) (a) (i)  Health & Care Standards – 3.5 Record keeping	To be Discussed in our next practice meeting and to encourage GDPs to ensure to record – cancer screening, smoking cessation & delivering better oral health guidelines.	Practice manager & GDPs	One month

## Quality of management and leadership

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No recommendations were identified on 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): Stephanie Harrison**

**Job role: Practice Manager**

**Date: 9th March 2020**