

General Dental Practice Inspection (Announced)

Bupa Dental Care,
Newport/Aneurin Bevan
University Health Board

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

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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, Newport at 6a, Caerphilly Road, Bassaleg, Newport, NP10 8LE within Aneurin Bevan Health Board on the 5 December 2019.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Bupa Dental Care Newport 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. We have recommended that the recommendations made in the fire risk assessment are adhered to.

The patient records we reviewed were generally comprehensive and legible, but the recording of diet advice and frequency of X-rays 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. Policies and procedures need to be updated in line with their review dates.

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, well maintained and visibly clean and tidy.

This is what we recommend the service could improve:

- Patient records to be improved to clearly evidence diet advice and X-ray frequencies in line with current guidance

- Policies and procedures to be updated in line with their review dates
- Staff must receive an annual appraisal
- Emergency lighting to be installed as per the advice in the fire risk assessment.

There were no areas of non-compliance identified at this inspection.

3. What we found

Background of the service

Bupa Dental Care Newport provides services to patients in the Newport 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, three dentists, one orthodontist, three dental hygienists, three dental nurses and one reception staff.

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 Newport 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 area. We have recommended that the NHS complaints process is clearly 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 19 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:

"Keep up the great work"

"Very helpful at reception. All staff very friendly"

"The service is excellent, the best practice I have ever been to and my husband was previously in the military so I have been to a few!"

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 comments were made:

“Printed appointment cards rather than handwritten – less risk of transcription error and getting details incorrect”

“Need more orthodontists as have had numerous appointments cancelled. Have had to wait quite a while for a new appointment to be given”

“Online booking appointments”

“More seats in the waiting room”

Staying healthy

Health promotion protection and improvement

All but one of the 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 area, including practice specific information leaflets and a patient information folder, which was a central reference file for patient information¹. Various health and cosmetic promotion leaflets were also available.

The name of the practice was located at the front of the building, clearly visible from the main road. The names of the dentists was displayed next to the entrance of the practice. The sign needed to be updated due to staff changes. We suggested that GDC registration numbers are also added to the sign, so that they mirror the information in the patient information folder. On the opposite side of the entrance, a sign displayed the opening hours, contact number and

¹ 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.

emergency out of hours telephone number. These details were also included in the patient information leaflet and folder.

There were signs within the practice displaying 'No Smoking', staff confirmed the practice adhered to the smoke free premises legislation².

Improvement needed

The registered manager needs to request new signage for the practice so the names of the current staff working at the practice are clearly listed, including their GDC registration numbers.

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 area, if required.

The General Dental Council's (GDC) 9 principles³ 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.

² 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.

³ 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.

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. However, the name of the registered manager at needs to be updated and new Bupa branded leaflets printed.

The statement of purpose⁴ also contained all the areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request.

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

Improvement needed

The registered manger needs to ensure that the Bupa practice information leaflet is updated to reflect the correct name of the practice manager

Communicating effectively

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

⁴ 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

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.

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.

The majority of 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. An out of hours telephone number was displayed on the opening hours sign located next to the main 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 of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. This was in keeping with the patient records we reviewed.

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 one surgery and other patient facilities located on the ground floor. Staff told us they would ensure patients were accommodated in the appropriate surgery if a patient had a mobility aid and/or pushchair.

The patient toilet was clearly signposted. The toilet provided hand washing and drying facilities. 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 waiting area, the patient information leaflet and folder. At the time of our visit there was nothing displayed about the NHS complaints process, Putting Things Right⁵. We recommended this information is obtained and displayed clearly.

We found it difficult to find information about complaints because Bupa use the term Code of Practice. This language is not easily understandable for a complaints process. Whilst we were given a rationale for the use of this term, we would suggest that the language used to communicate with patients' needs to be easily understandable and clearly reflected in all corporate literature.

We found the practice had suitable systems in place to record, respond and monitor any concerns/complaints they receive. This information is regularly 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 a process in place for obtaining patient feedback about the services and care received through patient questionnaires. Paper questionnaires were located on the reception desk. At the time of our visit, completed paper questionnaires had to be handed to staff. We recommended the practice obtain a box so replies can be submitted anonymously.

⁵ '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

Patients also had the option to complete online feedback forms. All methods of patient feedback are regularly reviewed and results displayed in the waiting area and on the website.

Improvement needed

The registered manager should obtain a box so completed patient questionnaires/feedback can be submitted anonymously.

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 and facilities for staff and visitors. There were contracts in place to ensure the environment and facilities were safe and well maintained.

We have recommended that emergency lighting is fitted at the practice in line with the recommendation from the last fire risk assessment. An emergency protocol needs to be displayed clearly within the practice, so staff and patients would know what to do in an emergency.

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 diet advice and the frequency of X-rays in line with current guidance.

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 one surgery were located on the ground floor. Two surgeries were on the first floor. The dental surgeries were modern in appearance and well equipped.

The building was visibly well maintained both internally and externally. All 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; all of the 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. One staff member was the designated fire marshal 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, a recommendation was made for the practice to install emergency lighting. We recommended that this action is followed up.

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) guidance⁶.

Improvement needed

The registered manager should review the recommendations of the last fire risk assessment and make arrangements for emergency lighting to be installed at the practice

Infection prevention and control

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

⁶ 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) 01-05⁷. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. However, we recommended that the practice checks the ventilation system conforms to (WHTM) 01 05.

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.

⁷ 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

Improvement needed

The registered manager should review the decontamination room in line with WHTM 01-05 guidance regarding ventilation to ensure the room adheres to best practice

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). At the time of our visit the policy for dealing with medical emergencies/resuscitation was available online. We suggested a copy of this policy is printed and kept on file for quick reference by staff.

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. 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)⁸.

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. However, at the time of our visit there was no emergency protocol visible which described what to do in an emergency. We recommended an emergency protocol is drafted which clearly highlights what to do in an emergency and relevant contact numbers. This needs to be displayed clearly for both staff and patients.

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

Improvement needed

The registered manager must ensure an emergency protocol is clearly displayed in the practice. It must include what to do in case of an emergency and all relevant contact numbers

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 Service⁹ (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 the log used to record this.

⁹ 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).

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 information on the safe use of the X-ray equipment was available and up to date. We saw the local rules¹⁰ displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

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. However, there were no actions identified as a result of the audits undertaken. We recommended that where audits identify possible issues with the taking of X-rays, the practice needs a system to ensure action is taken to make the required improvements.

Improvement needed

The registered manager should ensure that the data collected from audits are reviewed and where applicable, improvements identified and actioned

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

¹⁰ 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.

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. The practice was not conducting peer reviews and we recommended they consider this as well as smoking cessation audits. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

Improvement needed

The registered manager should consider undertaking additional quality improvement activities, including, but not limited to, peer reviews and a smoking cessation audit.

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). However, staff told us that they had not received any updated training regarding GDPR and this is something we recommended all staff receive.

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.

Improvement needed

The registered manager should arrange for appropriate training for all staff regarding GDPR to be provided.

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, medical histories and recall information.

We found anomalies within the records we reviewed regarding diet advice and recommended this area is reviewed and improved. In addition, we asked for the frequency of X-rays to be reviewed to ensure they are in-line with current guidelines. Clear justification and evidence needs to be recorded if X-rays are to be taken outside of the recommended timescales.

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 diet advice is recorded appropriately and that X-ray frequency is in line with current guidelines

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. In addition, a recruitment policy is required that clearly describes the pre-employment processes to ensure staff are aware of what is expected of them when recruiting new staff.

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. We recommended that all staff receive an annual appraisal and that formal team meetings take place.

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 manager¹¹ who is supported by a wider team

¹¹ A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

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.

All of the staff told us they 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 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 updated policies were being issued by the end of December 2019. In addition, some policies were branded as Oasis and had references to English regulatory bodies. This needs to be reviewed so documentation is branded correctly and the appropriate authorities that support Welsh patients cited.

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.

Improvement needed

The registered provider must ensure that out of date polices are reviewed and updated versions sent to the practice

The registered provider should ensure documentation is correctly branded and appropriate bodies listed in their policies/procedures

Staff and resources

Workforce

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

appraisal and disciplinary policy. However, the practice did not have a specific recruitment policy that covered recruitment and the checks that would be undertaken prior to a new member of staff starting work. This is required to ensure the safe recruitment of staff.

Staff confirmed that head office undertook the majority of checks for the recruitment of staff. However, it is essential that staff at practice level have appropriate policies for recruitment because they undertake the interviews, and recruitment policies would ensure consistent messages and information provided to potential candidates.

We were shown examples of job descriptions and an induction programme was in place for new starters. 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, however no appraisals had been completed to date. The practice manager, who was new in post confirmed all staff would receive 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.

No formal meetings had been documented to date, however, we were shown the template the team will use to conduct formal monthly meetings. Staff will have an opportunity to add items to the agenda and minutes will be circulated to anyone unable to attend.

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.

Improvement needed

The registered manager must ensure that documented formal team meetings are carried out so staff are aware of the current business needs

The registered manager must ensure all staff receive an annual appraisal

The registered provider must ensure that a recruitment policy is available for staff, which covers all aspects of pre and post-employment information and supports the additional HR related policies

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 Newport

Date of inspection: 5 December 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
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 Newport

Date of inspection: 5 December 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
Quality of the patient experience				
The registered manager needs to request new signage for the practice so the names of the current staff working at the practice are clearly listed, including their GDC registration numbers.	The Private Dentistry (Wales) Regulations 2017 – Regulation 17 (2) Health & Care Standards – Standard 3.2 communicating effectively	New Signage ordered In January awaiting arrival	Gemma Danter	2 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manger needs to ensure that the Bupa practice information leaflet is updated to reflect the correct name of the practice manager	The Private Dentistry (Wales) Regulations 2017 – Regulation 7 (a) Health & Care Standards – Standard 4.2 patient information	New leaflets ordered for the practice and hand written amendments on current leaflets – Bupa Leaflets the HIW patient information leaflets is up to date	Gemma Danter	2 months
The registered manager should obtain a box so completed patient questionnaires/feedback can be submitted anonymously.	The Private Dentistry (Wales) Regulations 2017 – Regulation 16 (2) (b) (ii) Health & Care Standards – Standard 3.2	To order from Lyreco – our stationary suppliers	To be ordered by cop in Jan – will arrive following day	1 month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	communicating effectively			
Delivery of safe and effective care				
The registered manager should review the recommendations of the last fire risk assessment and make arrangements for emergency lighting to be installed at the practice	The Private Dentistry (Wales) Regulations 2017 – Regulation 16 (1) (b) & 22 (4) (a) Health & Care Standards – Standard governance, leadership & accountability	Forms to our finance officer sent, awaiting approval and this will be implemented. Quotes received	Gemma Danter	90 days
The registered manager should review the decontamination room in line with WHTM 01-05 guidance regarding ventilation to ensure the room adheres to best practice	The Private Dentistry (Wales) Regulations 2017 –	Aware we need to change the ventilation system to other side of room. – to be completed	Gemma Danter	90 days

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 16 (2) (d) (ii) WHTM 01-05 – chapter 6, Environmental conditions			
The registered manager must ensure an emergency protocol is clearly displayed in the practice. It must include what to do in case of an emergency and all relevant contact numbers	The Private Dentistry (Wales) Regulations 2017 – Regulation 8 (q) & 31 (1) Health & Care Standards – Standard 2.1 managing risk & promoting health & safety	Completed	Gemma Danter	Completed
The registered manager should ensure that the data collected from audits are reviewed and	The Private Dentistry (Wales) Regulations	On going to be audited. Staff to complete atleast 2 hiw audits bi annually	Gemma Danter	On going

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
where applicable, improvements identified and actioned	2017 – Regulation 8 (n) & 16 (a) & (2) (d) (ii) Health & Care Standards – Standard 6.3 listening & learning from feedback			
The registered manager should consider undertaking additional quality improvement activities, including, but not limited to, peer reviews and a smoking cessation audit.	The Private Dentistry (Wales) Regulations 2017 – Regulation 8 (n) & 16 (a) & (2) (d) (ii) Health & Care Standards – Standard 3.3 quality improvement,	Team aware to completed 2 audits bi annually	Gemma Danter	On going

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	research & innovation			
The registered manager should arrange for appropriate training for all staff regarding GDPR to be provided.	The Private Dentistry (Wales) Regulations 2017 – Regulation 17 (1) (a) & (3) (a) Health & Care Standards – Standard 7.1 workforce	Training provided by Bupa and done on line	Gemma Danter	completed
The registered manager must review patient records to ensure diet advice is recorded appropriately and that X-ray frequency is in line with current guidelines	The Private Dentistry (Wales) Regulations 2017 – Regulation 20 (1) (a) (i) Health & Care Standards –	Discussed with gbps and reinforced changes to be made to patient record keeping to improve this data recorded	Gemma Danter to review and GDP's	On going

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Standard 3.5 record keeping			
Quality of management and leadership				
The registered provider must ensure that out of date polices are reviewed and updated versions sent to the practice	The Private Dentistry (Wales) Regulations 2017 – Regulation 8 (6) Health & Care Standards – Standard 3.5 record keeping & governance, leadership & accountability	Bupa are reviewing all policies and In the process of renewing	Bupa Dental Care Support centre	On going
The registered provider should ensure documentation is correctly branded and appropriate bodies listed in their policies/procedures	The Private Dentistry (Wales) Regulations 2017 –	All up to date in Practice with Bupa Policies and Procedures, and staff signed.	Gemma Danter	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 8 (6) Health & Care Standards – Standard 3.5 record keeping & governance, leadership & accountability			
The registered manager must ensure that documented formal team meetings are carried out so staff are aware of the current business needs	The Private Dentistry (Wales) Regulations 2017 – Regulation 17 (3) (e) Health & Care Standards – Standard 7.1 workforce	Practice meetings being completed monthly and recorded	Gemma Danter	On going
The registered manager must ensure all staff receive an annual appraisal	The Private Dentistry (Wales)	Dates in diary to ensure team members appraisals now in place, annual appraisal	Gemma Danter	On going

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 2017 – Regulation 17 (3) (a) & (e) Health & Care Standards – Standard 7.1 workforce	and bi annual one to ones to review progress		
The registered provider must ensure that a recruitment policy is available for staff, which covers all aspects of pre and post-employment information and supports the additional HR related policies	The Private Dentistry (Wales) Regulations 2017 – Regulation 8 (1) (h) & (i) Health & Care Standards – Standard 7.1 workforce	Compliance team have taken feedback from HIW inspection and given to Hr team at support centre to review feedback	HR services Bupa Dental Care	Completed

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

Service representative

Name (print): Gemma Danter

Job role: Practice Manager

Date: 06.01.2020