

General Dental Practice Inspection Report (Announced)

Hywel Samuel and Associates

Cardiff and Vale University Health
Board

Inspection date: 30 January 2023

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Hywel Samuel and Associates Dental Practice, Cardiff and Vale University Health Board on 30 January 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 19 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

It was evident that staff at Hywel Samuel and Associates were committed to giving patients a positive experience when visiting the practice. It was clear that steps were taken to maintain patients' dignity and confidentiality during appointments. The practice was also fully accessible, with all clinic rooms on the ground floor and an accessible patient toilet.

This is what we recommend the service can improve:

- Patient information should be available bilingually in the reception and waiting areas of the practice.

This is what the service did well:

- Maintaining patients' confidentiality by always ensuring surgery doors were closed during appointments.
- The waiting room and reception area had extensive patient information displayed.

Delivery of Safe and Effective Care

Overall summary:

We saw evidence of various policies and procedures in place for infection control at the setting. All were up to date and regularly reviewed. All staff were also up to date in all mandatory training including infection control and fire safety.

It was clear that the building was in a state of good repair, both internally and externally. Both communal and clinical areas were also kept clean and tidy.

This is what we recommend the service can improve:

- Staff must carry out smoking cessation and antibiotic audits as soon as possible.
- We recommended a tick box option is added to patient records, to easily identify patients who smoke.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment.

- Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months.
- The practice had appropriate policies in place to ensure the safe and effective handling, recording and dispensing of medications.

Quality of Management and Leadership

Overall summary:

There was evidence of good leadership and clear lines of accountability in place at Hywel Samuel and Associates.

Staff were all up to date with mandatory training. We also saw evidence of regular staff meetings and annual appraisals for all staff.

This is what the service did well:

- Regular team meetings take place and detailed minutes are recorded.
- There was a comprehensive register of policies and procedures in place at the practice. All were reviewed by the practice manager annually.

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

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 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.

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

“It’s very good indeed, we have been using it as a family ... for ... years. It is as good as any dentists practice can get.”

“Moving the old building to this new building has shown an overall improvement.”

We asked what could be done to improve the service. Comments included the following:

“Parking area”

Staying Healthy

Health Protection and Improvement

We saw evidence of changes at the practice as a result of the COVID-19 pandemic. The practice still kept signs up in communal areas encouraging patients to wear face coverings and patients are asked over the phone if they are experiencing any symptoms of respiratory infection prior to their appointment.

There were also hand sanitiser stations situated through the practice.

All 19 patients who completed questionnaires said the dental team talked to them about how to keep their mouth and teeth healthy. 18 of the respondents also confirmed that the dental team enquire about their medical history before undertaking any treatment, one patient did not respond.

The practice name was clearly visible on the outside of the setting, as well as the practice opening times and emergency contact details. We also observed an up-to-date list of dental staff clearly displayed in the practice reception area.

Dignified care

Communicating effectively

It was clear that staff at Hywel Samuel and Associates were committed to maintaining patients' privacy and confidentiality. We observed all clinic room doors kept closed during appointments and the tinted glass surrounding each room prevented anyone being able to see in.

We were informed by staff that no calls are answered at the main reception desk, all are dealt with in a separate room, away from practice communal areas. The waiting area was also in a separate room, from the reception desk, thus giving patients speaking to staff additional privacy. The practice manager told us that, in the event a patient wished to speak to a staff member in private, they would either be taken to the practice manager's office or an empty clinic room.

The practice manager informed us that there are five Welsh speaking staff members working at the practice and we observed them wearing 'Iaith Gwaith' badges. The practice offers a bilingual website and we saw evidence of markers on the records of Welsh speaking patients.

Staff told us that the practice has access to a translation service through the local health board, however it can be difficult to use due to the vast number of languages spoken at the practice. We were told that patients requiring a translation service are encouraged to attend appointments with a translator or use a translation mobile phone app during their appointment. According to the practice manager, both of these methods prove effective.

We observed that the 9 Principles set out by the General Dental Council (GDC), were displayed in both waiting areas.

Improvement needed

The practice must ensure that bilingual information is available.

Patient information

We saw extensive patient information displayed in both the waiting areas and the reception area of the practice. The practice also provided relevant information on its website. Information included the practice complaints procedure, a comprehensive price list for both NHS and private treatments and various health promotion leaflets.

A review of the patient information leaflet confirmed that it contained all the information required by the Private Dentistry (Wales) Regulations 2017.

Timely care

Timely access

We asked the practice manager how patients are informed of any delays in waiting times for their appointments. They told us that staff will contact patients ahead of their appointment if possible, alternatively, they will speak to them in person when they arrive at the practice. Staff will inform patients of the likely length of the delay and will offer patients the opportunity to re book appointments if they are unable to wait.

Staff informed us that appointments can be made via telephone and in person at the practice. We also saw an option to register via a form on the practice website to receive a call back from the setting to book an appointment.

Of the 19 questionnaire respondents, 11 indicated that they found it 'very easy' to get an appointment when they needed it and 8 said they found it 'fairly easy'.

Staff informed us of the process for patients to access emergency appointments. We were informed that phone lines are open from 8-8:30am for triage of emergency appointments only. Around two slots per dentist are blocked off each day for emergencies and staff will also use cancellation slots if needed.

Individual care

Planning care to promote independence

17 of the patients who completed questionnaires said they are involved in decisions about their treatment. Two patients did not respond.

15 of the 19 who answered told us that they feel they can access the right healthcare at the right time (regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). 16 of the patients who answered indicated they had not faced

discrimination when accessing or using this service. For both questions, the remaining patients did not respond.

People's rights

We reviewed policies at the practice and confirmed that there was a comprehensive equality and diversity policy. Policies were reviewed annually, which was evident from the clear review dates on the documents.

Staff informed us that the practice is promoted as LGBTQ+ friendly on their website. The practice manager also told us they are in the process of adding an option to patient records to include preferred pronouns.

Hywel Samuel and Associates is situated in a purpose-built setting, offering full disabled access for patients. The reception desk, waiting area and all surgeries are on the ground floor and there is a disabled toilet available.

Listening and learning from feedback

The complaints process was displayed in the waiting area. The complaints information included the process that needs to be followed, timescales for responding and details of the staff member responsible for dealing with complaints.

Patients were encouraged to provide feedback online and via the practice social media pages. We also saw evidence of paper questionnaires being filled out by patients and a comments box on the reception desk.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

The practice was in a good state of repair, both internally and externally. All areas of the practice were clean and tidy. All 19 of the questionnaire respondents stated that they felt the dental practice was 'very clean'.

The setting was purpose built two years ago and offered full disabled access, with spacious clinic rooms and sufficient changing and storage facilities. We inspected a sample of clinical facilities at the setting. All dental equipment was in good condition, and we saw evidence of sufficient item numbers to allow for effective decontamination between uses.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. We also noted that all staff had received fire training. The practice has fire exit signs clearly displayed as well as a 'no smoking' sign displayed in the reception area.

We saw evidence of a range of policies and procedures in place at the practice, as well as various risk assessments. This included fire safety, environmental and health & safety risk assessments. All were up to date and reviewed within appropriate timescales.

The practice had a comprehensive business continuity plan in place. This was kept up to date and we saw evidence of annual reviews.

Infection prevention and control (IPC)

The practice had dedicated facilities for the decontamination of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. We also saw a number of policies in place regarding the infection prevention and control procedures for the practice.

We saw evidence that all staff had completed mandatory infection control training.

The practice also had appropriate arrangements in place for the handling and disposal of waste. We also saw evidence of secure and appropriate storage and separation of clinical waste.

We observed effective cleaning schedules in place at the practice and hand hygiene facilities for both patients and staff. We also saw evidence of a designated infection control lead in place at the practice.

Medicines management

We saw evidence of a comprehensive medicines management policy in place at the practice. The practice also had several supporting procedures and arrangements in place to ensure the safe and effective handling, recording and dispensing of medications.

We reviewed the emergency drugs and equipment at the practice. All drugs and resuscitation equipment were in date and in accordance with local guidance. We also saw evidence of annual maintenance checks being carried out on oxygen cylinders.

Our review of staff training records also provided evidence of up-to-date CPR training for all staff.

Safeguarding children and safeguarding adults at risk

We saw evidence of up-to-date safeguarding training certificates for all staff. The practice also had a comprehensive safeguarding policy in place which included local contact details for reporting concerns. Staff also had access to a copy of the All-Wales Procedures for reference when needed.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid Disclosure and Barring Service check in place.

We also confirmed that all clinical staff were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

The clinical facilities contained all relevant equipment, and we also found the surgeries to be well organised, clean, and tidy. We saw evidence in staff training files that all staff had undergone training to ensure safe use of equipment.

Effective care

Safe and clinically effective care

It was clear from our findings that the practice had robust arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. These details were documented in the statement of purpose and in policies and procedures.

Quality improvement, research and innovation

We spoke to staff about the systems in place for monitoring quality improvement. The practice manager told us that feedback from questionnaires is discussed at team meetings and acted upon if necessary. Also, we were informed that, when a review is left online, the practice manager receives an email and will reply to each review.

Staff also provided us with evidence of annual Quality Assurance Self- Assessment (QAS) reports being completed at the practice.

We reviewed a number of audits undertaken. Our review highlighted that staff were yet to complete a smoking cessation or antibiotic audit for the practice. We raised this with staff and requested these be completed as soon as possible.

Improvement needed

The practice must ensure that smoking cessation and antibiotic audits take place.

Information governance and communications technology

The clinic had a data protection and staff confidentiality policy in place. We found that current patient records were being stored electronically and securely. Although the records reviewed all contained most relevant information, we noted that there was no way of easily identifying patients who were smokers from their records. We mentioned this to staff and recommended adding a tick box option in order to easily capture this information.

Improvement needed

The practice must ensure that patient records indicate whether a patient smokes or not.

Record keeping

We reviewed a sample of 10 patient records, all of which were maintained to a good standard. We saw evidence of an appropriate records management policy in

place, as well as a system for ensuring patient records are safely managed. Despite all records containing most of the relevant patient information, we noticed there was no way to easily determine which patients were smokers. We spoke to staff about this and recommended adding a tick box option to patient records to indicate whether or not each patient is a smoker.

The practice also has a comprehensive consent policy in place.

Quality of Management and Leadership

Governance, Leadership and Accountability

There was evidence of good leadership and clear lines of accountability in place at the practice. The day-to-day management of the practice was carried out by the practice manager, who we found to be very committed and dedicated to their role.

We reviewed the statement of purpose and the patient information leaflet. Both documents contained all the information required by the Private Dentistry (Wales) Regulations 2017.

It was evident that the practice maintained an up to date and detailed register of policies and procedures. We saw evidence that all were reviewed annually by the practice manager.

We saw evidence of regular team meetings taking place at the practice and detailed minutes being taken. These are stored on file for reference, should a staff member need to review them.

Workforce

We reviewed policies that outlined the process used to recruit new staff and support the employment and induction of staff. The practice manager informed us of the induction process for new starters, which included reading practice policies and completing all mandatory training.

The practice manager provided us with staff files for review. We saw evidence of the General Dental Council (GDC) registration for all members of staff, as well as evidence of Hepatitis B vaccinations and DBS checks on file for all staff and records of annual appraisals.

The practice had a comprehensive whistleblowing policy in place. This was up to date and reviewed annually along with other practice policies.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns identified			

Appendix B - Immediate improvement plan

Service: Hywel Samuel and Associates

Date of inspection: 30/01/2023

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate concerns identified				

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: Hywel Samuel and Associates

Date of inspection: 30/01/2023

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure that documents such as the complaints policy, patient information leaflet and statement of purpose, are available bilingually in the waiting area of the practice.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1)(a) Health & Care Standards - 3.2 Communicating effectively	This has already been actioned by PM. We have translated these documents in 7 different languages which are most used by our service users. These languages are Welsh, Arabic, Urdu, Bengali, Gujrati, Somali, Ukranian. We have made a note on our notice board for patients to request these documents in their preferred language if they wish. All staff are aware of this and will provide patients with these documents upon request. If we don't have the document	Yasmin Begum Practice Manager	Actioned 08.02.2023

		translated in the patients preferred language this can easily be done for the patient within 7 working days and we will also inform patient of this.		
The practice must ensure that staff complete smoking cessation and antibiotic audits for the practice as soon as possible	Health & Care Standards - 3.5 Record keeping	<p>Antibiotic Audit was started in December 2022 by 3 Clinicians and 1 DCP.</p> <p>Started January 2023.</p> <p>The audit has been completed over 3 months and we are currently collating data to send to HEIW.</p> <p>We are currently working on registration for Smoking Cessation Audit.</p>	Yasmin Begum PM/ Tracey Morris ICL	<p>Actioned 16.03.2023</p> <p>Aim to start in April 2023</p>
The practice must ensure that a tick box option is added to patient records, in order to easily identify patients who are smokers	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a)	We have already added a question on the medical history on R4 to ask if a patient is a smoker. We have also added a Marker on patient record to identify they are a smoker.	Yasmin Begum PM	Actioned 16.03.2023

	Health & Care Standards - 3.3 Quality improvement, research & innovation and 3.5 Record keeping			

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 YBegum

Name (print): Yasmin Begum

Job role: Practice Manager

Date: 20.03.2023