

# General Dental Practice Inspection Report (Announced)

Cyncoed Dental Practice, Cardiff &  
Vale University Health Board

Inspection date: 16 May 2022

Publication date: 17 August 2022



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

# 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.



# Contents

1. What we did
2. Summary of inspection
3. What we found
  - Quality of Patient Experience
  - Delivery of Safe and Effective Care
  - Quality of Management and Leadership
4. Next steps

Appendix A - Summary of concerns resolved during inspection

Appendix B - Immediate improvement plan

Appendix C - Improvement plan

# 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 Cyncoed Dental Practice, Cardiff and Vale University Health Board on 16 May 2022.

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

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

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

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found Cyncoed Dental Practice was committed to providing a positive experience for their patients. All of the patients who completed a HIW questionnaire rated the service they had been provided as 'very good'.

We saw changes had been made to their service provision based on government guidance. These changes enabled patients to be treated as safely as possible, with procedures in place to minimise the spread of COVID-19.

We found staff were delivering services for their patients in a timely and professional manner.

This is what we recommend the service can improve:

- Complete an analysis of the practices' questionnaires and suggestion box feedback to determine what areas are working well and what areas might require improvement

This is what the service did well:

- Welcoming and modern environment
- Positive patient feedback.

### Safe and Effective Care

Overall summary:

We found Cyncoed Dental Practice was meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice was modern, well maintained and well equipped to carry out the services and treatments they are registered to deliver. All areas were clean and free from any visible hazards.

We found the arrangements in place for fire safety and medical devices and equipment were appropriate to protect staff and visitors.

We made recommendations for patient notes to be improved and to undertake some additional audits which will help to further improve the services the practice provides.

This is what we recommend the service can improve:

- Patient records need to be reviewed and improved to ensure that patient details, including addresses are recorded. Radiographs need to be reported on in the notes. Consistent grading of basic periodontal examinations (BPEs) and radiographs need to be documented in patient records
- Additional audits should be undertaken, specifically smoking cessation and an antibiotic prescribing audit to assess compliance with current guidelines
- The registered provider must complete a Regulation 23 report and ensure the report includes all the areas required by the regulation. A copy needs to be sent to HIW.

This is what the service did well:

- Appropriate fire safety arrangements were in place which were reviewed regularly to maintain a safe building for staff and visitors
- The equipment being used at the practice was in good condition and was being maintained in line with the manufacturers' guidelines.

## Quality of Management and Leadership

Overall summary:

We observed a staff group that worked well together and were committed to providing a high standard of care for their patients.

We saw there was a number of policies and procedures in place that were relevant to the services the practice was providing. These were being reviewed regularly and stored centrally for easy access. Staff were signing sheets to evidence they had read the policies and understood their role and responsibilities.

Staff had access to appropriate training opportunities in order to fulfil their professional obligations. We saw training was up to date and certificates being kept to evidence this.

Regular staff meetings were taking place. Minutes are recorded and kept on file.

This is what we recommend the service can improve:

- All dentists should complete the brief intervention training in smoking cessation.

This is what the service did well:

- Introducing an online well-being service for staff.

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 ten completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for one to two years.

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

*“I will always use this practice”*

*“Very patient and put me at ease”*

*“Always helpful and caring towards me”*

None of the patients who completed a questionnaire provided comments on how the practice could improve the service it provides.

#### Staying Healthy

##### Health Protection and Improvement

We saw the changes that had been made to the practice environment as a result of the pandemic. Personal Protective Equipment (PPE) for staff and patients is available as well as hand sanitising stations throughout the practice. Screens had been fitted to the reception desk to help protect staff and visitors.

To minimise the risk of COVID-19 transmission, patients with pre-arranged appointments could visit the practice. All visitors were asked to sanitise their hands on arrival and wear a face mask. The surgeries had been decluttered as much as possible. Eight out of 10 patients who completed questionnaires felt it was very evident that the practice had Covid compliant procedures in place during their time at the practice.

We were told that patients complete COVID-19 screening questions prior to their arrival at the practice and this is recorded on the patients' record.

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



The name of the practice was clearly visible from the outside. Opening hours, a contact number and names of the dentists were also displayed. The names and qualifications of the staff were also displayed in the reception area.

We saw a no smoking sign was displayed, confirming they adhered to the smoke free premises legislation.

## **Dignified care**

### **Communicating effectively**

All of the patients that completed a questionnaire told us that English was their preferred language and that healthcare information was available to them in that language.

Staff told us that they had access to services whereby information could be made available to patients in different formats, including large print, audio and braille. They also have access to translation services to assist anyone whose first language is not English to receive services and/or information in their preferred language. We saw this information was included in their accessible information policy. The practice might want to consider advertising these services so their patients know alternative formats for information is available.

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.

We were told that staff would hold private conversations with patients within the dental surgeries away from the reception/waiting area.

We saw the General Dental Council's (GDC) 9 principles was displayed in the waiting area, therefore in line with the Private Dentistry (Wales) Regulations 2017.

### **Patient information**

All of the patients that completed a questionnaire told us they felt involved as much as they wanted to be in any decisions made about their treatment. All patients said the dental team helped them understand all available options when they needed treatment.

We saw a notice board which displayed the practices' complaints procedure, the GDC's 9 principles and the names of the staff. Various health and cosmetic leaflets were available for patients to take away which also included the practises' Patient Information Leaflet.

Price lists were seen for both private and NHS treatments. We saw that the NHS price list was located next to the reception desk and that the private price list was located in the enclosed waiting room. If a patient did not use this space then they were unlikely to see this information. Therefore we asked the practice to consider placing both price lists in a prominent position where patients will be most likely to see both lists.

Posters reminding patients about COVID-19 symptoms and wearing face masks were seen.

## **Timely care**

### **Timely access**

We saw the practice endeavouring to provide dental care in a timely manner and we observed this during our inspection. All appointments currently need to be made via telephone.

Staff told us of the process for keeping patients informed about any delays to their appointment times. Eight out of 10 patients who completed a questionnaire felt that it was very easy to get an appointment when they needed it. The remaining two questionnaires described the process as 'fairly easy'.

All but one 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. Staff told us they have a number of appointments available each day to deal with emergencies.

At the time of the inspection, we saw some restrictions due to COVID-19 still in place, with only patients with pre-arranged appointments entering the practice. Face masks must be worn where applicable and all visitors were asked to sanitise their hands upon arrival.

## **Individual care**

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

We reviewed ten patient records and found there was evidence of treatment planning and options for those patients.

All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. All of the patient records we reviewed had updated medical histories documented in the notes.

## **People's rights**

We saw the practice had an equality and diversity policy in place which referenced the Equality Act 2010. The policy acknowledged the need to deliver services and treatment to all patients regardless of a protected characteristic. We saw a poster displayed in the waiting area stating "we respect your privacy and dignity" and staff provided examples of how they treat their patients with dignity and respect, including using a patients preferred name.

All patients told us via our questionnaire that they felt they could access the right healthcare at the right time and that they had not faced discrimination when accessing or using this practice.

The dental practice operates their services on the ground floor. Access to the building and the surgeries were suitable for anyone using a mobility aid. The toilet did provide some hand rails for anyone requiring support, but no baby changing facilities were available. The toilet was clearly signposted and clean. We saw there were sanitary disposal and hand washing and drying facilities available.

## **Listening and learning from feedback**

We saw that a feedback/suggestion box was available in the waiting area. The practice also have their own patient questionnaire available on their website. Completed questionnaires are kept on file and we noted there were positive responses received in 2021. We were told that any feedback would be discussed at team meetings, however, we recommended that in addition to discussions, some formal analysis is undertaken. This will help the practice evidence areas that are working well and areas where improvements might need to be made.

The complaints procedure for private and NHS patients was displayed on the notice board in the waiting area. We saw the practice had systems in place to ensure complaints are dealt with and recorded appropriately.

# Delivery of Safe and Effective Care

## Safe care

### **Managing risk and promoting health and safety**

We found there were suitable arrangements in place to protect the safety and wellbeing of staff and visitors to the practice.

The building had been renovated to a high and modern standard. We found it was well maintained both externally and internally. All the areas within the practice were visibly clean, tidy, and free from obvious hazards. All the rooms were clearly signposted. The surgeries and decontamination room were in excellent condition. All the rooms had the necessary equipment required to undertake the treatments and services offered by the practice.

We saw there were policies and procedures in place as well as a health and safety risk assessment to ensure the premises were safe and fit for purpose.

There were appropriate arrangements in place to protect staff and people visiting the practice in the event of a fire. All staff had up to date fire training. A fire risk assessment had been undertaken and fire extinguishers throughout the practice had been serviced in October 2021. Fire exit signs were clearly displayed and a fire log book was used to record fire drills.

We saw a health and safety poster displayed and there were two staff trained in first aid.

An unused surgery was being used as a staff room and changing area. A toilet was available for both staff and the public.

As required by the regulations, we saw the practice had in place a business continuity policy.

### **Infection prevention and control (IPC)**

We saw the practice had an infection and control policy in place, which included all the areas required by the regulations.

We saw there were appropriate arrangements in place to ensure high standards of infection control. This is because the practice had cleaning schedules in place which were being followed. There was a dedicated member of staff who was the infection control lead. We saw PPE was available and being used and that the environment was in a good state of repair to enable effective cleaning of all areas.

We were told that the practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries.

We observed that the designated decontamination room was fit for purpose. We saw that the log books for checking the sterilisation equipment were being completed. The WHTM01-05 audit was being completed annually.

We saw certificates to evidence that all clinical staff had undertaken infection control training.

We found there were appropriate arrangements in place for the handling and disposal of waste. A contract with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste was in place. We did notice that the clinical waste bin was kept at the side of building where there is public access and recommended that it is moved to behind the locked gates. This was actioned on the day and therefore the clinical waste was being stored securely and separate from non-hazardous waste.

We noted there were appropriate arrangements in place for the handling of substances subject to COSHH.

### **Medicines management**

We found the practice had appropriate procedures in place to deal with emergencies. A medical emergency policy was in place that included the administration, handling and disposing of medicines to patients. Resuscitation equipment was available for use.

We saw certificates to evidence staff were up to date with their CPR training.

We saw the emergency drugs were being stored in a location that could be accessed easily by staff.

There were systems in place to evidence checks on emergency drugs were being carried out in accordance with national guidance. We noted that the emergency drugs and equipment were all in date.

We saw a first aid kit was available. All items were in date and were being checked by staff.

We saw prescription pads being kept securely.

Staff told us of the procedures they would take if there was an emergency or had to report an untoward drug related incident.

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

We saw that all staff had up to date training in adult and child safeguarding, level 2. The principal dentist had completed level 3.

The principal dentist was the practice safeguard lead and staff told us any concerns would be reported to her.

We saw a safeguarding file was in place. The file included a policy which contained details of the local safeguarding team. The practice manager was aware of and referred to the Wales Safeguarding Procedures website to ensure their information was up to date.

We saw that staff had a DBS check on file which was undertaken prior to their employment.

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

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. We were told that staff were adequately trained to use the equipment.

We found the dental instruments were in good condition and sufficient in number. There were adequate arrangements in place to deal with any device or system failure.

We reviewed the arrangements in place for the safe use of radiographic equipment and found the required documentation and information was available and up to date.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training. We were told that staff appraisals were used as a means of assessing competency following training.

There was evidence that quality assurance monitoring activities were taking place in respect of written procedures, protocols and equipment, including a radiation risk assessment.

## Effective care

### Safe and clinically effective care

We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. This is because details were documented in their statement of purpose and in policies and procedures.

Staff told us they were obtaining professional guidance and where applicable using this to update their own policies.

### Quality improvement, research and innovation

The practice had a quality assurance policy in place and we were told that the practice continuously strives to improve the service provided to patients.

An audit file is in place and we saw audits had been completed which included WHTM01-05, oral cancer and did not attend audit. Any improvements are recorded and kept in the file.

We noted there were no audits completed for smoking cessation and antibiotic prescribing and we recommend that this is added to the audit programme.

We were told that some informal peer review of clinical staff takes place, but this is not recorded.

We were told the practice does not undertake any research.

Regulation 23 of the Private Dentistry (Wales) Regulations 2017 requires the registered provider prepares a written report on the conduct of the practice. Therefore we recommend that the responsible individual reviews the requirements of Regulation 23 and undertakes a visit at the earliest opportunity. The report produced should be submitted to HIW.

### Information governance and communications technology

The practice had a data protection and privacy policy in place. We found patient records were being stored electronically and securely in line with GDPR requirements.

### Record keeping

We reviewed ten sets of patient records and concluded that these were generally being kept to a good standard. The notes were clear, legible, and generally good quality.

Of the records we reviewed, we saw they had sufficient information of the patients' dental history, reason for attendance, treatment information, consent and recall information.

However, of the records we did review we found some areas where improvement is required. We found one record that did not have the patients address. Radiographs need to be graded and a report recorded in the records. BPEs need to be documented consistently in patient records. We therefore recommended that records are reviewed and improvements made specifically to the areas identified.

## Quality of Management and Leadership

### **Governance, Leadership and Accountability**

The principal dentist (the practice owner) has overall responsibility for the management of the practice. She is supported by two dentists, two hygienists, a practice manager, a receptionist, an administrator and three dental nurses, one of which is a trainee. We saw that private dental care was being provided in accordance with their conditions of registration.

We saw the staff team working well together and this was evidenced by their rapport and interaction with each other and their patients on the day of the inspection.

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

We saw that the practice had a range of policies and procedures in place. These were being reviewed regularly and were specific to the practice. We saw that staff sheets were included in the policy file to evidence which policies staff had read.

The principal dentist had overall responsibility for ensuring that any notifications, including any to HIW are submitted in the event of any serious injuries.

We saw that team meetings were taking place. Minutes are recorded and kept in a folder so any member of staff unable to attend can read them. Staff told us that minutes are shared with anyone unable to attend a team meeting.



## Workforce

We were told of the process used to recruit new staff and there were policies in place to support the employment and induction of staff. We were told that agency staff had been used at the practice. We were told of the process for obtaining an agency staff's competency, experience, training and DBS were explained.

Staff files are kept, and we saw they contained evidence of their GDC registration, contract of employment, Hepatitis B immunity, DBS check and professional indemnity insurance.

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 a staff member or an alternative appropriate body if required.

We saw that staff were receiving an appraisal and copies of these were seen in staff files.

We saw evidence that training certificates were being kept for each member of staff and that staff had attended training on a range of topics relevant to their roles to meet their CPD requirements. We recommended that all dentists complete the brief intervention training in smoking cessation. This is because four out of 10 patient records we reviewed who were smokers, none of them had any smoking cessation advice recorded on their notes.

An initiative being introduced to support staff was 'Mind Ninja<sup>1</sup>', providing well-being training and programmes specific for dental professionals.

---

<sup>1</sup> See: [Mind Ninja \(mind-ninja.co.uk\)](http://mind-ninja.co.uk)

## 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 B - Immediate improvement plan

**Service:** Cyncoed Dental Practice

**Date of inspection:** 16 May 2022

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 assurance 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:** Cyncoed Dental Practice

**Date of inspection:** 16 May 2022

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager should undertake an analysis of the practices' questionnaires and suggestion box feedback to determine what areas are working well and what areas might require improvement	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1)(a) & (2)(b)(ii) (d)(ii)  Health & Care Standards - 6.3 Listening & learning from feedback	Analysis carried out May 2022, copy sent to HIW.	Zena Aseeley	Completed
The registered provider must complete a Regulation 23 report	The Private Dentistry	Report completed June 2022, copy sent to HIW along with a	Zena Aseeley	Completed

and ensure the report includes all the areas required by the regulation. A copy needs to be sent to HIW	(Wales) Regulations 2017 - Regulation 23 (1); (2) (a) (b) & (c); (3); (4) (a) (b) & (c); (5) (a) & (b) (i) (ii); (6)	copy of the QAS submitted in March 2022.		
The registered provider must review all patient records and ensure that patient addresses are recorded; radiographs are reported on and there is consistent grading of radiographs and BPEs documented in patient notes	The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1)(a)(i)(ii)  Health & Care Standards - 3.5 Record keeping	Records checked for addresses.  Zena Aseeley and associates now to record radiograph grading and BPEs in the same sections of patient notes for consistency.	Zena Aseeley	Immediate
The registered provider must review their programme of audits and include smoking cessation and antibiotic audit	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1)(a)(b)  Health & Care Standards - 3.3	Smoking cessation and antibiotic audits introduced and handed out to dentists to complete.	Zena Aseeley	July 2022

	Quality improvement, research & innovation			
The registered provider should ensure the brief intervention training in smoking cessation is completed by all dentists	The Private Dentistry (Wales) Regulations 2017 - Regulation 17 (1)(a) & (3)(b)  Health & Care Standards - 7.1 Workforce	Training in smoking cessation completed by all dentists and copies of certificates sent to HIW	Zena Aseeley	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): Zena Aseeley**

**Job role: Practice Owner**

**Date: 14/06/2022**