

General Dental Practice Inspection Report (Announced)

St James Dental Practice, Swansea
Bay University Health Board

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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 St James Dental Practice, Swansea Bay University Health Board on 17 September 2024.

Our team for the inspection comprised of one 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of seven questionnaires were completed by patients or their carers and eight were completed by staff. 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients provided positive feedback about the care and service provided by St James Dental Practice. We found staff to be professional, friendly and polite and treated patients with respect and kindness.

Healthcare information was available in the practice although this was predominantly held within a patient information folder, limiting access to one patient at a time. We saw essential information including fees were displayed in both Welsh and English.

Patients said they were given enough information to understand the treatment options available and the associated risks and benefits of the treatment.

We were told NHS patients wait approximately three months between each treatment appointment. Appointment slots were available both in the morning and afternoon to accommodate emergency treatment requests.

There was an up-to-date equality and diversity policy in place with all staff attending training in the subject. All patients who answered the HIW questionnaire confirmed they had not encountered any discrimination when accessing services.

This is what we recommend the service can improve:

- Make information available in other formats that consider people with reading difficulties.

This is what the service did well:

- Patient dignity was upheld with surgery doors closed and windows covered
- Patients said it was 'very easy' or 'fairly easy' to get an appointment when they need one
- Personal Emergency Evacuation Plan (PEEP) was in place to aid staff and patients in an emergency if required
- Signage was displayed in reception and visual prompts were worn by staff to indicate to patients that a bilingual service could be provided if requested.

Delivery of Safe and Effective Care

Overall summary:

We saw the treatment rooms and patient areas were clean and tidy. However, we noted a large crack in the stairwell and on the exterior side of the property. We found the basement to be extremely damp and in need of attention. We were made aware that remedial work was under negotiation with the property landlord.

In general, we found suitable arrangements were in place at the practice to provide patients with safe and effective care.

We saw a dedicated decontamination area with suitable systems in place for cleaning reusable dental instruments and to safely transport instruments about the practice.

There was good compliance with regards to the use of X-ray machines at the practice with evidence of arrangements in place for the safe use of the equipment.

Suitable safeguarding policies and processes were in place with local contact details easily available. All staff had completed up-to-date safeguarding training.

The dental records we reviewed were of good quality with only a few points for improvement.

This is what we recommend the service can improve:

- Several building maintenance issues must be addressed
- Windowsill in surgery one to be appropriately sealed
- Patient records that have exceeded the statutory retention periods to be suitably disposed
- Patients preferred choice of language to be recorded within the patient records.

This is what the service did well:

- Good fire safety compliance with gas and electrical safety inspections in date
- Procedures to follow in the event of a sharps injury were readily available in each surgery
- Emergency drugs were well managed
- Oxygen cylinder training and compliance were in order
- Safeguarding training and appropriate processes in place with easy access flowcharts available.

Quality of Management and Leadership

Overall summary:

There was a clear management structure with clear reporting lines for staff. The senior management team appeared open and approachable to staff. Whilst there were several areas for improvement, we felt that it was an effectively run practice.

There was a comprehensive range of up-to-date policies and procedures available. The practice computer system provided a well ordered register of policies and recorded when staff had accessed them.

In general, compliance with mandatory staff training and professional obligations was good, although staff indicated that training on practice software would be beneficial.

We saw appropriate arrangements for staff recruitment in place with an induction process that was documented and signed off.

The practice had a quality assurance programme in place and we saw evidence of several clinical audits that helped maintain and improve the quality of services provided.

This is what we recommend the service can improve:

- Appraisals to take place in accordance with the practice policy ensure these occur in a timely manner
- To ensure all staff understand the Duty of Candour and are aware of their role in meeting this standard.

This is what the service did well:

- Good compliance with professional obligations
- 'You said, we did' notice on display in patient waiting area informing patients of changes made as a result of their feedback
- Dedicated central complaints email to handle complaints ensuring all issues were recorded and analysed by a group central complaints team
- Up-to-date data protection and information policy to ensure appropriate handling of patient information.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All seven respondents rated the service as ‘good’ or ‘very good’.

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

“Very friendly and helpful. Nothing is too much trouble. They have staff that care which is brilliant to see. I have been coming to the practice for years and it’s always been the same, a pleasure to visit.”

Person Centred

Health Promotion

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. Both documents provided useful information about the services offered at the practice. We did not see Welsh versions of the patient information leaflet available.

We saw healthcare information available in the patient waiting area including smoking cessation, oral cancer and healthy eating advice. However, this was found to be held within a patient information folder which we considered limited access to one person at a time. We discussed options to make this more easily available for all patients within the waiting area.

Information about charges for both NHS and private treatments were on display. We were told patients would be provided with relevant health promotion advice when seen by the dentists and other dental care professionals working at the practice. A poster was on display informing patients of the risks and benefits of X-rays.

The names and General Dental Council (GDC) registration numbers for the current dental team were displayed. We saw signage displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation.

All respondents who answered the question agreed they had their oral health explained to them by staff in a way they could understand and agreed that staff had provided them with aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

We observed that staff were polite and treated patients with respect and kindness. All staff had a copy of the practice Data Protection and Information Security policy which covered patient confidentiality.

We saw opaque film over the one surgery window, whilst the other surgery had no windows. Doors to surgeries were closed when dentists were treating patients ensuring patient privacy and dignity.

All respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

The reception desk and patient waiting area were in the same room. We noted this was busy at various times throughout the day. We were told confidential patient discussions and phone calls would be held either in a spare surgery, or in the practice manager's office behind reception.

The GDC core ethical principles of practice were displayed in both Welsh and English where they could be easily seen by patients.

Individualised care

All respondents who completed a HIW patient questionnaire agreed there was enough information given to understand the treatment options available, that staff explained what they were doing throughout the appointment and felt that staff had listened to them and answered their questions.

All respondents said they were given enough information to understand the risks and benefits associated with the treatment options and had been involved as much as they had wanted to be in decisions about their treatment. All respondents confirmed they had their medical history checked before treatment.

Most respondents (6/7) said that the charges were made clear prior to commencing treatment with the remaining respondent saying the question was not applicable in their case.

Timely

Timely Care

We were told patients would be informed of any delays in being seen at their appointment time by the reception staff.

The practice currently arranged appointments by telephone, or in person at reception. We were told there was an online appointment booking facility although this would be switched off on occasions due to patients selecting the wrong appointment options. We were told patients wait approximately three months between each treatment appointment.

All patients who responded to the HIW questionnaire said it was 'very easy' or 'fairly easy' to get an appointment when they need one.

We were told that patients who required an emergency appointment would need to ring the practice at 08:30am. There were three emergency treatment spaces programmed into the daily schedule to accommodate these requests.

All respondents who felt it applicable said they received adequate guidance on what to do and who to contact in the event of an infection or emergency.

The practice's opening hours and out of hours contact telephone number were clearly displayed and could be seen from outside the premises. Out of hours contact information was also available on the practice answerphone service and within the patient information leaflet. There were no special arrangements in place to enable patients to access treatment at a time suitable to them, although school children were booked in for appointments during school holidays where possible.

Despite this, two of the respondents to the HIW questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem.

We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.

Equitable

Communication and Language

Whilst there was essential information displayed in Welsh and English at the practice, we found there was a limited amount of healthcare leaflets available in

alternative formats, such as easy read or large font, that considered the needs of patients with reading difficulties.

The registered manager is required to provide HIW with details of how the practice will make information available in other formats that benefit patients with reading difficulties.

We found that the receptionist spoke Welsh and the practice were aware of the 'Active Offer' of providing care in the Welsh language. We were told that Welsh speaking clinicians from branch practices could also attend if necessary. We saw appropriate signage in reception and that staff wore 'Iaith Gwaith' visual prompts to indicate to patients that a bilingual service could be provided as required.

We were assured that staff understood the importance of providing healthcare in the preferred language of patients. To help with this, a suitable translation service was available for patients who need to speak in another language. We also found that a hearing loop was installed to aid patients with impaired hearing.

We were told that appointments could be made either in-person at reception or by telephone, ensuring patients without digital access could arrange treatment.

Rights and Equality

We saw the practice had an appropriate and up-to-date equality and diversity policy in place and that staff had completed training in this subject. There was also a bullying and harassment policy in place and associated posters displayed. We found staff had also completed conflict management and bullying and harassment training. During our inspection we observed staff dealing with patients in a polite, professional manner and treating everyone with respect.

We found suitable arrangements in place to ensure that the rights of transgender patients were upheld and saw use of inclusive signage where appropriate. We were assured that dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients.

All respondents who completed a HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice.

The flooring was level throughout the interior of the practice although there was a small step into the main entrance of the practice. We noted that a small ramp was provided to assist wheelchair access although this was slightly smaller than required. We were told that a request had been made with the parent company to replace this with a more suitable ramp. We saw a notice in reception informing

patients that a Personal Emergency Evacuation Plan (PEEP) was in place to aid them in an emergency if required.

We saw the reception, waiting area and surgeries along with patient toilet on the ground floor. We found the patient toilet to be clean and decorated to a good standard although this was found to be unsuitable for wheelchair access. However, we noted that the patient information leaflet stated that the premises had suitable access for disabled patients. We raised this with the practice manager who amended the leaflet accordingly during the inspection.

Most respondents who completed a HIW patient questionnaire told us they considered the building accessible whilst one respondent said it was only partially accessible. One respondent was unsure.

Delivery of Safe and Effective Care

Safe

Risk Management

We found the practice to be clean and comfortable with patient areas visibly clean and free from clutter and hazards. Treatment rooms were located on the ground floor and found to be well-lit, spacious and overall, very clean.

We found there was a suitable and up to date building maintenance policy in place. Despite this, we found what appeared to be a significant crack in the stairwell wall leading to the upstairs decontamination area. We saw that the practice had already engaged a building engineer to assess this issue and saw a copy of the resultant report along with recommendations. We were told the practice were currently in discussions with the landlord to resolve the matter. We also noticed a less obvious, but large crack on the exterior side wall, along with badly damaged pipework. It was unclear if this formed part of the engineer's report.

The registered manager must:

- **Keep HIW updated on progress of work to resolve the cracked wall**
- **Provide written assurance as to the structural integrity of the premises**
- **Repair damaged pipework attached to exterior side wall.**

We also found the basement area to be extremely damp and appeared very poorly maintained. This appeared to be a storage area for old documents and redundant equipment from the previous occupants. Although we were told this area did not form part of the practice rental arrangements and was locked to prevent unauthorised entry, we were concerned the damp may affect infection control and prevention measures in other parts of the building and possibly be a contributory factor in the cracked wall. Again, it was unclear if this formed part of the engineer's report.

The registered manager must make suitable arrangements to resolve the damp issue to prevent this from impacting infection prevention and control standards at the practice.

Externally, we saw mouldy, flaking paintwork and crumbling stonework on the archway above the entrance. Several paving slabs leading to the front entrance were cracked and damaged, although these did not pose a trip hazard at the time of the inspection. The registered manager is urged to consider some renovations to the exterior in accordance with the practice buildings maintenance policy.

We saw annual gas safety records, five yearly wiring inspection and Portable Appliance Testing (PAT) were all current and in date.

There was a suitable business continuity policy in place with relevant contact numbers and procedures to be followed should it not be possible to provide the full range of services due to an emergency event. An approved health and safety poster was clearly displayed for staff to see and current employer's and public liability insurance was displayed. There were arrangements for staff to change and store their personal possessions.

We inspected the fire safety arrangements and saw fire marshals were appointed, with fire safety drills conducted on a regular basis. There were several fire extinguishers located in the practice which were found to have been serviced within the last year along with the emergency lighting. We saw fire exits were suitably signposted and free from obstructions.

A fire safety risk assessment had been carried out within the last year, and we saw evidence that the recommendations had been resolved. No smoking signs were clearly displayed.

Our review of staff training records identified that all staff members had completed fire safety awareness training. Additional fire warden and fire marshal training had been completed by the relevant appointed staff.

Infection Prevention and Control (IPC) and Decontamination

We saw up-to-date policies and procedures were in place in relation to infection prevention and control and decontamination, with a designated infection control lead appointed. Cleaning schedules were in place to support effective cleaning processes.

The dental surgeries appeared clean and were suitably furnished to promote effective cleaning. However, we saw that the windowsill in surgery one was not sufficiently sealed allowing dust and debris to accumulate in the space behind.

The registered manager must arrange for the windowsill to be appropriately sealed to aid adequate cleaning of the surgery.

Appropriate handwashing and drying facilities were available in each surgery, in the decontamination room and in the toilets. Personal protective equipment (PPE) was readily available for staff to use. We saw suitable occupational support was available for staff and procedures to be followed in the event of sharps injuries were readily available in both surgeries.

All patients who completed a HIW questionnaire thought that in their opinion, the practice was clean.

There was a designated decontamination room at the practice with a suitable system in place to safely transport used instruments between the decontamination room and the surgeries. Appropriate arrangements were demonstrated for cleaning and decontaminating reusable instruments.

We saw periodic tests of the decontamination equipment had been carried out and there was evidence that regular maintenance was completed. We found annual infection control audits were completed in accordance the Welsh Health Technical Memorandum (WHTM) 01-05.

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

We examined the arrangements for the separation and storage of clinical waste and found them to be appropriate. There were suitable arrangements for the disposal of clinical waste.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. There were suitable processes in place for obtaining, storing, handling and the disposal of drugs. Where relevant, we saw that any medicines administered were recorded in the patient notes.

We were told adverse incidents involving medicines would be reported using the Yellow Card scheme. There were signs displayed to remind patients to inform the practice of any changes in medical history.

We saw an appropriate policy was in place for responding to a medical emergency at the practice. This was based on current national resuscitation guidelines and had been reviewed within the last year. We were told this could be made available to patients on request.

We found staff working at the practice had completed resuscitation training within the last year.

We inspected equipment and medicines for use in the event of an emergency at the practice. Medicines were found to be stored securely and in accordance with the manufacturer's instructions. A suitable system was in place for checking stocks

and identifying when medicines and syringes need to be replaced. We found all medicines were within their expiry date.

We found evidence that oxygen cylinders had service maintenance checks and that all staff had completed relevant training in their use.

The first aid kit was found to be in order. We found an appropriate numbers of appointed first aiders to ensure there was cover in the event of sickness and holidays.

Management of Medical Devices and Equipment

We saw the dental surgeries had suitable equipment to provide safe and effective dental care. Equipment was visibly clean and in good condition, and we found the compressor had been serviced within the last year.

All staff who answered the HIW questionnaire agreed that there were appropriate facilities for them to carry out their roles, and that the environment was appropriate to ensure patients received the care they required. All said they would be happy for a friend or relative to receive care at the practice.

We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment, with evidence that the required maintenance and testing had been carried out. We found an up-to-date radiation risk assessment was in place and local rules were available for staff to use. There was an up-to-date inventory of the radiation equipment.

We saw a quality assurance programme in place in relation to X-rays covering accidental exposure, dose levels and image quality. We saw evidence that radiography audits had been completed.

Carers were permitted to support the patients during the radiographic examination in line with the practice radiation protection policy and protocols. We saw information advising patients of the risks and benefits of X-rays were displayed in the surgeries. We considered this was not the most appropriate place for patients to be able to read and consider this information. It was agreed with the practice manager that this information would be better placed within the patient waiting area instead.

We confirmed all staff who were involved in the use of X-rays had completed relevant training and saw evidence of this within the sample of staff files we reviewed.

Safeguarding of Children and Adults

We saw suitable written policy and procedures were in place in relation to safeguarding. This was based on the current Wales Safeguarding Procedures and contained relevant local safeguarding team contact details.

We saw the practice had a consent policy which also covered how the practice would assess a patient's capacity to consent. To assist staff with this process, capacity to consent forms and 'starting conversations' guidelines were available in each surgery.

The practice had a safeguarding lead appointed who had access to the All Wales Safeguarding app on their smartphone, ensuring they had access to the latest guidance. We were told that safeguarding updates were communicated to staff via team meetings and the practice WhatsApp group. We saw safeguarding flowcharts were clearly on display in the staff kitchen area to enable quick reference in the event of a concern.

All staff had up-to-date safeguarding training to an appropriate level, appeared knowledgeable about the subject and knew who to contact in event of a concern.

Effective

Effective Care

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. Overall, we found staff were clear regarding their roles and responsibilities at the practice and that regulatory and statutory guidance was being followed. Relevant professional advice for staff was available via online groups within the wider Rodericks Dental Partners group.

We saw recommended checklists to minimise the risk of wrong tooth extraction were in use at the practice. These were available in each surgery.

Patient Records

We found a suitable system was in place to help ensure digital patient records were safely managed and stored securely. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017. We found that old paper records from the previous occupants had been migrated onto the practice data system. However, these paper records were found inappropriately stored in the basement and those we examined had exceeded the necessary retention period.

The registered manager must arrange to:

- **Move and appropriately store patient records that are still within the mandatory retention period**
- **Safely dispose of patient records that have exceeded the retention periods.**

We reviewed the dental care records of ten patients. All records we reviewed had suitable patient identifiers and the reason for attending with symptoms recorded. We saw initial medical history was signed and smoking cessation advice recorded where relevant.

We saw evidence of full base charting, soft tissue examination and that treatment planning and options were recorded where appropriate.

However, we identified some omissions in the records. Whilst most records showed that informed consent was obtained and baseline BPE recorded, there were two records where this information was missing. We also noted that oral cancer screening had not been recorded in most of the patient records we reviewed. We found justifications for X-rays and risk assessments for cavities, tooth wear and cancer were inconsistently recorded in patient notes.

The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

In addition, we saw that patient language choice was not recorded which could inhibit effective and individualised patient care.

The registered manager must ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with therapists and hygienists employed at the practice for internal referrals. All referrals including urgent cancer care are monitored and followed up by the practice manager.

We found the facilities, premises and clinical sessions were being used efficiently with urgent dental care being accommodated with the use of a dedicated daily emergency slots within the dental programme. The practice was also operating a short notice list to utilise any cancelled appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice is part of a large nationwide group of practices under the Rodericks Dental Partners banner. Day-to-day operation of the practice was managed by the practice manager with assistance from the area compliance manager. We considered there to be effective governance and leadership in relation to the size of the service with clear lines of reporting described. We saw that the senior management team was open and approachable to staff, with constant interactions during our inspection.

Suitable arrangements were described for sharing relevant information with the practice staff team including regular staff meetings, weekly bulletins and staff WhatsApp groups. We saw comprehensive, well written minutes of meetings were taken covering a range of relevant topics and with action points identified. These were made available for staff who were absent to ensure they remain up to date with work related matters. We were told that safety notices would be emailed to ensure a read receipt was obtained.

There was a range of written policies were readily available to staff to support them in their roles. This was managed via the practice computer system which recorded when staff had accessed the document and provided the practice maintained with a well ordered register of policies.

One comment provided by staff on the questionnaires included:

“The practice is a place to look forward to every morning. Patients are treated with respect and dignity. Staff are happy and collaborative. Manager handles complaints promptly. Feedback is given to improve the quality of service rendered and also our day-to-day activities. There is so much job satisfaction.”

Workforce

Skilled and Enabled Workforce

In addition to the management team, the practice team consisted of one dentist, two hygienists, one therapist, two dental nurses, two trainee nurses, and a receptionist. We found the number and skill mix of staff sufficient for the dental services provided.

All staff who answered the HIW questionnaire said there were enough staff to allow them to do their job properly and that their current working pattern allowed for a good work-life balance. Despite this, one staff member disagreed that they were able to meet the conflicting demands of their time at work, and that the job was detrimental to their health. One member of staff also disagreed that there was an appropriate skill mix at the practice.

We recommend the registered manager reflects on the issues raised in this feedback to ensure staff and patient needs are considered when making workforce arrangements.

The practice had a recruitment policy which detailed the process including conditional offers subject to satisfactory compliance with professional obligations. We were told GDC registration requirements was monitored by senior staff. We were told the practice used agency staff occasionally and checked their qualifications and disclosure and barring records prior to allowing them to work at the practice.

A suitable induction process was described for new staff at the practice to help ensure they understood their roles and were aware of the practice policies and procedures. This process was fully documented and we saw evidence that new staff were assessed and signed off as competent. A whistleblowing policy was in place for staff at the practice.

We reviewed the files of staff working at the practice. There was evidence that immunisations and Disclosure and Barring Service (DBS) checks were in place. All files contained job descriptions, employment contracts and written references for the employees. In absence of references, we found full details of enquiries made and an accompanying risk assessment. We saw that staff had signed annual declarations to inform the practice management if there have been any changes that would affect their DBS status, although this was not a written obligation within the contract of employment. We discussed the benefit of including a section within the contracts of employment that addresses this requirement.

Compliance with mandatory training was good and that staff had attended additional training on a range of topics relevant to their roles within the practice. This was accessed via an online service and was allocated and monitored by the practice manager. However, one staff member who responded to the HIW questionnaire said they wanted additional training using the practice software.

A staff handbook was available for all staff to refer to and we saw evidence that staff employed by the practice had six-monthly work appraisals. However, one

member of staff who responded to the HIW questionnaire said they had not had an appraisal in the last 12 months, whilst two others said they could not remember.

The registered manager must ensure that:

- Staff have an appraisal in accordance with the practice policy and a process is put in place to ensure these occur in a timely manner.

Culture

People Engagement, Feedback and Learning

We found the dental practice had a comprehensive system for engaging with patients, collecting feedback, and learning from it to improve services continually. The practice had established several ways for patients to provide feedback about their experiences, including online reviews, social media and annual patient satisfaction surveys. We were told that patients also receive an automated text following each appointment requesting feedback which informs both local management and the wider dental group.

We saw lots of positive reviews left in recent months on the practice website, particularly in relation to care for anxious patients. A suggestions box was in the reception enabling patients without digital access to share their opinions and suggestions discreetly. We saw a 'You said, we did' notice displayed in the waiting area which kept patients informed of changes made as a result of their feedback.

We saw a written complaints procedure was in place for managing complaints about dental care provided at the practice. This identified the person responsible for handling complaints and indicated the timescales for acknowledgment and responses. A summarised copy was on display in Welsh and English in the patient waiting area and was also contained within the patient information leaflet.

We saw that the practice had a dedicated central complaints email to handle complaints. These were recorded onto a complaints tracker system and sent to the group central complaints team for analysis. This enabled themes and trends both to be identified at a local and national level within the group and allowed shared learning on a wider range of issues. We reviewed several complaints and found the process documented throughout.

All respondents who answered the question told us they had been given information on how the practice would resolve any concerns or complaints post-treatment.

We saw the practice had a Duty of Candour policy which provided clear guidance, identified the practice lead on the matter and set out staff responsibilities. All staff files we reviewed indicated that they had received training on this subject.

All staff who answered the HIW questionnaire agreed that the practice encourages them to report errors and incidents, and that action is taken to ensure incidents do not reoccur. However, one staff member who answered the HIW questionnaire disagreed that they understood the Duty of Candour and their role in meeting these standards.

The registered manager must ensure all staff understand the Duty of Candour and are aware of their role in meeting this standard. This may include further training as necessary.

To date, there has been no incidents requiring the Duty of Candour process.

Information

Information Governance and Digital Technology

The practice had a suitable data protection and information policy, and a records management policy to help ensure appropriate handling and storage of patient information. Both had been reviewed within the last 12 months.

The practice had a significant events and patient safety process in place, with an easy reference flowchart available in the staff room. Incidents would be recorded on the practice IT system and discussed between the teams responsible within the dental group. Information would be shared via team meetings and relevant practice WhatsApp groups. We were advised there had been no such incidents to date.

Learning, Improvement and Research

Quality Improvement Activities

The practice had appropriate procedures in place as part of their quality improvement activities. We saw evidence of a good programme of regular clinical audits including smoking cessation, radiography, antibiotic prescribing and clinical waste, the results of which were used to contribute to staff discussions. We were told that a recent disability access audit had led to the practice buying chairs with arms for the patient waiting area.

We were told the practice engages with a corporate cluster group to share ideas and seek advice, and found the practice used appropriate quality improvement and team development tools including British Dental Association (BDA) good practice.

Whole Systems Approach

Partnership Working and Development

Suitable arrangements were described for engagement between the practice and other services such as safeguarding, general practitioners and pharmacies. This helped the practice deliver co-ordinated healthcare for patients and the wider community.

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 were resolved during the inspection.			

Appendix B - Immediate improvement plan

Service: St James Dental Practice

Date of inspection: 17 September 2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate improvements were identified on this inspection.					

Appendix C - Improvement plan

Service: St James Dental Practice

Date of inspection: 17 September 2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
Two of the respondents to the HIW questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem.	We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.	Quality Standard -Timely	<p>An additional notice has been displayed in reception to inform patients where they can find out of hours information;</p> <ul style="list-style-type: none"> On the practice website On the signage on the front of the building In the practice leaflet The practice answerphone message 	Tanya Purcell Practice Manager	Completed

<p>There were limited leaflets available in other formats, such as easy read or large font, that considered the needs of patients with reading difficulties.</p>	<p>The registered manager is required to provide HIW with details of how the practice will make information available in other formats that benefit patients with reading difficulties.</p>	<p>Quality Standard - Equitable</p>	<p>Additional health related easy read material has been downloaded from the Public Health Wales website and is now available in reception.</p>	<p>Rachel Thomas Compliance Manager</p>	<p>Completed</p>
<p>We found a significant crack in the stairwell wall which was the subject of a building engineer's report.</p> <p>We also noticed a less obvious, but large crack on the exterior side wall, along with badly damaged pipework.</p>	<p>The registered manager must:</p> <ul style="list-style-type: none"> • Keep HIW updated on progress of work to resolve the cracked wall • Provide written assurance as to the structural integrity of the premises • Repair damaged pipework attached to exterior side wall. 	<p>Regulation 22(2)(b)</p>	<p>Utilise Objective Connect to communicate progress on the scope of work.</p> <p>Contractor is satisfied that the approved repair scope of work is sufficient to deal with the known areas of cracking.</p> <p>Monitoring report of the crack suggest that the fluctuations seem to be seasonal in nature- Report to be uploaded to Objective Connect.</p> <p>Pipe work to be completed as part of repairs as per scope of work.</p>	<p>Mario Dias Property & Estates Manager</p>	<p>3 Months</p>

<p>We found the basement area to be extremely damp and appeared very poorly maintained.</p>	<p>The registered manager must make suitable arrangements to resolve the damp issue to prevent this from impacting infection prevention and control standards at the practice.</p>	<p>Regulation 22(2)(a), (b) & 13(6)(b)(i)</p>	<p>The practice has been informed that the source of the dampness has been traced back to the theft of lead flashing from the roof which has been replaced.</p> <p>This will be monitored and action taken to treat the dampness.</p>	<p>Mario Dias Property & Estates Manager</p>	<p>3 months</p>
<p>We saw that the windowsill in surgery one was not sufficiently sealed allowing dust and debris to accumulate in the space behind.</p>	<p>The registered manager must arrange for the windowsill to be appropriately sealed to aid adequate cleaning of the surgery.</p>	<p>Regulation 22(2)(b)</p>	<p>The windowsill has been re-sealed in surgery 1.</p>	<p>Tanya Purcell Practice Manager</p>	<p>Complete</p>
<p>We found old paper records from the previous occupants had been migrated onto the practice data system. However, these records were inappropriately stored in the basement and those we examined</p>	<p>The registered manager must make appropriate arrangements to:</p> <ul style="list-style-type: none"> • move and appropriately store patient records that are still within the 	<p>Regulation 20 Section 170, Data Protection Act 2018</p>	<p>Progress has started working through the records.</p> <p>We are currently making sure all records within the retention period are scanned on our system</p>	<p>Tanya Purcell Practice Manager</p>	<p>6 months</p>

<p>had exceeded the necessary retention period.</p>	<p>mandatory retention period</p> <ul style="list-style-type: none"> • safely dispose of patient records that have exceeded the retention periods. 		<p>We have an account with a secure shredding company that will be destroying all records that fall outside the retention period.</p> <p>The records are being stored securely during this process.</p>		
<p>We identified some omissions in the records including inconsistent recording of justifications for X-rays and risk assessments for cavities and tooth wear, whilst oral cancer screening was not recorded.</p>	<p>The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.</p>	<p>Regulation 20(1)(a)(i) &(ii)</p>	<p>Outcomes as stated discussed with team.</p> <p>Custom screens have been reviewed and implemented on the computer software to include all aspects for completeness of patient records.</p> <p>HEIW mouth cancer toolkit has been utilised and actions are ongoing.</p> <p>The practice manager will re-audit patients records and liaise with our clinical advisor to review to ensure completeness of patients</p>	<p>Tanya Purcell Practice Manager</p>	<p>3 months</p>

			records is fully achieved and maintained.		
Patient language choice was inconsistently recorded. This could inhibit effective and individualised patient care.	The registered manager must ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.	Regulation 13(1)(a)	Mandatory fields are programmed into our system to capture language choice. Further custom screens have been added to allow discussions around language choice and actions we plan to take if any to take place and be recorded in the patients' clinical notes.	Tanya Purcell Practice Manager	Completed
One staff member disagreed that they were able to meet the conflicting demands of their time at work, and that the job was detrimental to their health. One member of staff also disagreed that there was an appropriate skill mix at the practice.	We recommend the registered manager reflects on the issues raised in this feedback to ensure staff and patient needs are considered when making workforce arrangements.	Regulation 17(1)	Discussions with staff provided information that the question may have been misunderstood at the time of completing the staff questionnaire. Skills mix, patients and staff needs have been reflected on in the practice and there are no further reasonable	Tanya Purcell Practice Manager	Complete

			<p>adjustments that need to be made at this time.</p> <p>Staff have resources in place if they feel they need to make adjustments to their work load or access support.</p>		
<p>One member of staff who responded to the HIW questionnaire said they had not had an appraisal in the last 12 months, whilst two others said they could not remember.</p>	<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> • Staff have an appraisal in accordance with the practice policy and a process is put in place to ensure these occur in a timely manner. 	<p>Regulation 17(4)</p>	<p>New staff members started who did not qualify for an appraisal within policy time frames.</p> <p>No further action.</p>	<p>Tanya Purcell Practice Manager</p>	<p>Complete</p>
<p>One staff member who answered the HIW questionnaire disagreed that they understood the Duty of Candour and their role in meeting these standards.</p>	<p>The registered manager must ensure all staff understand the Duty of Candour and are aware of their role in meeting this standard. This may include further training as necessary.</p>	<p>Quality Standard - Culture Regulation 17(3)(b)</p>	<p>We had new staff members that had not completed full induction at the time.</p> <p>Duty of candour forms part of the mandatory training and induction process. This is completed over a varied</p>	<p>Tanya Purcell Practice manager</p>	<p>Complete</p>

			period of time depending on role. All staff have completed training on Duty of Candour.		
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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): Rachel Thomas
Job role: Compliance Manager
Date: 07/11/2024