

General Dental Practice Inspection (Announced)

Parkway Cosmetic and Dental Spa (Private Dental Practice)

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to the Parkway Cosmetic and Dental Spa at Lamberts Road, SA1 Waterfront, Swansea, SA1 8EL on 25 July 2016.

HIW explored how the private dental practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

The Parkway Cosmetic and Dental Spa (private dental practice) forms part of services provided within the Parkway Private Clinic. It provides private only dental services and is based in Swansea. An independent dental hospital is located in the same building. For the purposes of this inspection, only the services provided at Parkway Cosmetic and Dental Spa were considered.

The practice staff team includes ten dentists, one hygienist, six dental nurses, a clinic manager, a deputy manager, receptionists and administration staff. Clinic staff work across both the private dental practice and the independent dental hospital.

A range of private dental services are provided.

3. Summary

Overall, we found evidence that Parkway Cosmetic and Dental Spa provides safe and effective care.

This is what we found the practice did well:

- Patients told us they were very happy with the service provided
- Clinical facilities were of a high standard and visibly clean and tidy
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff told us they felt supported by senior practice staff and the practice team.

This is what we recommend the practice could improve:

- The practice should make arrangements to keep copies of training certificates for all clinical staff to demonstrate they have completed training recommended by the General Dental Council.
- Dentists need to ensure that they have up to date Disclosure and Barring Service certificates and that evidence of these is available for inspection by HIW

4. Findings

Quality of the Patient Experience

We saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were very satisfied with the service they had received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total 27 questionnaires were completed and returned to us.

All patients who completed and returned a questionnaire indicated they were very satisfied with the service they had received from the dental practice.

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner.

Completed patient questionnaires showed that patients were satisfied with the level of care and treatment provided to them. All patients who returned completed questionnaires told us that the practice staff had made them feel welcome. Some patients had also added their own positive comments around the service they had received and the attitude and approach of the practice team.

The practice provided private dental treatments only. Information on prices was available to view in reception. This meant patients had access to information on how much their treatment may cost.

An information file was located in waiting area. This provided general information about the practice.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner.

The majority of patients who provided comments within HIW questionnaires told us they had not experienced a delay in being seen by their dentist on the day of their appointment. Those who had, indicated that they these had been minimal and had not caused them a problem. Staff described a process for keeping patients informed about any delays to their appointment times.

An out of hours telephone number was available for patients to contact should they require urgent dental treatment. This was made available to patients through a variety of means. The number was displayed near the reception desk and we were told it was also included on the answer phone message of the practice. The majority of patients who returned a questionnaire knew how to access the out of hours service. One patient who had used the out of hours service was very positive about the service provided.

Staying healthy

We saw that health promotion information was available to patients within the practice to help promote the need for them to take care of their own oral health and hygiene.

Without exception, all the patients who returned completed questionnaires told us they felt they had been given enough information about their dental treatment.

Individual care

The practice had arrangements in place so that patients with mobility difficulties could access their services. The practice made information available to patients on how they could raise a concern (complaint) and had a system in place for patients to provide feedback.

There was level access to the main entrance of the practice building allowing easy access for people using walking aids or wheelchairs. The practice was located on the second floor of the building and a passenger lift was available for people who could not manage stairs.

Senior staff told us that a patient satisfaction survey was conducted annually. A suggestion box was located within the waiting area so patients could provide, on an ongoing basis, individual suggestions on how they felt the service could be improved.

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed near the reception area. The procedure was also available within the patient information file located in the waiting room. The complaints procedure did not include the contact details of the Dental Complaints Service. We informed senior staff of this who agreed to add these details to the procedure. The complaints procedure also needed to be included on the practice website, together with the contact details of the General Dental Council and Dental Complaints Service.

Improvement Needed

The practice website must include the practice complaints procedure and the contact details of the General Dental Council and Dental Complaints Service.

Over half of the patients who returned completed questionnaires (15 patients) told us they knew how to make a complaint about the dental services.

The practice had kept records of complaints. These showed that the practice had made efforts to respond to complaints in an effective and timely manner.

Delivery of Safe and Effective Care

We found the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

A thorough process for cleaning and sterilising dental instruments was demonstrated. This was performed in a designated decontamination room to reduce cross infection.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

Patients' records had been well maintained and demonstrated care and treatment had been planned to promote patient safety and well being.

Safe care

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

The practice building appeared visibly well maintained both internally and externally. During a tour of the practice we saw all areas were clean and tidy and free from obvious hazards. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

Written risk assessments had been completed that identified potential hazards and actions to reduce risk. These needed to include local details to make them more specific to the practice. The management team agreed to do this.

Improvement Needed

Written risk assessments need to include local details to make them more specific to the practice.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored securely in lockable containers whilst waiting to be collected by the contractor company. Non hazardous (household waste) was collected through arrangements with the local county council.

A separate decontamination room was set up and met the principles set out within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document.

Decontamination equipment and cabinetry within the decontamination room appeared visibly in good condition. Work surfaces and the floor were easily cleanable to facilitate thorough cleaning and reduce cross contamination. Inspection certification for autoclave² equipment was available showing it was safe to use. We saw logbooks had been maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show it remained safe to use.

A thorough decontamination process was demonstrated by staff and we saw certificates showing nursing staff had attended training on decontamination.

Instruments were being stored in sealed bags to prevent cross contamination. The dates by which instruments must be used or reprocessed (cleaned and sterilised) had been recorded on packaging in accordance with WHTM 01-05. The practice had recently conducted an infection control audit to identify areas for improvement and development as part of the overall quality assurance monitoring activity.

We looked at all the clinical facilities (surgeries) within the practice. These were clean, tidy and furnished to a high standard. Floors and surfaces within surgeries were easily cleanable to reduce cross infection.

We saw that equipment and drugs were available for use in a patient emergency (collapse). We also saw records showing that the drugs and equipment had been checked regularly, in accordance with standards set out by the Resuscitation Council (UK)³, to ensure they remained safe to use should they be needed.

¹ [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

² An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

³ [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

Staff had easy access to a series of flowcharts describing the action to take, and drugs to use, should a patient emergency be identified. We saw training records that showed the majority of staff were up to date with cardiopulmonary resuscitation (CPR) training. For those staff who did not have up to date training certificates available for inspection, the practice should confirm that training is up to date and obtain copies of training certificates to demonstrate this. Where training is not up to date arrangements must be made to address this.

Improvement Needed

The practice must ensure that clinical staff working at the practice are up to date with cardiopulmonary resuscitation training.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. The clinic manager confirmed that relevant clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. The training certificates we saw demonstrated this. We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. The clinic manager confirmed that most staff had completed training on child and adult protection and we saw a sample of training certificates that demonstrated this. The General Dental Council expects that clinical staff attend training on safeguarding to continue to meet continuing professional development (CPD) requirements. The practice must therefore make arrangements to ensure that those staff who have not already done so complete training on child and adult protection.

Improvement Needed

The practice must make arrangements to ensure staff complete training on child and adult protection. Evidence of training must be available for inspection by HIW.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have with senior practice staff and were confident these would be acted upon.

Effective care

We found that the practice team were committed to providing safe and effective care to patients.

The practice had systems in place to monitor the quality and safety of the care and treatment provided to patients. These included clinical audits to identify areas for improvement and checks on equipment to make sure it was working effectively.

We considered a sample of 19 patients' dental records to assess the quality of record keeping. This sample considered records made by different dentists working at the practice. Patient records were in electronic format. The notes made were sufficiently detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients. We recommended that the records specifically show that cancer screening has been explained. Before the end of our inspection, the practice had updated the electronic notes system to address this for notes completed from then on.

In accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, the reason for taking X-rays and the dentists' findings from them had been recorded.

Quality of Management and Leadership

A management structure with clear lines of reporting and accountability was demonstrated. Staff told us they felt well supported by senior practice staff and the wider team. They also told us they had opportunities to attend relevant training.

The practice should make arrangements to ensure copies of staff training certificates for all clinical staff are available for inspection by HIW.

Dentists working at the practice must obtain an up to date Disclosure and Barring Service certificates.

The Parkway Private Clinic consists of an independent dental hospital and a private dental practice known as the Parkway Cosmetic and Dental Spa. Staff worked across both areas of the clinic. Our inspection considered the service provided at the private dental practice only.

A manager was responsible for the day to day management of the clinic. The manager was supported by a deputy who mainly had responsibility for the private dental practice. Clear lines of accountability and reporting were described and demonstrated by the management team. Where we identified areas for improvement, the management team demonstrated a willingness and commitment to address these promptly.

Conversations with staff working on the day of our inspection indicated they felt well supported in their roles by senior staff and other members of practice team. We also found staff were clear and knowledgeable about their various responsibilities. Staff we spoke to told us they felt communication amongst the practice team was effective.

We saw training certificates that demonstrated staff had attended training on topics relevant to their role. Staff also confirmed they had opportunities to access training. Whilst training certificates were available for some staff, the practice should make arrangements to keep copies of training certificates for all clinical staff to demonstrate they have completed training in those topics 'highly recommended' by the General Dental Council.

Improvement Needed

The practice should make arrangements to keep copies of training certificates for all clinical staff working at the practice to demonstrate they have completed training in those topics 'highly recommended' by the General Dental Council.

We found that dentists and nursing staff were registered with the General Dental Council (GDC) to practise and had indemnity insurance cover in place.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection. Occupational health advice and support was available from the local health board.

The dentists working at the practice provided private dental services and their HIW registration certificates were displayed as required by the regulations for private dentistry. One certificate, however, was a photocopy and another required updating to include the correct address for HIW. We informed the management team of our findings who agreed to inform the dentists so that the original certificate could be displayed and an updated certificate could be requested from HIW.

Evidence of up to date Disclosure and Barring Service (DBS) certificates were not available for all the dentists working at the practice. The regulations for private dentistry require that all dentists providing private dental services in Wales have a DBS certificate issued within the previous three years.

Improvement Needed

All dentists working at the practice and registered with HIW to provide private dental services must have evidence of an up to date DBS certificate and make this available for inspection by HIW upon request.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at the private dental practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

6. Methodology

Any dentist working at the practice who is registered with HIW to provide private dentistry will be subject to the provisions of the Private Dentistry (Wales) Regulations 2008⁴ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁵. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

⁴ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁵ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

Dental inspections capture a snapshot of the application of relevant regulations at the practice visited on the day of the inspection.

Appendix A

General Dental Practice: Improvement Plan

Practice: Parkway Cosmetic and Dental Spa

Date of Inspection: 25 July 2016

| Page Number | Improvement Needed | Regulation / Standard | Practice Action | Responsible Officer | Timescale |
|--|---|-----------------------|---|---------------------|-----------|
| Quality of the Patient Experience | | | | | |
| 7 | The practice website must include the practice complaints procedure and the contact details of the General Dental Council and Dental Complaints Service. General Dental Council, Guidance on Advertising | Regulation 15 | The new Parkway Clinic Website is in the final few weeks of completion. It will include all the relevant information required for the complaints procedures and contact details of the GDC and Dental Complaints Service. | Sian Majoe | 3 months |
| Delivery of Safe and Effective Care | | | | | |
| 8 | Written risk assessments need to include local details to make them more specific to the practice. | Regulation 14(2) | The risk assessments identified during our inspection are currently in the process of being made more specific to the clinic. | Sian Majoe | 3 months |

| Page Number | Improvement Needed | Regulation / Standard | Practice Action | Responsible Officer | Timescale |
|---|--|----------------------------|---|---------------------|-----------|
| 10 | <p>The practice must ensure that clinical staff working at the practice are up to date with cardiopulmonary resuscitation training.</p> <p>General Dental Council, Continuing Professional Development for Dental Professional (page 14)</p> | Regulation 14(1)(d), 14(2) | <p>The two Consultant Maxillofacial Surgeons to whom this improvement is aimed at are medically qualified as well as dentally qualified. They currently looking to register on the relevant courses.</p> <p>The clinic has run in house ILS /Resus courses for its staff annually since 1997.</p> | Sian Majoe | 3 months |
| 10 | <p>The practice must make arrangements to ensure staff complete training on child and adult protection. Evidence of training must be available for inspection by HIW.</p> <p>General Dental Council, Continuing Professional Development for Dental Professional (page 15)</p> | Regulation 14(2) | <p>The two Consultant Maxillofacial Surgeons to whom this improvement is aimed at are medically qualified as well as dentally qualified. They currently looking to register on the relevant courses.</p> <p>The clinic has run in house Child protection and POVA/SOVA courses for its staff annually since 1997.</p> | Sian Majoe | 3 months |
| Quality of Management and Leadership | | | | | |
| 12 | The practice should make arrangements to keep copies of | Regulation 14(2) | This improvement is tied in with the two previous answers. The people | Sian Majoe | 3 months |

| Page Number | Improvement Needed | Regulation / Standard | Practice Action | Responsible Officer | Timescale |
|-------------|--|-----------------------------------|--|---------------------|-----------|
| | <p>training certificates for all clinical staff working at the practice to demonstrate they have completed training in those topics 'highly recommended' by the General Dental Council.</p> <p>General Dental Council, Continuing Professional Development for Dental Professional (page 14 -15)</p> | | concerned are in the process of registering to complete the necessary courses. The training logs and certificates for all the other 30+ staff are all files in the Clinic's training logs and personnel files. | | |
| 13 | All dentists working at the practice and registered with HIW to provide private dental services must have evidence of an up to date DBS certificate and make this available for inspection by HIW upon request. | Regulation 13(3)(c) Schedule 2 | The clinic failed to be aware of the difference in Regulations between practitioners working in the private practice as opposed to the Private Hospital. ALL the new DBS certificates have now been applied for. | Sian Majoe | 1 month |

Practice Representative:

Name (print): Sian Majoe

Title: Clinic Manager

Date: 08/09/16