



Independent Healthcare Inspection (Announced)

Parkway Clinic Ltd, Swansea

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2018

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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
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Parkway Clinic Ltd on 31 July 2018.

Our team, for the inspection comprised of a HIW inspector and two peer reviewers. The inspection was led by a HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

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

2. Summary of our inspection

We were satisfied that the hospital provided safe and effective care. High standards of care and treatment were identified, with all staff focussed on delivering patient centred care and support.

On this occasion we found very few areas where the service was not fully compliant with standards and regulations.

This is what we found the service did well:

- Patients told us they were very happy with their care and treatment
- Patient records were comprehensive and well documented
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Robust processes were in place to ensure that equipment and the working environment were safe to use
- Clear lines of management were demonstrated
- Staff told us they felt supported and had good access to training opportunities.

This is what we recommend the service could improve:

- More robust checking of drugs and equipment for use in a patient emergency
- Visits undertaken and recorded by the responsible individual

We identified the service was not compliant with providing records to demonstrate that all staff had been immunised against Hepatitis B.

This is a serious matter and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW received assurance of the actions taken to address the improvement needed.

For ease of reading, Parkway Clinic Ltd will be referred to as the 'hospital' throughout the report.

3. What we found

Background of the service

Parkway Clinic Ltd. is registered to provide an independent hospital at Parkway Clinic, Lamberts Road, SA1 Waterfront, Swansea, SA1 8EL.

The service was first registered on 14 July 2008.

The staff team includes oral surgeons, dental surgeons, anaesthetists, nursing staff, a registered manager, assistant managers, administration and receptionist staff. The range of services that may be provided to patients between the ages of three and 80 are:

Medical treatment under anaesthesia or sedation to include:

- Tooth extractions
- Minor oral surgery
- Cosmetic dentistry
- Dental restoration (fillings)
- Dental implantology
- Prosthetics

Consultant led treatment of:

- Temporomandibular joint dysfunction
- Aesthetic facial pain
- Surgical dentistry

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We saw that patients were treated with dignity, respect and kindness by the whole hospital team. Comments from patients were positive about the care and treatment received. We found the hospital to be delivering care and treatment in a very patient focussed manner.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 37 questionnaires were completed. Patient comments included the following:

"Thank you to staff for making my daughter and myself feel at ease and making the experience as painless as possible"

"Excellent care/service, very professional"

"Everyone treated my daughter very well. We were seen on time, everything was made very clear and they made sure she was as well as could have been before letting us go. I was very happy with the service provided today at Parkway Swansea"

"The nurses made my daughter feel relaxed and calm"

"Timings were a bit off but that is to be expected with a busy dentist; overall a very pleasant experience"

Health promotion, protection and improvement

The hospital displayed in the waiting area health promotion information for patients to read and take away; to help promote the need for them to take care of their own oral health and hygiene. We also saw that information was displayed within the patient recovery room. This included display boards providing information about sugar content in a variety of drinks. We found this to be a good, visual display of relevant information. We were told that the post-operative recovery nurses would also discuss oral hygiene with patients and their parents/carers where appropriate.

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

Dignity and respect

We found that the hospital was set up and organised in a way that promoted patient dignity and privacy. Consultation rooms were available for patients to have discussions with staff in private, preventing personal and confidential information being overheard. Curtains were available to be drawn around patient beds in the recovery room to help ensure patient dignity was protected.

We observed staff and patient interaction in the waiting area to be friendly, polite and professional. All patients who completed a questionnaire told us staff had treated them with dignity and respect.

Patient information and consent

We found that patients and/or their carers were provided with both written and verbal information about their care and treatment. NHS patients referred to the hospital were assessed by a community dental team for suitability of treatment, and we were told that information was provided by both the community team and sent out by the hospital prior to attending their appointment. Private patients would receive information during the consultation process about their treatment directly from the hospital.

Information about what to do prior to, during and post an appointment, including details of an emergency telephone number was included in the written information leaflet.

The hospital had a written consent policy, providing guidance to staff about obtaining informed consent from patients. We considered a sample of patient records during the inspection and noted that consent to treatment was documented appropriately.

Communicating effectively

We saw that information was provided to patients that was appropriate to their communication needs. There was a book in the waiting area specifically designed for children to help demonstrate, through pictures, what was going to happen to them pre, during and post surgery. The hospital also had access to a language line, to help support those patients whose first language may not be English. Patients who completed a questionnaire also agreed or strongly agreed that that staff had listened to them.

Care planning and provision

The hospital accepted both NHS and private patients for treatment. NHS patients would generally be referred to the hospital by their own dentist and would be screened and assessed by the community dental team for appropriateness of referral. Private patients would be assessed directly by the dental team within the hospital for suitability.

We considered a sample of patient records during the inspection and found them to be detailed and comprehensive. The records demonstrated that care and treatment had been provided to promote patient safety and wellbeing.

All patients who completed a questionnaire either strongly agreed or agreed with the statement that staff had given them enough information about their treatment. All patients told us that they had been asked about their medical history before undertaking treatment.

Equality, diversity and human rights

The hospital was located on the ground floor of the building, and it was accessible to those with mobility difficulties and/or using wheelchairs. A wheelchair accessible toilet was also available to patients.

Citizen engagement and feedback

The hospital provided a number of ways for patients to provide feedback on the care and treatment received.

We were told that the hospital undertakes an annual patient satisfaction survey, and we saw the results of the most recent one carried out, which included positive patient feedback. The results of the survey were made available for patients and their carers to read in the waiting area.

Patients were also able to provide feedback through a number of social media and on-line tools.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found that staff provided safe and effective care to patients.

A thorough process for cleaning and sterilising instruments was demonstrated.

Documentation and information was available to demonstrate that equipment was safe to be used.

The hospital had effective processes and procedures in place to monitor both the care and treatment provided to patients, and to also ensure care was provided in a safe environment.

Some improvements were required with regards to the arrangements for checking the emergency drugs and equipment.

Regular visits by the responsible individual were needed to be undertaken and reports produced.

Managing risk and health and safety

We found that the hospital had robust processes in place to identify hazards and reduce the risk of harm to patients, visitors and staff working at the hospital.

The hospital had employed the services of an external provider to support them in ensuring their premises and equipment were safe to be used by undertaking risk assessments at regular intervals. We found that appropriate arrangements were in place for fire safety and portable appliance testing (PAT) of electrical equipment had also been carried out.

Infection prevention and control (IPC) and decontamination

The practice had a designated decontamination room, and met all the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document. The decontamination area was made up of two separate rooms, where clean and dirty instruments were processed. We found that staff demonstrated a thorough decontamination process, including the transportation, cleaning, sterilisation and storage of instruments.

The hospital had the use of two autoclaves² and we saw inspection certification showing they were safe to use. We saw that daily checks were being carried out and records maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show they remained safe to use. We found that the data recorded by the autoclave was downloaded by the hospital every month. We recommended that this should be done on a more regular basis to help ensure that the data is examined more frequently by staff. The hospital agreed to do this.

We found that an audit of the infection control arrangements had been recently carried out and areas for improvement identified were documented. Whilst a recognised tool had been used the hospital may wish to consider using the audit tool specifically aligned to policy and guidance used in Wales.

We were also told that the lead dental nurse for infection control carried out random audits of staff undertaking cleaning and sterilising duties. Individual feedback would be provided to staff to help improve standards where appropriate. The hospital had also recently utilised the services of an external company to check the cleanliness standards throughout the hospital, in both hospital and non-hospital areas. The company took swabs from different areas of the hospital, including furniture, electrical equipment and work surfaces to check the hygiene. The results of the tests indicated that the cleaning and sterilising processes followed by staff were highly effective.

Appropriate arrangements were in place for the safe transfer and disposal of hazardous (hospital) waste produced by the hospital. Amalgam separator

¹ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination

² A piece of equipment used to sterilise dental instruments through the use of steam

equipment was installed so amalgam (a form of dental filling containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Non hazardous (household) waste was collected appropriately.

During a tour of the premises we found all areas to be clean and tidy and free from obvious hazards. Patients who completed a questionnaire told us that they either agreed, or strongly agreed that the environment is clean and tidy.

Improvement needed

The hospital should ensure that the data held within the autoclave to demonstrate effective sterilisation is downloaded on a regular basis.

Medicines management

We found that the hospital had suitable arrangements in place for the safe storage of medicines used at the hospital. The hospital had processes in place to manage medicines in a safe way; however they did not maintain an overall stock list of medications stored at the hospital. We recommended that the hospital should maintain a stock list to ensure that audits of medication can easily be undertaken, as described in the hospital's own policy. The hospital agreed to implement this.

We saw that equipment and drugs were available for use in a patient emergency (collapse) and were easily accessible. The drugs and equipment were being checked on a regular basis to ensure they remained in date and safe to use. However, despite these checks we found that some drugs and pieces of equipment were either missing or out of date. This included glucagon, some face masks and some contents within the first aid kit being out of date. The hospital also did not have a full range of airways or paediatric defibrillator pads. This was brought to the attention of the registered manager on the day of inspection who took immediate action. The out of date items were immediately removed and replacements ordered for missing and/or out of date materials.

We found that all staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Improvement needed

The hospital should maintain a stock list of all medicines stored at the hospital.

The hospital must ensure that robust arrangements are in place to check that drugs and equipment for use during a patient emergency are fit for use and within expiry dates.

Safeguarding children and safeguarding vulnerable adults

The practice had appropriate policies in place to promote and protect the welfare of children and adults who are vulnerable or are at risk.

We looked at a sample of staff training records and found certificates confirming that they had completed training on child and adult protection. Staff we spoke to confirmed that they were aware of the procedure should a safeguarding concern be raised, and would be confident in receiving appropriate support from management should the need arise.

Medical devices, equipment and diagnostic systems

We concluded that the hospital had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw training certificates demonstrating that all relevant staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council (GDC).

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.

Safe and clinically effective care

We found that the hospital had systems in place with the aim of providing safe care to patients.

The hospital had adapted and implemented the use of the WHO surgical safety checklist, aiming to decrease errors and adverse events for the safety and wellbeing of patients.

Participating in quality improvement activities

The hospital carried out a number of audits across both its hospital and non-hospital functions. These included image quality of X-rays, infection control arrangements and patient satisfaction surveys.

We found that the hospital was not carrying out visits by the responsible individual on a regular basis in line with the regulations. The hospital agreed to address this issue.

Improvement needed

The hospital must make suitable arrangements to ensure the service is visited and reports produced in accordance with the regulations.

Records management

The hospital predominately received paper referrals from community dentists. We found that electronic records were also maintained by the hospital and we found that there were appropriate processes in place to maintain the security of patient records.

We considered a sample of patient records to assess the quality of record keeping. We found the records to be detailed and comprehensive in nature. The notes made were mostly detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We found that well established management structures were in place which demonstrated clear lines of delegation and accountability. We observed the management team to be both approachable and visible to staff.

Staff had access to a range of training opportunities and there were processes in place to ensure staff had the right skills and knowledge to undertake their roles.

Records were needed to demonstrate that all staff had been immunised against Hepatitis B.

Governance and accountability framework

The hospital is well established as a provider of dental services, and has many developed management systems to support the management team in the day to day running of the service. The registered manager had been in post for a number of years, and had a clear understanding of her role and responsibilities. A relatively new assistant management structure had been put into place across the hospital, and was in the process of development. Where we made suggestions and/or recommendations for improvement, the whole management team demonstrated a willingness to address these promptly, many of which were completed shortly after the inspection.

The hospital had an up to date statement of purpose which provided clear information about the organisation, its structure, staff and treatments offered.

We found that there were a number of policies and procedures in place which had been regularly updated to support staff in their daily roles.

Dealing with concerns and managing incidents

The hospital had a process in place for dealing with complaints/concerns, and their policy was displayed in the waiting area for patients to have ease of access to. Whilst the hospital told us they had not received any complaints about the dental hospital for a number of years, they described an appropriate process for dealing with, recording and responding to any concerns raised. The registered manager told us that they also had a process in place to ensure that any learning as a result of a concern would be shared across the hospital.

Workforce planning, training and organisational development

We looked at a number of staff training files from across the hospital, and found there to be comprehensive records of training undertaken. Staff we spoke to also told us that they felt supported in their day to day roles, and had access to a wide range of training opportunities. We suggested that the hospital may wish to introduce an overall training matrix to help the individual in charge of coordinating training have an 'at-a-glance' view of staff training, both completed and in need of doing. The hospital agreed to consider this.

We considered how the hospital ensured staffing levels during surgery were appropriate for the needs of their patients, and looked at a number of staff rotas. We found that, according to their staff rotas, there was appropriately trained staff on at each surgical session to ensure patients were treated in a safe way.

We saw records to show that staff directly employed by the practice had appraisals on a regular basis. Staff we spoke to also confirmed this. We found that the hospital had a process in place for feeding in to and obtaining appraisals for the surgeons working under practicing privileges³ from their respective NHS employer, but did not carry out their own appraisal. Whilst this is deemed sufficient to meet the regulatory requirements for appraisal we would recommend that this is strengthened to ensure that the registered person is able to provide feedback on performance to those working under practising privileges on a one to one basis.

Workforce recruitment and employment practices

³ A process where staff not directly employed by the hospital are able to treat patients and are granted practicing privileges in order to do so

We looked at a number of staff files during the inspection, and found there to be appropriate pre-employment checks in place. The hospital had a detailed induction programme to support newly appointment members of staff in their new roles.

We found that hospital staff were registered with their appropriate professional bodies and had indemnity insurance cover in place.

In the sample of staff files we considered, we looked at records to show whether staff had received immunisation against Hepatitis B to protect patients and themselves against infection. The hospital was unable to provide records for one individual. The registered manager confirmed verbally that this individual was appropriately immunised, however the records were not available within the hospital. Our concerns regarding this issue were dealt with under our non compliance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. The hospital provided assurance within agreed timescales that this matter had been appropriately addressed.

4. What next?

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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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

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

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

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Improvement plan

Service: Parkway Clinic Ltd

Date of inspection: 31 July 2018

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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
No areas for improvement were identified during the inspection.				
Delivery of safe and effective care				
The hospital should ensure that the data held within the autoclave to demonstrate effective sterilisation is downloaded on a regular basis.	13. Infection prevention and control (IPC) and decontamination Regulation 15 (3)	The data is now being downloaded on a weekly basis rather than a monthly basis as per the recommendation of HIW.	Sian Majoe Registered Manager Operational Director &	Completed within 1 day of inspection

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The hospital should maintain a stock list of all medicines stored at the hospital.</p> <p>The hospital must ensure that robust arrangements are in place to check that drugs and equipment for use during a patient emergency are fit for use and within expiry dates.</p>	<p>15. Medicines management Regulation 15(5)(a) Regulation 41 (b)</p>	<p>A stock list of all medicines stored in the hospital has now been compiled and is reviewed weekly.</p> <p>Drugs and equipment for use in an emergency have been completely reviewed and all expiry dates are checked on a weekly basis.</p> <p>New O2 cylinders and delivery systems have replaced the old. .</p> <p>Emergency boxes contents and expiry dated checked weekly.</p>	<p>Dr Phil Majoe In charge of pharmaceutical ordering, stock control and administration and Resus officer</p>	<p>This was completed within a week of the inspection</p>
<p>The hospital must make suitable arrangements to ensure the service is visited and reports produced in accordance with the regulations.</p>	<p>6. Participating in quality improvement activities Regulation 28</p>	<p>Having recently taken over the Role of Responsible Individual, I have written out my first report, and will continue to do so every 6 months as per the regulation</p>	<p>Dr Phil Majoe Responsible person</p>	<p>This was completed within one week of inspection</p>
Quality of management and leadership				
<p>No areas for improvements were identified during this inspection.</p>				

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): Sian Majoe

Job role: Registered Manager

Date: 19 September 2018