



Independent Healthcare Inspection (Announced)

Parkway Clinic, Swansea

20 October 2015

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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 inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000, the requirements of the Independent Health Care (Wales) Regulations 2011 and to establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of the patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patients' guide 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 service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non-compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's non-compliance process is available upon request.

3. Context

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, an assistant manager, administration and receptionist staff. The range of services that may be provided 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

Healthcare Inspectorate Wales (HIW) completed an announced inspection to the service on 20 October 2015.

4. Summary

Patients who returned completed questionnaires and those we spoke to made positive comments regarding their experience of using the service. Arrangements were in place to protect the privacy and dignity of patients and we saw staff being kind and respectful to them and their families.

The service had a comprehensive policy on seeking informed consent to treatment and patients and/or their carers told us they felt they had been given enough information about their planned care and treatment.

Overall, we found that the service provided safe and effective care which was based on agreed best practice clinical guidelines. We identified improvement was needed in respect of the written policy and procedure in respect of safeguarding adults who may be vulnerable or at risk.

We found a management structure with clear lines of reporting and accountability. The staff we spoke to were able to describe their roles and responsibilities and confirmed they had access to relevant training.

We saw a range of clinical audits had been conducted but it was not always possible to identify what action had been taken to make improvements as a result of the audit findings. Arrangements were in place to monitor the quality of the service provided but associated reports required by the Regulations were not being completed. The service did not have a detailed, written recruitment policy and we have formally requested the registered persons address this.

As outlined above, we identified areas for improvement during this inspection. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in HIW taking action in accordance with our non-compliance and enforcement process.

5. Findings

Quality of the patient experience

Patients who returned completed questionnaires and those we spoke to made positive comments regarding their experience of using the service. Arrangements were in place to protect the privacy and dignity of patients and we saw staff being kind and respectful to them and their families.

The service had a comprehensive policy on seeking informed consent to treatment and patients and/or their carers told us they felt they had been given enough information about their planned care and treatment.

Prior to the inspection, we invited the registered manager to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 32 completed questionnaires were returned. Patient comments included:

'The treatment was excellent, the staff could not have been more attentive.'

'Fantastic care – staff are all very helpful and make you feel comfortable. They kept us informed before, during and after treatment.'

'Lovely, caring, sensitive...'

'I was very nervous but everyone made me feel relaxed...'

When invited to rate the care and treatment provided at the service, patients and/or their carers rated this between eight and ten out of ten. With the majority (29 patients and/or carers) giving a rating of ten out of ten.

Equality, Diversity and Human Rights (Standard 2)

The service recognised its responsibilities under equality, diversity and human rights legislation.

The clinic had an up to date written equality and diversity policy and the rights afforded to patients were set out within the service's statement of purpose and patients' guide.

Citizen Engagement and Feedback (Standard 5)

The service had mechanisms in place to seek feedback from patients.

Senior staff told us that an annual patient satisfaction survey was conducted. We saw the results of the most recent survey and identified positive feedback had been provided by patients on their experience of using the service. The results of the survey were readily available for patients and their carers to read.

Patients or their carers could also make an appointment with the registered manager to discuss any queries regarding the service provision. The arrangements for this were clearly set out within the service's statement of purpose.

Care Planning and Provision (Standard 8)

We saw that comprehensive patient care records had been maintained. These demonstrated that treatment was agreed with patients and/or their carers and planned in a way to ensure patient safety and wellbeing.

We considered a random sample of patients care records and found detailed notes had been made by the dentists and nurses involved in the patient's care. These demonstrated that a comprehensive assessment had been completed before any agreed dental treatment was provided. Subsequent care planning notes were also detailed, however we suggested that details of the teeth to be extracted were included in the patient's electronic notes in addition to the care planning documentation to ensure completeness of both paper and computerised records

Comments provided by patients and/or their carers within completed HIW questionnaires and by those we spoke to confirmed they had been given enough information about their care and treatment

Patient Information and Consent (Standard 9)

Patients and/or their carers were provided with both verbal and written information about their care and treatment.

We saw examples of patient advice leaflets provided to patients and/or their carers setting out what to expect before and after treatment, together with contact numbers to call in an emergency.

The service had a very detailed and up to date written policy on obtaining informed consent from patients. This clearly set out the procedure for obtaining, recording and reviewing consent to examination and treatment. Discussions with senior staff indicated that the policy was understood by all staff involved in the informed consent process and that they were appropriately trained.

Dignity and Respect (Standard 10)

We found the service had suitable arrangements in place to protect and provide for patients' rights to privacy and dignity and to be treated with respect.

Comments within questionnaires indicated that patients and/or their carers felt that staff treated them with dignity and respect. This was also confirmed by parents of patients we spoke to during our inspection visit.

The service's statement of purpose set out the arrangements for respecting patients' privacy and dignity. We observed staff being kind and respectful to patients and their families.

The environment provided appropriate facilities to protect patients' privacy and dignity. We saw doors to clinical areas (theatres and recovery room) were closed when patients were receiving treatment. In addition privacy screens were available for use in the recovery room when more than one patient was accommodated. The service had a number of private areas so that confidential conversations could take place away from the main reception and waiting area.

Delivery of safe and effective care

Overall, we found that the service provided safe and effective care which was based on agreed best practice clinical guidelines.

We identified improvement was needed in respect of the written policy and procedure in respect of safeguarding adults who may be vulnerable or at risk.

Health Promotion, Protection and Improvement (Standard 3)

We found that some written health promotion information was made available to patients on how to care for their own oral hygiene.

Many of the patients seen at the service are referred for dental treatment that could not be provided by dentists working within general dental practices. As patients were usually seen for one off treatments, the expectation was that the patient's usual dentist would be expected to provide oral health advice as part of the service provided.

Safe and Clinically Effective Care (Standard 7)

The service had systems in place with the aim of providing safe care to patients.

The service had adapted and implemented the use of the WHO surgical safety checklist. This contributed to a multi layered safety checking system to reduce the risk of patients receiving incorrect treatment.

Discussions with staff confirmed they were aware of relevant evidence based clinical guidelines.

Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)

The service had an up to date written policy on safeguarding. Whilst this clearly referred to the procedure in respect of safeguarding children, it required more detail on the procedure for safeguarding adults at risk. The registered manager accepted that more detail was needed and provided a verbal assurance that the service's policy would be revised.

Improvement needed

The registered persons must make suitable arrangements to develop and implement a written safeguarding policy and procedure in respect of adults who are vulnerable or at risk that complies with relevant legislation and guidance.

Whilst the written policy required more detail, discussions with staff indicated they would escalate any safeguarding concerns to senior staff so that action could be taken to protect patients. The sample of staff files we reviewed contained certificates that indicated staff had attended training on both child and adult safeguarding matters.

Infection Prevention and Control (IPC) and Decontamination (Standard 13)

The service had up to date written policies regarding infection control and had arrangements in place to minimise the risk of patients contracting preventable healthcare associated infections.

The service had a separate decontamination area made up of two separate rooms. The Welsh Health Technical Memorandum (WHTM) 01-05³ describes this arrangement as the preferred option as it provides a higher degree of separation between dirty instruments and cleaned or sterilized. Staff demonstrated an appropriate process for the transportation, cleaning, sterilisation and storage of instruments. We saw records had been maintained that confirmed daily equipment checks had been conducted. The equipment being used for the cleaning and sterilisation of instruments was visibly in good condition.

We saw that that the service had conducted a self assessment audit of its infection control arrangements and procedures using a recognised audit tool. This allowed the service to measure compliance against infection control standards and to develop an improvement plan as part of the continuous improvement process. Whilst a recognised tool had been used the registered persons may wish to consider using the audit tool specifically aligned to policy and guidance used in Wales.

Staff confirmed that personal protective equipment (PPE) was readily available to reduce cross infection and our observations confirmed this. Hand washing and drying facilities were available within clinical areas and toilet facilities to reduce cross infection.

During a tour of the premises we found all areas to be clean and tidy. This was also confirmed by comments made by patients and/or their carers within HIW questionnaires.

³ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices

Medicines Management (Standard 15)

We found suitable arrangements were in place for the safe management of medicines used at the service.

We saw that medicines, including those for use in a patient emergency (collapse) were appropriately stored when not being used. We also saw that records had been maintained of medicines administered to patients during their treatment.

Managing Risk and Health and Safety (Standard 22)

We found that that the service had taken steps to identify hazards and reduce the risk of harm.

We saw that a range of written risk assessments had been completed and actions identified to manage and mitigate risk. These included assessments in respect of the environment, use of display screen equipment (DSE), moving and handling and fire safety.

Dealing with Concerns and Managing Incidents (Standard 23)

The service had an up to date written procedure for dealing with concerns (complaints) and this met the requirements of the regulations for independent health care services.

Details of the procedure were available to patients and their carers within the service's statement of purpose and patients' guide. Discussions with the registered manager confirmed that no formal concerns (complaints) had been received over the last year and records we saw confirmed this. We were told that verbal (informal) complaints were not routinely recorded. The registered persons should consider implementing a suitable system to capture verbal complaints. This would help identify any emerging themes and trends with a view that these are considered so that improvement action can be taken as appropriate.

Comments within completed questionnaires returned, indicated that the majority of patients and/or their carers knew how to make a complaint if they were unhappy with the service provided.

Conversations with staff confirmed they felt able to raise any work related concerns they may have with the registered manager or senior staff and felt confident these would be dealt with appropriately.

Quality of management and leadership

We found a management structure with clear lines of reporting and accountability. The staff we spoke to were able to describe their roles and responsibilities and confirmed they had access to relevant training.

We saw a range of clinical audits had been conducted but it was not always possible to identify what action had been taken to make improvements as a result of the audit findings. Arrangements were in place to monitor the quality of the service provided but associated reports required by the Regulations were not being completed. The service did not have a detailed, written recruitment policy and we have formally requested the registered persons address this.

Governance and Accountability Framework (Standard 1)

Overall, we found the service to be well managed and a number of relevant policies were in place to direct staff in their day to day work.

The service had an up to date statement of purpose which clearly set out the organisational structure and lines of reporting. An experienced manager was in post and responsible for the day to day running of the service. The registered manager demonstrated a clear understanding of her role and responsibilities.

A number of relevant written policies were in place and we found there was a process to review and update these regularly.

Participating in Quality Improvement Activities (Standard 6)

The service conducted a number of clinical audits to identify areas for improvement.

The registered manager provided examples of completed audits that had been conducted. These included audits of the image quality of X-rays, record keeping practise and infection control arrangements. Whilst audits had been completed, it was not always clear as to what action had been taken by the service to make improvements and how progress was being monitored.

Improvement needed

The registered persons must implement a suitable system to demonstrate what action has been taken as a result of audits conducted. A system to demonstrate progress is being monitored must also be implemented.

As part of the overall quality assurance system, the service should also consider conducting regular audits in respect of the provision of conscious sedation as set out

within clinical standards published by the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD)⁴.

Although we were assured that mechanisms were in place to monitor the quality and safety of the service, we found that formal, six monthly visits were not being conducted and reports produced as required by the Regulations.

Improvement needed

The registered persons must make suitable arrangements to ensure the service is visited and reports produced in accordance with regulation 28 of The Independent Health Care (Wales) Regulations 2011.

Workforce Recruitment and Employment Practices (Standard 24)

We identified that improvement was needed in relation to the employment of staff by the service.

The service's statement of purpose set out the arrangements for the recruitment of staff. However, this was a brief statement and was not supported by a more detailed written policy. We discussed this with the registered manager who agreed to develop and implement a detailed written policy.

Improvement needed

The registered persons must make suitable arrangements to ensure that a written policy is prepared and implemented in respect of the safe recruitment of staff to the service.

We reviewed a random sample of staff files. All demonstrated recruitment checks had been completed. However, whilst all had two written references on file, we found that second references had not always been obtained prior to the staff member taking up employment at the service. This is required under the Regulations and would demonstrate appropriate steps had been taken to assess a person's suitability to work at the service as part of the overall recruitment procedure. We discussed this with the registered manager who assured us that the staff had been deemed suitable to work at the service as they were known to her or other members of the staff team.

⁴ Intercollegiate Advisory Committee for Sedation in Dentistry: Standards for Conscious Sedation in the Provision of Dental Care (2015) <http://www.saad.org.uk/images/Linked-IACSD-2015.pdf>

Improvement needed

The registered persons must make suitable arrangements to ensure a second written reference is applied for and received prior to any new person starting work at the service.

Staff confirmed they could access training to keep their knowledge up to date and meet their continuing professional development (CPD) requirements. The sample of training certificates we saw supported this.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of delivering safe and effective care and quality of leadership and management. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Parkway Clinic will be addressed, including timescales.

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

Appendix A

Improvement Plan

Service: Parkway Clinic

Date of Inspection: 20 October 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
-	No improvement needed identified.	-			
Delivery of Safe and Effective Care					
9	The registered persons must make suitable arrangements to develop and implement a written safeguarding policy and procedure in respect of adults who are vulnerable or at risk that complies with relevant legislation and guidance.	Regulation 16 Standard 11	Adult Safeguarding policy to be written and implemented	Sian Majoe	Completed 18/11/15
Quality of Management and Leadership					
12	The registered persons must implement a suitable system to	Regulation 19	A policy will be written and implemented to ensure the audits	Phil Majoe	Completed 18/11/15

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	demonstrate what action has been taken as a result of audits conducted. A system to demonstrate progress is being monitored must also be implemented.	Standard 6	are monitored, fed back to the appropriate persons, and progress monitored during monthly meetings		
13	The registered persons must make suitable arrangements to ensure the service is visited and reports produced in accordance with regulation 28 of The Independent Health Care (Wales) Regulations 2011.	Regulation 28 Standard 6	A policy will be written and implemented , and a report produced and sent to appropriate persons	Phil Majoe	Completed 18/11/15
13	The registered persons must make suitable arrangements to ensure that a written policy is prepared and implemented in respect of the safe recruitment of staff to the service.	Regulation 9 Standard 24	A policy will be written and implemented immediately	Sian Majoe	Completed 18/11/15
14	The registered persons must make suitable arrangements to ensure a second written reference is applied for and received prior to any new person starting work at the service.	Regulation 21, Schedule 2 Standard 24	A policy/procedure will be written and implemented immediately	Sian Majoe	Completed 18/11/15

Service Representative:

Name (print):SIAN MAJOE.....

Title: ..REGISTERED MANAGER.....

Date: ...18/11/15.....