

General Dental Practice Inspection (Announced)

Parkway Dental Clinic

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Dental Clinic at Lamberts Road, Waterfront, Swansea, SA1 8EL, within Swansea Bay University Health Board on the 24 August 2021.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017 and other relevant legislation and guidance.

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

2. Summary of our inspection

Overall, we found evidence that Parkway Dental provided a friendly and professional service to their patients.

We saw evidence of strong leadership and the practice had the required policies and procedures in place to support both patients and staff.

The building was kept to a very high standard, with clinical areas well equipped, clean and well maintained.

This is what we found the service did well:

- The practice provided comprehensive information to patients
- The practice kept all areas within the building to a high standard
- The practice had effective governance arrangements in place to provide safe and effective care.

This is what we recommend the service could improve:

- The practice must ensure that record keeping is kept in line with professional standards.

There were no areas of non compliance identified at this inspection.

What we found

Background of the service

Parkway Dental Clinic provides services to patients in the South and West Wales area.

The practice has a staff team which includes 13 dentists, four hygienists, 24 dental nurses, 12 administrative staff, one practice manager, three anaesthetists, two specialist consultants and one registered general nurse.

The practice provides private general dental services, as well as private specialist services which include services performed under sedation and general anaesthetic.

The inspection detailed in this report considered general dental practice only.

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 found Parkway Dental was committed to providing a positive experience for their patients. All patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent, or very good. Patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a range of information to support patients in making effective choices about their treatment options. There was a welcoming atmosphere, and we saw staff making efforts to make patients feel relaxed and at ease from the moment they arrived.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 28 were completed. Patient comments included the following:

"Great team, kind, helpful and efficient"

"Care, service and attention I have received over many years is second to none"

"I'm so happy with the care I receive in Parkway I would not think about going elsewhere"

Staying healthy

Health promotion protection and improvement

All of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. This was also supported by the patient records we inspected. There was evidence within the records of advice given on oral health information, diet advice, smoking cessation and the link between alcohol/smoking and oral health. It was evident that patients are encouraged to change their behaviour and supported to do so.

Where applicable, all of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options and that the cost was always made clear to them before they received any treatment.

Dignified care

Without exception, all of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We observed patients being greeted and welcomed by reception staff in a professional and friendly manner. If there was a need to talk to a patient privately, staff could conduct those conversations in a side office or a consultation room located to the side of the reception. Telephone calls were handled by a telephony hub, which was located in a conference room separate to patient areas, so calls could be taken privately.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We saw that the code of ethics, professional practice by General Dental Council (GDC) poster was displayed within the patients waiting area.

We saw that during appointments, the doors to the treatment rooms were closed, to protect patient privacy. We noted that some of the doors to these rooms had full length glass panels, which upon walking past left the potential for others to look in as treatment was ongoing. The practice must ensure that patient dignity is maintained at all times through the patient journey.

Improvement needed

The practice must ensure that patient dignity is maintained at all times.

Patient information

All of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options and that the cost was always made clear to them before they received any treatment.

We saw an example welcome pack given to new patients. The welcome pack gave generic information about the practice within the practice leaflet, useful contact names and numbers, leaflets about treatments including costs; and where appropriate, treatment options and tailored prices for consideration.

We noted the price list setting out treatment costs was also provided on the website.

In order to minimise the risk of transmission of COVID-19 all unnecessary paper information had been removed from the waiting areas however comprehensive information was available on the practice website.

Communicating effectively

All of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

We were told that there were numerous languages spoken amongst staff within the practice, which provided multiple options for patients to speak to a clinician in their preferred language. If a patient required translation services for a language not spoken amongst staff, the practice had access to a language line for translation services.

Services and information were available through the medium of Welsh, and Welsh speakers within the practice wore badges to inform patients they could speak in English or Welsh.

Timely care

Just over a third of the patients who completed a questionnaire said they would not know how to access out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were provided in the patient user guide and provided on the practice's answerphone message. However, given the questionnaire findings the practice may want to consider other ways to ensure their patients know how to access emergency care when needed.

The practice ensures that emergency appointment requests are triaged by a clinician and provisions are put in place if required.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay and, if appropriate, offer another appointment with no additional charges being incurred.

Individual care

Planning care to promote independence

A review of patient records showed that patients are asked about their medical history at the time of their visit.

All of the applicable patients who completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

People's rights

We found access to the practice to be good. The practice was located on the first floor, with stair and lift access available. Doors to all of the rooms were wheelchair friendly, and there were disabled bathrooms available on every level of the building.

We found that there were a number of policies in place to support staff and patients, including an equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010. The practice had a Disability Discrimination Act policy, equal Opportunities policy and a Confidentiality policy in place.

Listening and learning from feedback

The practice had a detailed complaints policy in place, which was aligned to the Private Dentistry Wales 2017 Regulations¹.

The practice maintained a comprehensive folder containing records of verbal and written complaints received, action taken and the outcomes. In addition, processes were in place to support staff to action complaints appropriately.

The practice collected feedback via online reviews regularly, and on an annual basis via a patient feedback form. The practice discussed feedback at team

¹ <http://www.legislation.gov.uk/wsi/2017/202/made>

meetings, and outcomes of feedback were shared on social media and on screens within the waiting room.

Delivery of safe and effective care

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

We found evidence that patients were provided with safe and effective dental care.

We noted that clinical facilities were well equipped and were kept to a very high standard.

We noted some record keeping inconsistencies between clinicians, and recommended that a records audit is undertaken to ensure all dentists are recording information consistently.

Safe care

Managing risk and promoting health and safety

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and patients visiting the practice. The outside of the building appeared to be well maintained. Inside, the building was light, tidy and spacious.

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy and emergency contingency policy. Policies and risk assessments were readily available to all staff and noted at team meetings. There was also an environmental risk assessment in place to help protect both staff and patients.

It was noted that new policies were discussed at team meetings and then signed and agreed to by staff. This meant that staff were kept up to date with policies and procedures in place to support them in their roles.

We saw fire extinguishers were available at various locations around the building, and we noted that servicing had been carried out within the last twelve months. All extinguishers were appropriately fixed to the walls.

The practice had a fire safety risk assessment in place as well as a fire policy. Some members of staff had been fire trained, however, we advised that in house training be given to all staff to give them an understanding of fire safety.

We found that first aid kits were available at the practice, all of which contained appropriate equipment which was in date. The practice had a number of staff members booked on to first aid training courses in the near future to ensure numerous members of staff were suitably trained in the event of an accident.

The practice had adequate resuscitation equipment in place, which included grab boxes designed to include the appropriate equipment for various types of emergencies.

Infection prevention and control

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored appropriately.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) protocol and a mercury handling policy.

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within two dedicated decontamination rooms. We saw evidence that the protocol for checking the sterilisation equipment was available and up to date.

All surgeries within the practice included a double sided cupboard, which allowed instruments to be passed via the cupboard in to the surgery from the corridor, without the risk of contaminating the room whilst treatment was ongoing.

There was an infection control policy and a sharps safety policy for staff, alongside a comprehensive risk assessment for the safe use of sharps within the practice.

The surgeries were visibly clean and tidy and the practice had a daily cleaning schedule for staff to follow to ensure all were kept in line with the Welsh Health Technical Memorandum (WHTM) 01-05.

We noted that there was a toys policy in place to ensure effective cleaning, although no toys were visible on the day.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role². We saw evidence that the majority of staff had received training within the last twelve months on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). There were three members of staff who were due to complete training between March and June 2021, however training had been cancelled due to the COVID-19 pandemic. We saw evidence that training had been rescheduled for all staff who were due to attend.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance³. These were stored in the dental hospital staff area during the day. The practice had comprehensive policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines.

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, these policies contained the contact details for the relevant safeguarding agencies located within the locality. We noted that the All Wales Safeguarding Procedures were readily available to staff.

The Registered Manager displayed a good understanding on the obligations of the practice, and described the actions that would be taken should a concern be raised. The safeguarding lead for the practice had attended a higher level of

² <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

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

safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We saw that the local rules⁴ were available to staff.

In accordance with the requirements of the General Dental Council⁵ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017⁶ all clinical staff had completed the required training.

Effective care

Safe and clinically effective care

The practice had appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as National Institute for Care and Excellence (NICE) guidelines⁷, were given due consideration and followed where appropriate.

⁴ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

⁵ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁶ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

1. ⁷ <https://www.nice.org.uk/.../oral-and-dental-health>

Quality improvement, research and innovation

We saw evidence that the practice had a limited number of clinical audits in place to help demonstrate keeping up to date with professional standards. We advised that in order to promote continuous improvement, a broader range of audits should be regularly undertaken.

We were told that the practice used Quality Improvement tools including the BDA Good Practice Guide⁸. These are team development tools which encourage the team to focus on best practice and legislative requirements, and also about how they work together.

Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. The practice also had a records management policy. Patient records were kept electronically, with all information backed up overnight. The practice was in the process of commissioning a company to allow off site back up to take place, to further protect patient information.

Record keeping

We reviewed a sample of patient records. We found that there were a number of records sampled which did not contain the level of detail required. We found omissions in a number of records in the following areas:

- Inconsistent recording of risk assessments for caries, periodontal disease, toothwear and oral cancer;
- No evidence that Delivering Better Oral Health⁹ was in use.

⁸ BDA Good Practice is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice

⁹ An evidence based toolkit to support dental teams in improving their patient's oral and general health

Improvement needed

The practice must ensure patient records are completed in keeping with professional standards for record keeping.

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 services review and monitor their own performance against the Health and Care Standards.

We found evidence of good management and leadership in the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually, and we saw evidence that they had been read by all staff.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings

Governance, leadership and accountability

Parkway Dental is jointly owned by the Registered Manager¹⁰ and two Directors, one of which is also the Responsible Individual¹¹. The daily running of the service is managed by the Registered Manager, alongside four deputy managers. The Responsible Individual is also a consultant anaesthetist.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. The statement of purpose and patient information leaflet contained all the relevant information required by the

¹⁰ “registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

¹¹ “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

regulations and were available to patients through the welcome pack and on the website.

The Registered Manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the Registered Manager that must be sent to HIW.

Staff and resources

Workforce

Day to day management of Parkway Dental is provided by the deputy managers. We found the practice to have good leadership from both the deputy managers and owners, and all staff understood their roles and responsibilities. Staff were welcoming, positive and knowledgeable when talking to the inspection team, and spoke highly of the support from the management team.

During the COVID-19 pandemic, wellbeing of staff became priority. We were told that the practice closed prior to the national lockdown to prioritise staff safety. Upon re-opening of the practice, we saw evidence that comprehensive procedures were put in place including risk assessing staff and considering out of work commitments before asking them to return to work. All staff team meetings continued via zoom calls, and a Whatsapp¹² group chat was used to allow non-work related staff discussions. We were told this had strengthened staff relationships and employees felt confident raising concerns and issues when needed.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. We saw evidence that the policies were reviewed annually in team meetings by the management team and staff.

¹² WhatsApp Messenger is a cross-platform mobile messaging app which allows you to exchange messages

We saw evidence that comprehensive recruitment and appraisal procedures were in place. Upon appointment, all staff had a Disclosure and Barring Service¹³ check undertaken, and a three month probation period was completed. Once completed, staff undertook annual appraisals with the management team to support their continual development.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We noted the practice's public liability insurance certificate was displayed in the reception area.

¹³ The Disclosure Barring Service undertakes criminal record checks on potential and current employees, on behalf of employers, to ensure that persons are suitable for employment in the role offered.

3. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

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, measurable, 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.

4. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

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

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) 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			

Appendix B – Immediate improvement plan

Service: Parkway Dental Clinic

Date of inspection: 24/08/2021

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.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate compliance concerns were identified				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Parkway Dental Clinic

Date of inspection: 24/08/2021

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice must ensure that patient dignity is maintained at all times.	4.1 Dignified Care	The action that we have taken is to put a frosting on the glass on the door panels into every treatment room where the chair is facing the door, to provide privacy and dignity for the patient.	Sian Majoe	Completed 25 th August 2021
Delivery of safe and effective care				
The practice must ensure patient records are completed in keeping with professional standards for record keeping.	3.5 Record keeping	There have been communication with all the practitioners regarding what is expected to be included in patient records.	Sian Majoe/Darren Owakee	This was implemented on 25 th August 2021 and is being

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		There have been reminders built into the examination page of SOE (dental software) so practitioners can work through the checklist as required.		monitored by our Clinical lead practitioner Dr Darren Owakee on a weekly basis

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 & Operational Director

Date: 20/09/21