



Independent Healthcare Inspection (Announced)

Ty Gwyn Dental Practice,
Swansea

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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 Ty Gwyn Dental Practice.

Our team, for the inspection comprised of an HIW inspector and HIW's Head of Independent Healthcare.

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

Overall, we found evidence that the service provided safe and effective care to its patients.

We found the service was committed to providing a positive experience for patients.

This is what we found the service did well:

- The registered manager was committed to providing a professional service and positive experience for patients
- Information was available to patients to allow them to make informed decisions.
- Documentation was available to show that the laser machine was regularly serviced and maintained
- The premises were clean and tidy.

This is what we recommend the service could improve:

- Documentation capturing verbal consent to treatment
- A process for feeding back patient views
- Updates to the adult and child safeguarding policies.

We identified regulatory breaches during this inspection regarding updates to the statement of purpose and patients' guide. Further details can be found in Appendix B. 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 non-compliance with regulations.

3. What we found

Background of the service

Ty Gwyn Dental Practice is registered as an independent hospital because it provides class 3B/4 laser treatments at 14 Sway Street, Swansea, SA6 6HT.

The service was first registered on 14 November 2013.

The service employs a staff team which includes the registered manager as the only laser operator.

The service is registered to provide treatments to patients over the age of 18 years using the following:

Waterlase iplus laser:

- Restorations
- Treatment of severe gum disease
- Fissure sealants
- Minor oral surgical procedures (hard tissue and soft tissue).

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 that the service was committed to providing a positive experience for patients.

Patients were provided with information to help them make an informed decision about their treatment.

Suitable arrangements were in place to protect the privacy and dignity of patients during treatments.

A process for documenting verbal consent to treatment was required.

Updates to the patients' guide and statement of purpose were needed to ensure compliance with the regulations.

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

"Very happy with the service"

"Always well informed, staff are friendly and efficient"

Health promotion, protection and improvement

The majority of patients that completed a questionnaire confirmed that they always completed a medical history form, or have their medical history checked, before carrying out treatment.

As part of an overall dental treatment plan, we saw that patient medical histories were checked prior to treatment and recorded electronically.

Dignity and respect

We were told that doors would be closed whilst treatments are performed, in order to maintain patients' privacy during treatment. Consultations with patients

were also carried out within the treatment room, meaning that confidential and personal information could be discussed without being overheard.

Every patient that completed a questionnaire agreed that staff treated them with dignity and respect and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

Patient information and consent

Patients were provided with a face to face consultation prior to treatment. During this consultation, we were told that the dentist would discuss the procedure, risks, benefits and likely outcome of the treatment.

All patients that completed a questionnaire agreed that they had been given enough information to help them understand the treatment options available to them, and the risks and benefits associated with each treatment option. Patients also told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

Where applicable, every patient that completed a questionnaire told us that the cost of any treatment was always made clear to them before they received the treatment. We saw that an information leaflet was also available to patients providing a guide to laser treatments.

We were told that verbal consent is obtained from patients prior to treatment. We recommended that the dentist ensures that this is documented within patient records. All but one of the patients that completed a questionnaire said they always sign a consent form before receiving any new treatment.

Improvement needed

The registered manager must ensure that verbal consent to treatment is documented within patient records.

Communicating effectively

A patients' guide and statement of purpose were available providing information about the service, and we found that both needed to be updated to ensure they contained the relevant information as required by the regulations.

In respect of the laser services provided, the patients' guide needed to be updated to include a summary of the statement of purpose, a summary of

patient views, HIW's address and contact details, and details about how patients can access the latest HIW inspection report.

A statement of purpose was available, and we found it also required to be reviewed and updated in line with the regulations. Updates were needed to ensure that staff details are correct, including the organisational structure. The registered manager must also ensure that the statement of purpose is reviewed on a regular basis, as we were unable to see that this had been done since 2013.

All patients that completed a questionnaire told us that their preferred language was English and that they were always able to speak to staff in their preferred language.

All patients that completed a questionnaire also said that staff listened to them during their appointment and felt that they had been involved, as much as they wanted to be, in decisions about their treatment.

Improvement needed

The registered manager must ensure that the statement of purpose and patients' guide are updated in line with the regulations and copies sent to HIW.

Care planning and provision

The registered manager described that through the consultation process patients would be identified as potentially suitable for laser treatments as part of their overall dental treatment plan. This helped to ensure that only suitable patients would be offered treatments using the laser.

We found the service maintained an overall treatment register specific to the laser machine; additional information was required to be recorded, including the treatment protocol name, to ensure it was reflective of the treatment provided, the signature of the person giving the treatment and details of any adverse effects. The registered manager agreed to address this.

Improvement needed

The registered manager must ensure that the treatment register is updated.

Equality, diversity and human rights

The service had the use of one surgery for laser treatments, which was on the first floor of the building. The surgery was accessible via stairs, meaning that patients with mobility difficulties or using wheelchairs would have difficulty accessing the service.

Citizen engagement and feedback

We found that that the service obtained patient views on the services provided to them via questionnaires every three to four months. We identified that improvements were needed to ensure that the outcome of any review of the information gathered is shared with patients and included as a summary in the patients' guide.

Improvement needed

The registered manager must ensure that a summary of patient feedback is included in the patients' guide and share with patients.

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 that arrangements were in place to provide treatment to patients in a safe and effective manner.

The service had suitable processes in place to monitor the quality of the service provided, and were committed to providing a high standard of care.

The child and adult safeguarding policies were in need of updating.

Managing risk and health and safety

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

We looked at a selection of maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was up to date, to help ensure that small electrical appliances were safe to use.

Certification was provided to show that the five yearly wiring check for the building was up to date, and an annual service of the gas boiler had been undertaken.

We looked at some of the arrangements for fire safety. Servicing labels on the fire extinguishers showed they were serviced annually. Fire exits were signposted. A fire risk assessment was in place, last reviewed in May 2018. We were told that fire safety training is carried out on an annual basis. We recommended that the registered manager maintain a record of any training provided to staff to demonstrate that this had been undertaken. The registered manager agreed to do this.

We saw that the service had access to a first aid kit, however some of the items had passed their expiry date. The registered manager was reminded to replace all expired products. The registered manager agreed to address this.

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. There were no concerns given by patients over the cleanliness of the setting; all of the patients who completed a questionnaire either agreed or strongly agreed that the environment was very clean or fairly clean.

The service described in detail the infection control arrangements and we saw a detailed infection control policy was in place. The service also maintained a checklist of cleaning activities to help ensure that all staff follow the same process.

We found that suitable arrangements were in place for the collection of clinical and household waste.

Safeguarding children and safeguarding vulnerable adults

The service's registration allows the registered manager to use the laser on both children and adults. We found that there were adult and child safeguarding policies in place, which were in need of updating to include the contact details for the local council safeguarding teams. The registered manager agreed to do this.

We were unable to see on the day of inspection certificates to show training in adult and child safeguarding had been completed. The registered manager told us that this had been completed but certificates were not available on the day.. We received copies of relevant certificates following the inspection.

Improvement needed

The registered manager should update the adult and child safeguarding policies to ensure they include the contact details for the local council safeguarding teams.

Medical devices, equipment and diagnostic systems

We saw certificates to show that the registered manager had received enhanced training on the use of the laser machine, and as part of this training included the Core of Knowledge¹.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and there were local rules detailing the safe operation of the machine, which had recently been reviewed.

We saw certificates to show that the laser machine had been serviced within the last 12 months.

We saw that there were treatment protocols in place for the use laser machine that had been provided by a medical professional.

Safe and clinically effective care

We saw that the treatment room door was closed whilst treatment was ongoing. We also saw warning signs on the outside of the door to indicate that the machine was in use. When not in use, the key was stored securely away from the machine to help prevent unauthorised access.

We saw that eye protection was available for patients and laser operators. On inspection, the eye protection appeared to be in visibly good condition.

We found that an environmental risk assessment had been produced by the LPA, which included recommendations about the window blinds within the laser room. The registered manager was reminded to ensure that any actions identified by the LPA should be acted upon; we did however acknowledge that the risk assessment had only very recently been produced.

Participating in quality improvement activities

We found that the service was undertaking a number of quality improvement activities, including patient feedback, clinical reflection on patient outcomes, cleaning schedules and a range of other audits relevant to the dental practice.

Records management

¹ Training in the basics of the safe use of lasers and IPL systems

We observed that there was good provision for safeguarding patient data, which were being kept electronically.

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 the service was organised and proactive in providing professionally managed treatments for patients.

Governance and accountability framework

Ty Gwyn Dental Practice is owned by the registered manager and is supported on a daily basis by a wider team of dental clinical and administrative staff. The registered manager is the only user of the laser machine.

We saw the service had a number of policies in place, which had evidence of recent review.

Whilst the registered manager is the only person able to use the laser machine, we were told that regular team meetings were held on a monthly basis.

We saw that the service had an up to date liability insurance certificate in place.

Dealing with concerns and managing incidents

We found that the service had a complaints procedure in place. Whilst the service had not received any complaints about its laser treatments, we saw evidence that the service had a suitable process in place for dealing with, and recording complaints appropriately.

Workforce planning, training and organisational development

As the only laser operator of the machine, we saw that the registered manager had undertaken extensive training in the use of the specific laser. The registered manager told us that there were no current plans to develop other staff members to use the laser machine.

Workforce recruitment and employment practices

The registered manager was in the process of applying for an up to date Disclosure and Barring Service check. .

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: Ty Gwyn Dental Practice

Date of inspection: 9 May 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				
The registered manager must ensure that verbal consent to treatment is documented within patient records.	Regulation 15 (1) (a) (b) Standard 9. Patient information and consent	We will ensure this line written in patient notes, to be addressed in practice meeting on the 3rd of July 2018	Mustafa Mukhaiber	3 July 2018
The registered manager must ensure that the statement of purpose and patients' guide are updated in line with the regulations and copies sent to HIW	Regulation 7 (1) (d) (f) Regulation 6	All updated and copies sent to HIW.	Charlotte	22 June 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	(5) (6) (10) Standard 18. Communicating effectively			
The registered manager must ensure that the treatment register is updated.	Regulation 23 (1) (a)(i) Standard 8. Care planning and provision	Updated with the date and signature of treatment provider	Mustafa Mukhaiber	9 May 2018
The registered manager must ensure that a summary of patient feedback is included in the patients' guide and share with patients.	Regulation 7 (1) (e) Standard 5. Citizen engagement and feedback	Already included now in the patients' Guide.	Charlotte	9 May 2018
Delivery of safe and effective care				
The registered manager should update the adult and child safeguarding policies to ensure they include the contact details for the local council safeguarding teams.	Regulation 16 (1) (a); (3) (a) Standard 11. Safeguarding children and safeguarding	Both updated.	Charlotte	22 June 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	vulnerable adults 11. Safeguarding children and safeguarding vulnerable adults			
Quality of management and leadership				
No improvements were identified during this inspection.				

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): Mustafa Mukhaiber

Job role: Dentist

Date: 23/6/2018