

Independent Healthcare Inspection (Announced)

**Kensington Court Clinic,
Newport**

12 November 2015

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

We are the independent inspectorate and regulator of all health care in Wales. The purpose of our work is to:

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

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

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

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

Our findings within this report are based on reviewing:

- Responses within patient questionnaires
- Records of interviews with staff and the registered persons of the service
- A sample of patient records, written policies and procedures
- The equipment and environment of the service
- The information provided to patients by the service.

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

The directors of Kensington Court Clinic are registered to provide an independent hospital at 197, Chepstow Road, Newport. The service was first registered on 11 June 2003

The staff team includes oral surgeons, dentists, anaesthetists, nursing staff, a registered manager, administration and receptionist staff.

The range of services that may be provided are:

Medical treatment under anaesthesia or sedation to include:

- Extractions
- Minor oral surgery
- Cosmetic dentistry
- Dental restorations (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 12 November 2015.

4. Summary

Comments from patients and/or their carers indicated they were very satisfied with the service received. The service also routinely sought feedback from patients and/or their carers about their experience of being treated at the clinic. 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.

We have identified that some improvement is needed around the record keeping associated with X-rays within patients' care records.

We found that the service was committed to providing patients with safe and effective care.

A range of written policies and procedures were in place. We identified further detail was needed within the written policy and procedure in respect of safeguarding adults who may be vulnerable or at risk.

A management structure with clear lines of reporting and accountability was in place. The staff we spoke to were able to describe their roles and responsibilities and confirmed they had access to relevant training.

Arrangements were in place to monitor and report on the quality of the service provided. However, we identified improvement was needed around producing written reports of quality assurance visits as required by the Regulations.

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 persons take 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

Comments from patients and/or their carers indicated they were very satisfied with the service received. The service also routinely sought feedback from patients and/or their carers about their experience of being treated at the clinic. 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.

We have identified that some improvement is needed around the record keeping associated with X-rays within patients' care records.

Prior to the inspection, we invited the registered manager to distribute HIW questionnaires to patients and/or their carers to obtain their views on the dental services provided. A total of 21 completed questionnaires were returned. Comments included:

'Staff very friendly. Quick effective service.'

'The care received was outstanding, staff were friendly, helpful, caring and kept me informed throughout my stay.'

'I was really happy with the way they looked after my little boy.'

'My son was so nervous and the staff took all his fears away. They were fantastic with him.'

When invited to rate the care and treatment provided at the service, patients and/or their carers rated this between nine and ten out of ten. With the majority 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 service 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. This included the right for patients (or their legal guardians) to choose whether to proceed with or refuse treatment.

For those patients who use wheelchairs or find steps difficult to manage, a fixed ramp was in place that provided easy access to the main entrance of the clinic. The

waiting rooms and clinical facilities were located on one level making them easy to access.

Citizen Engagement and Feedback (Standard 5)

The service routinely sought feedback from patients.

We saw an example of the comment form given to children. This was presented using pictures (happy and sad faces, a thumbs-up and a thumbs-down) with the aim of appealing to young children and to gain their views on their experiences. We were told that staff checked completed forms regularly and formally audited these on a six monthly basis. Results from the most recent audit in November 2015 were clearly displayed within the clinic's waiting room for patients, carers and staff to see. We saw that positive comments had been received.

Patients and/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) and Records Management (Standard 20)

Overall, we saw that patient care records were comprehensive. These demonstrated that treatment was agreed with patients and/or where appropriate their carers and planned in a way to ensure patient safety and wellbeing.

We identified improvement was needed around the practise of some oral surgeons in their recording of the justification, findings and quality (grading) of X-rays taken. Such information is required by the Ionising Radiation (Medical Exposure) Regulations 2000. We informed senior staff of our findings so that improvements could be made in this regard.

Improvement needed

The registered persons must make suitable arrangements to ensure that where X-rays are taken at the clinic, oral surgeons/dentists record in patients' care records the justification for taking the X-ray, the findings of the X-ray and an assessment of the quality (grading).

Comments provided by patients and/or their carers within completed HIW questionnaires confirmed that they felt 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.

Considerable effort had been made by the service to provide an environment that would appeal to children and provide information in a way that they could understand. We saw a wall display and a book was available that used pictures and child appropriate language to explain to children and their carer(s) what to expect when visiting the clinic for treatment. We considered this to be noteworthy practise.

Information for patients and carers was available within the service's statement of purpose and patients' guide. However, we found that information within the patients' guide, provided to HIW prior to the inspection visit, was in need of updating. The registered manager had already identified this and was in the process of updating the guide at the time of our inspection. We have asked for a copy to be provided to HIW.

Improvement needed

The registered persons must update the patients' guide and submit a copy to Healthcare Inspectorate Wales.

We found that the service had clear arrangements for obtaining, recording and reviewing patients' consent to examination and treatment.

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. The service's statement of purpose set out the arrangements for respecting patients' privacy and dignity.

Comments within questionnaires indicated that patients and/or their carers felt that staff were polite and kind to them. This was also confirmed by a parent of a patient we spoke to and through our observations during our visit.

The environment was arranged to protect patients' privacy and dignity. We saw doors to clinical areas (theatres and recovery room) were closed when patients were receiving treatment. The reception area was screened from the waiting room and a separate office was available so that confidential conversations could take place away from the waiting area.

Delivery of safe and effective care

We found that the service was committed to providing patients with safe and effective care.

A range of written policies and procedures were in place. We identified further detail was needed within 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 written health promotion information on oral hygiene and health was available to patients and/or their carers. Some of this was available in a child friendly format.

Safe and Clinically Effective Care (Standard 7)

We saw a number of relevant written policies to guide staff in their day to day work with the aim of providing patients with safe care.

The staff we spoke to were able to describe their roles and responsibilities and demonstrated a safe approach with the aim of protecting patients' safety. For example a comprehensive system of regular checks on medical equipment was described together with safety checks performed both before and after patients had received their treatment.

Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)

The service had a named child protection lead person who staff could go to for advice and guidance on child protection matters. The service had an up to date written policy on safeguarding. This clearly referred to the procedure to follow in respect of safeguarding children; however it needed further detail around the procedure for safeguarding adults who become vulnerable or at risk. We informed the registered manager of our findings who agreed to review the written policy.

Improvement needed

The registered persons must make suitable arrangements to include further detail on the safeguarding procedure that staff should follow if they suspect an adult is vulnerable or at risk of abuse.

Whilst the written policy required more detail, the staff we spoke to indicated they would escalate any safeguarding concerns to senior staff so that action could be taken to protect patients. Staff confirmed they had attended training on safeguarding matters. The sample of staff training records we saw supported this.

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 as recommended within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)³. Staff demonstrated an appropriate process for the transportation, cleaning and sterilisation (decontamination) and storage of instruments. We saw log books had been maintained that confirmed daily safety checks had been conducted. The equipment being used for the decontamination of instruments was visibly in good condition and up to date inspection certification was available confirming autoclave equipment was safe to use.

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. The sample of staff records we saw demonstrated that staff had attended training on the decontamination process.

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

Contract documentation was in place for the safe transfer and disposal of hazardous and non hazardous waste produced by the practice. We saw waste was being stored securely whilst waiting to be collected by the contractor.

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

Emergency Planning Arrangements (Standard 4) and Medicines Management (Standard 15)

We found arrangements were in place for staff to respond to a patient emergency (collapse) and the safe management of medicines used at the service.

Staff had access to emergency drugs and resuscitation equipment in the event of a patient collapsing. Training records we saw indicated that staff had attended training on cardiopulmonary resuscitation.

We saw that medicines, including those for use in a patient emergency (collapse) were appropriately stored when not being used. A system was in place to regularly check and replace medication nearing its expiry date. This helps ensure that medication held at the service is safe to use. A suitable system was described for reporting medication related adverse incidents so that learning from incidents can be shared to reduce the risk of the same thing happening again.

Medical Devices, Equipment and Diagnostic Systems (Standard 16)

The practice had arrangements in place for the safe use of radiographic (X-ray) equipment.

The required documentation and information on the safe use of the X-ray equipment was available and up to date. The training certificates we saw indicated relevant staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

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.

We saw that fire fighting equipment was strategically placed around the premises and maintenance labels indicated this equipment had been serviced within the last 12 months. Instructions to follow in the event of a fire were displayed and fire exits were clearly signposted. This meant that equipment and information was available for staff and patients so they could exit the building safely in the event of a fire.

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. However as referred to earlier in this report, the patients' guide needed to be updated. The contact details for HIW also required updating within the written procedure and on the poster displayed in the waiting room. Senior staff agreed to update these details.

The registered manager had maintained a record of written (formal) complaints received. This demonstrated that these complaints had been responded to in a timely manner. We were told that verbal (informal) complaints were not routinely recorded. The registered persons should consider implementing a suitable system to capture and regularly audit 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.

The majority of patients and/or their carers who returned completed HIW questionnaires (20) indicated that they knew how to make a complaint if they were unhappy with the service provided.

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

Quality of management and leadership

A management structure with clear lines of reporting and accountability was in place. The staff we spoke to were able to describe their roles and responsibilities and confirmed they had access to relevant training.

Arrangements were in place to monitor and report on the quality of the service provided. However, we identified improvement was needed around producing written reports of quality assurance visits as required by the Regulations.

Governance and Accountability Framework (Standard 1)

Overall, we found the service to be well managed and a number of relevant policies were in place with the aim of providing safe care to patients.

The service had an up to date statement of purpose which clearly set out the organisational structure and lines of reporting. An experienced registered manager was in post and 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 audits to identify areas for improvement.

Senior staff provided examples of completed multidisciplinary audits that had been conducted during the year. These included audits of the image quality of X-rays, infection control arrangements, use of a skin applied local anaesthetic and the clinic's accident book. A summary report had been compiled.

Whilst a number of audits had been completed, we found that written reports of visits (to assess the quality of the service provided) by a nominated person(s) had not been produced as required by the Regulations.

Improvement needed

The registered persons must make suitable arrangements to ensure written reports are produced in accordance with regulation 28 of The Independent Health Care (Wales) Regulations 2011.

Workforce Recruitment and Employment Practices (Standard 24)

We found the service had arrangements in place for the safe and effective recruitment of staff.

The service had a written policy on the recruitment of staff. We reviewed a random sample of staff files. All demonstrated recruitment checks had been completed and they contained the information and documentation required by the Regulations for independent health care services.

Staff confirmed they could access training to keep their knowledge up to date and meet their continuing professional development (CPD) requirements. The training log demonstrated that staff had attended training relevant to their role. Staff we spoke to confirmed they had a regular appraisal of their work to identify development and training needs.

6. Next Steps

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

The improvement plan should clearly state how the improvement identified at Kensington Court 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: Kensington Court Clinic

Date of Inspection: 12 November 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
7	The registered persons must make suitable arrangements to ensure that where X-rays are taken at the clinic, oral surgeons/dentists record in patients' care records the justification for taking the X-ray, the findings of the X-ray and an assessment of the quality (grading).	Regulation 23 Standard 20			
8	The registered persons must update the patients' guide and submit a copy to Healthcare Inspectorate Wales.	Regulation 7 Standard 9			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
9	The registered persons must make suitable arrangements to include further detail on the safeguarding procedure that staff should follow if they suspect an adult vulnerable is vulnerable or at risk of abuse.	Regulation 16 Standard 11			
Quality of Management and Leadership					
13	The registered persons must make suitable arrangements to ensure written reports are produced in accordance with regulation 28 of The Independent Health Care (Wales) Regulations 2011.	Regulation 28 Standard 6			

Service Representative:

Name (print):

Title:

Date: