

Independent Healthcare Inspection Report (Announced)

Kensington Court Clinic, Newport

Inspection date: 6 January 2025

Publication date: 7 April 2025



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83715-583-5

© Crown copyright 2025

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

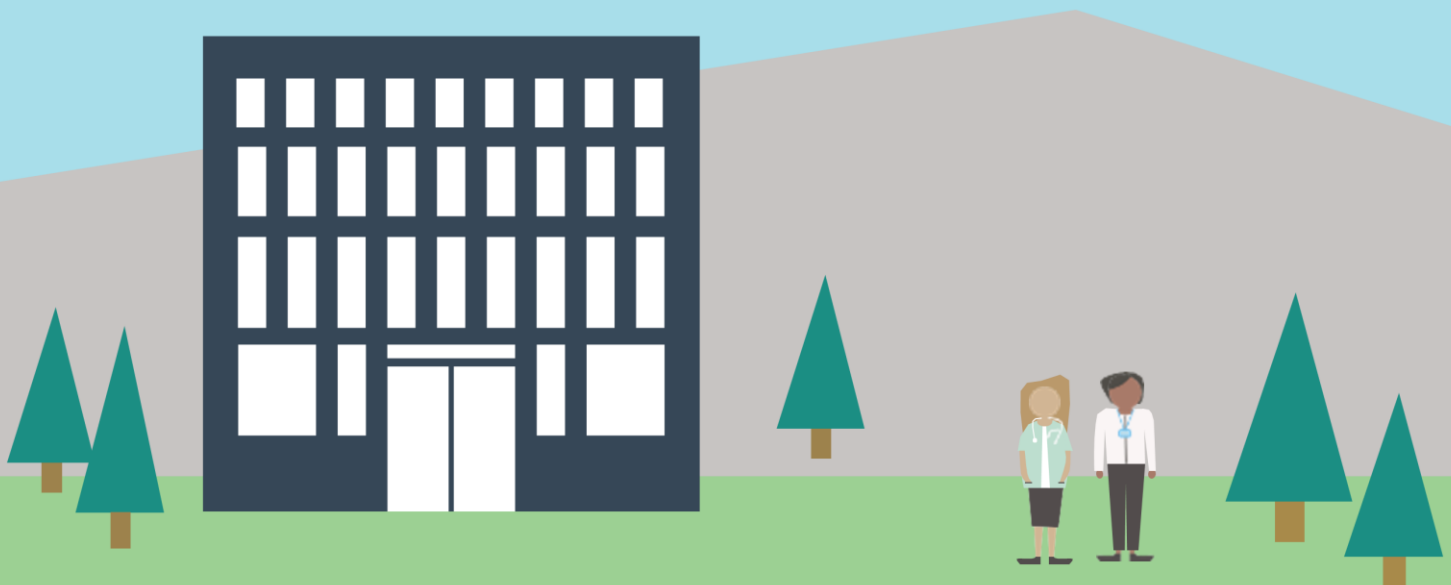
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	9
Quality of Patient Experience	9
Delivery of Safe and Effective Care	12
Quality of Management and Leadership	21
4. Next steps.....	23
Appendix A - Summary of concerns resolved during the inspection	24
Appendix B - Immediate improvement plan.....	26
Appendix C - Improvement plan	27

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Kensington Court Clinic on 6 January 2025.

Our team for the inspection comprised of a HIW healthcare inspector and two clinical peer reviewers.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 10 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

The clinic was clean, welcoming and child-friendly, with staff demonstrating a positive attitude towards patient care. All patients who responded to the questionnaire rated the service as 'very good' and praised the overall experience.

Information on health and wellbeing was displayed in the main clinic but was limited in the Eveswell Suite. The clinic environment ensured patient privacy and dignity. Staff were observed treating patients with kindness and respect.

Patients were given clear post-treatment instructions and cost information. Patients were kept informed about waiting times. Procedures were performed in appropriate settings, with adequate aftercare provided.

The clinic was accessible to patients with mobility issues with reasonable adjustments for all patients. Staff respected patient preferences and pronouns.

Feedback mechanisms were in place.

This is what we recommend the service can improve:

- More information on health promotion needed in the Eveswell Suite
- Display the GDC numbers of relevant staff at the clinic.

This is what the service did well:

- Clean, welcoming and child-friendly
- All patients rated the service as 'very good' and praised the overall experience
- Procedures took place in appropriate settings, with adequate aftercare provided.

Delivery of Safe and Effective Care

Overall summary:

The clinic provided safe and effective care, with staff proud of their work and flexible in their approach. The environment was suitable for patient care and the clinic had robust systems for managing risks and ensuring patient safety.

The clinic was well-maintained, warm and welcoming and ensured patient privacy. Staff facilities were exemplary.

Dental equipment was in good condition and relevant policies were in place.

There were suitable arrangements in place for Infection Prevention and Control (IPC). The clinic followed Welsh Health Technical Memorandum (WHTM) 01-05 guidelines and had an ongoing IPC audit program. Hand hygiene and personal protective equipment (PPE) use were appropriate. The clinic had two decontamination rooms and a designated infection control lead.

Signs discouraged eating or drinking in the clinic to ensure fasting patients were not exposed to others eating.

Policies for handling medicines were in place, with emergency resuscitation equipment available. There were issues with out-of-date medications due to supply difficulties. The clinic was advised that local anaesthetic solutions should be stored separately from intravenous infusion solutions, to reduce the risk of accidental intravenous administration of such drugs.

There were comprehensive safeguarding policies in place, with staff trained in safeguarding adults and children.

The clinic had safe arrangements for using X-ray equipment, with regular maintenance and testing. Staff were advised to provide patients with information on the benefits and risks of X-rays.

Patient medical records were clear, accurate and well-organised. Consent and mental capacity assessments were documented. The clinic was advised to record patients' preferred language.

This is what we recommend the service can improve:

- Additional information needs to be recorded on patients' medical records including language preferences
- Risk assess the storage of out-of-date medication
- Ensure that staff are trained and familiar with the difficult airway algorithms.

This is what the service did well:

- Provided safe and effective care
- The clinic and equipment was well-maintained
- Suitable arrangements in place for IPC
- Clear, accurate and well-organised patients medical records.

Quality of Management and Leadership

Overall summary:

The clinic's governance and accountability framework was well-structured, with a clear organisational hierarchy. Reporting and accountability lines were well-defined, with the registered manager and responsible individual regularly present to support staff and monitor service quality.

Staff reported feeling supported, with regular meetings to gather feedback and address issues. All staff had received performance appraisals within the last year. The Statement of Purpose met regulatory requirements and was readily available. However, the patients guide lacked some required information, which needed to be addressed to ensure full compliance.

Governance arrangements were well-organised and there were up-to-date policies and procedures. Safety notices were received by email, reviewed by the registered manager and disseminated to relevant staff via notice boards and meetings.

Information was shared through daily huddles, bi-monthly staff meetings, notice boards and memos. The clinic had a clear complaints procedure, displayed prominently, detailing contact points and response times. Senior management was aware of the risk and incident reporting requirements under the Independent Health Care (Wales) Regulations 2011.

Workforce practices ensure appropriate staffing levels, skill mix and training, with evidence of regular appraisals, meetings and pre-employment checks. Ongoing training and development opportunities were provided.

This is what we recommend the service can improve:

- Including additional information in the patients' guide to comply with regulations.

This is what the service did well:

- Regular attendance from registered manager and responsible individual
- Good staffing levels and skill mix
- Passage of information to staff.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care at the Kensington Court Clinic for the inspection in January 2025. In total 10 responses were completed by patients at this setting. Overall, the respondents' comments were positive. All 10 patients rated the service as 'very good', the single comment received on the setting was:

“Everything was perfect from booking to being seen.”

Health protection and improvement

Information was displayed in the relatives room within the main clinic on how patients could help their health and wellbeing. This included smoking cessation, infection prevention, oral health and the importance of hydration. There was limited information on display in the waiting area of the Eveswell Suite, the private dentistry surgery.

The clinic must ensure that information is displayed in the Eveswell Suite on how patients can help their health and wellbeing.

Dignity and respect

There were no patients on the day of our inspection at the clinic. However, we were told that patients were greeted on arrival and informal introductions were made with staff. There were patients in the Eveswell Suite, we witnessed staff speaking to these patients politely and treating them with kindness throughout our inspection.

The clinic environment promoted the dignity and privacy of patients. All treatment and consultation rooms had doors that would be closed when in use. The reception areas and waiting rooms were large and should there be a need, the patient would be taken to a spare consulting room to hold any confidential conversations.

All patients who completed a HIW questionnaire told us staff had treated them with dignity and respect and measures were taken to protect their privacy during their appointment at the clinic. They also all agreed that staff listened to them and answered their questions.

Patient information and consent

Referrals were received from the NHS generally for clinic services, registration packs with all the services were supplied to patients and a post operative pack supplied with the relevant information.

Whilst there was not a hearing loop at the clinic all patients were accompanied. There was access to a translation line, which had to be booked in advance of the treatment.

The general anaesthetic procedures would be explained to the children attending the clinic in terms they understood by a paediatric nurse, who was also a Welsh speaker. The nurse also wore a 'iaith gwaith' badge to show they were a Welsh speaker. The paediatric nurse also phoned all parents of children due surgery to make sure they were prepared and to ensure the pre-operative assessment was completed. We noted a good quality leaflet encouraging parents to prepare their children in advance.

Informed consent, in line with best practice guidance and the Mental Capacity Act 2005 was recorded on the medical history form. There was a need for a power of attorney for anyone with learning difficulties. Whilst information was displayed in the clinic about the staff working there and there was a list of the dentists and hygienists on the wall on the way to the Eveswell suite, this did not include their General Dental Council (GDC) numbers.

The clinic must ensure that the GDC numbers are displayed alongside the names of dentist and hygienist at the setting.

Communicating effectively

All patients who responded to the questionnaire confirmed that they were given post treatment aftercare instructions and clear guidance on what to do and who to contact in the event of an infection or emergency. All patients also said that the cost was made clear to them before they received treatment.

Care planning and provision

We were told that patients would be kept informed by staff of waiting times and any reasons for any delays in seeing the healthcare professional.

Private dental patients were seen in the Eveswell Suite and private patients requiring general anaesthesia (GA) as well as patients referred in by the NHS GA contract were seen in the clinic. The GA minor oral surgery procedures were performed mainly in the operating theatre in the clinic with occasional GA conservative dental procedures such as implants. All routine dental procedures were performed in the Eveswell Suite under local anaesthesia.

There were seven patients who completed the questionnaire who said that they underwent a procedure or treatment. They said that they had received enough information to understand the treatment options and the risks and benefits and agreed that they were given adequate aftercare instructions. Patients also said that they were involved as much as they wanted to be in making decisions about their healthcare.

Equality, diversity and human rights

The clinic was accessible to patients with mobility difficulties or those who used a wheelchair. There were wide doors and an accessible toilet. There was also convenient parking for patients with mobility difficulties. Reasonable adjustments were in place so that everyone could access and use services on an equal basis. The dental practice required patients to walk up a flight of stairs. However, patients who could not use the stairs would be seen in the downstairs oral surgery room.

During our discussions with senior staff, they demonstrated suitable regard for upholding patient rights and individual preferences. We were told that all staff referred to patients by their preferred pronouns. The patient management software would show the preferred or known name of the patient.

Patients who completed a HIW questionnaire told us they had not faced discrimination when accessing or using the clinics' services and felt that they could access the right healthcare at the right time regardless of any protected characteristic.

Citizen engagement and feedback

Feedback forms and patient comment files were available in the relatives' room at the clinic. There were quick read codes (QR) codes on questionnaires displayed for easy access. Specific staff members managed the feedback from different patient groups, for example the paediatric nurse dealt with the children's replies to the feedback. Information was displayed on providing feedback and making complaints in the clinic and the Eveswell Suite. Patients were provided with details of organisations such as the GDC and the Children's Commissioner for Wales for advocacy support, when making a complaint.

We were told that there was only one complaint in 2024, which had been managed and closed appropriately. Verbal and informal concerns were not currently recorded. We were told that information from complaints was shared with staff during daily informal meetings.

The clinic must ensure that verbal and informal complaints are recorded to identify any themes.

Delivery of Safe and Effective Care

Environment

The clinic environment was well maintained and free from obvious hazards, it was also warm and welcoming. The general ambience in the waiting room was of a high standard and thought had been put into the layout. Cleanliness within the clinical areas was found to be appropriate for surgical procedures to be carried out

The clinic was accessible and easy to find. The environment was suitable for the way it was used, safe and secure and protected patient privacy. The staff facilities were also exemplary with well sized staff rooms, kitchen and changing room with lockers and a dedicated changing area.

Children's colouring activities, books and toys were available in all waiting areas. The patient toilets were clean and well maintained. All areas were spacious with one way patient flow through the unit to prevent patients waiting for treatment from seeing those leaving. The clinic was clearly child focussed and staff enjoyed their work with a positive attitude to the inspection and to treating patients.

The clinic was on multiple levels, in the lower ground theatre and minor oral surgery area downstairs there were two treatment rooms and a theatre with recovery area. The second treatment room was used predominantly by the oral surgeon. Since COVID-19 all sedation has been delivered by anaesthetists in the theatre suite area. The upper-level dental surgeries were accessed at the side of the building.

Managing risk and health and safety

The clinic had a business continuity plan in place, we were told that all staff understood the plan and knew what to do in an emergency.

Hazards had been considered with a spillage kit in the recovery area, as well as emergency lighting with an emergency alarm in recovery with sirens in the waiting room and theatre suite. Oxygen was disconnected at the end of day to reduce the risk of fire. The ventilation system installed in the theatre exceeded the minimum number required of air changes. Scavenging was present on the anaesthetic machine to ensure the collection and removal of vented anaesthetic gases.

The dental equipment was in a good condition and there were sufficient items to enable effective decontamination between uses. Single use and disposable items were used where advisable.

There were relevant policies in place such as a health and safety policy and a buildings maintenance policy to ensure that the premises were kept safe and in a good state of repair. None of the dentists at the surgery performed dental sedation. The hospital was not subscribed to the Anaesthesia Clinical Services Accreditation (ACSA), a voluntary scheme, which engaged anaesthesia departments in quality improvement through peer review.

In total six patients found the building to be accessible, with two respondents saying the clinic was partially accessible and two were not sure.

Infection prevention and control (IPC) and decontamination

There were suitable arrangements in place for the separation and storage of clinical waste produced by the practice prior to collection. A contract was in place for the safe disposal of waste from the practice.

The clinic monitored the risks of infection and the infection control procedures and policy following the Welsh Health Technical Memorandum (WHTM) 01-05 on a six-monthly basis. Infectious patients requiring minor oral surgery would be treated at the end of the day. From the sample of staff training records checked, all staff had completed IPC training. Cleaning records and schedules listed what needed to be cleaned and when. There were relevant IPC policies and procedures in place which included a policy on decontamination of medical devices and equipment as well as a policy on water management.

There was an ongoing audit programme for IPC compliance and arrangements were in place for feeding back the results.

Hand hygiene was appropriate and effective, including facilities such as a dedicated hand hygiene sink with posters visible and soap dispensers filled. Personal protective equipment (PPE) was used, accessible and changed appropriately. The practice had restarted requesting patients to wear masks when they were in the clinic. Staff had also resumed mask wearing at the clinic. The environment enabled effective infection control. There were two dedicated decontamination rooms, one on the lower ground floor clinic and one in the Eveswell Suite. The whole clinic was in a good state of repair to enable effective cleaning and well organised. The decontaminations rooms had a clear dirty to clean flow marked, the practice was also mindful of environmental concerns where possible such as reducing plastic waste where possible. One of the dental nurses was the designated infection control lead.

Staff were aware of the sharps injuries protocol, which was displayed in clinical areas. The clinic ensured that shared equipment and reusable medical devices were stored and decontaminated appropriately. Request and check logbooks were

used for checking the autoclave and ultrasonic bath. Periodic tests were performed on the autoclave, ultrasonic and washer-disinfector in accordance with WHTM 01-05. The logbooks checked were well documented including photographic evidence and print outs as well as written evidence. There were daily maintenance programmes and daily surgery checklists in place for each surgery. There was an ultrasonic bath present, although there was not a locking mechanism, there was a sign advising staff not to open during use, there was also a magnifier light for use during sterilisation.

There were satisfactory arrangements in place for transporting instruments in-between surgeries and decontamination areas, using locked boxes, the clinic were advised to use gloves when transporting the boxes from the surgery to the decontamination area.

We noted single use anaesthetic equipment in appropriate packaging.

All patients who completed the questionnaire said the setting was 'very clean'. All patients with an opinion said that infection control measures were being followed.

Nutrition

Whilst food was not provided at the clinic there were signs at the clinic asking patients and their parents or carers not to eat or drink at the clinic. This ensured that patients, mainly children, would not view other people eating when they had to fast before their operations.

Medicines management

An appropriate policy was in place for ordering, recording, handling, using, safe-keeping, dispensing, administration and disposal of medicines. There were two sets of emergency resuscitation equipment available, one in the main clinic recovery room and another in the dental clinic. Clear records of medicines administered were maintained in patient notes. Concerns about adverse reactions to medications would be reported via the Yellow Card scheme and logged in the accident and incident log.

There were systems in place to ensure the security of drugs and prescription pads. There were signs displayed to remind patients to inform dental care professionals of any changes in their medical history. A contract was in place for the disposal of controlled drugs, with records maintained.

A designated medicine fridge was available, with daily temperature checks and a backup fridge.

Nurses maintained records of current medications and expiration dates. However, there were issues with out-of-date medications due to supply difficulties. National shortages had led to difficulties in procuring some medications, resulting in some out-of-date stock. This was discussed with the anaesthetist at the hospital and their rationale for keeping the out-of-date medication in case of this rare emergency.

The documentation of administered medicines was consistent and clear, including signatures, dates, patient names and identities. Allergies were documented on standard forms and patients with allergies were identified with red wristbands. There was clear documentation of analgesia administration and handover to recovery nurses.

Medicines were stored in locked cupboards in the recovery area and theatre. Local anaesthesia was stored in a cupboard with other intravenous medications. The clinic was advised that local anaesthetic solutions should be stored separately from intravenous infusion solutions, to reduce the risk of accidental intravenous administration of such drugs and needed to be removed.

Incidents involving oxygen cylinders would be reported to the relevant authorities, including HIW, Medicines and Healthcare products Regulatory Agency (MHRA) and the supply company. Risks and actions concerning oxygen cylinders would be discussed in staff meetings.

There was an in-date medicines management policy that covered all aspects of medicines management.

The clinic must:

- **Implement a more robust system to ensure timely removal of expired medications, in line with the policy**
- **Risk assess the use of out-of-date medications to establish their efficacy for use**
- **Ensure that once replacements have been sourced for these medications, they must be disposed of appropriately**
- **Ensure that local anaesthesia is stored separately from intravenous solutions.**

The arrangements in place for emergency care in the clinic were discussed. There was a resuscitation trolley with an Automated External Defibrillator (AED) and

portable oxygen located in the recovery area. There was an emergency box system used for management of emergencies containing medications and guidelines. It was noted that the dantrolene, was out of date but there was difficulty in sourcing replacement medication used for the treatment of rare anaesthetic complication. There was also no intralipid used for local anaesthetic toxicity. The policy for the management of emergencies was for the onward referral to hospital via the emergency services. On initial inspection there was no self-inflating bag on the anaesthetic machine however there was an appropriately sized selection on the resuscitation trolley kept in recovery. This was corrected immediately and is further reported in Appendix A.

We noted the policies and arrangements for managing medical emergencies and resuscitation, based on national guidelines, which were reviewed annually. Staff had up-to-date training in cardio-pulmonary resuscitation (CPR), emergency resuscitation and anaphylaxis

When staff were asked about the difficult airway guidelines and equipment, they did not appear to be familiar with the Difficult Airway Society (DAS) unanticipated difficult airway guidelines and stated that it would be for the anaesthetist to manage and that in the event of difficulty they would call 999. Staff needed to be familiar with the Difficult Airway Society difficult airway algorithms for adults and paediatrics 2015. During discussions with senior anaesthetic staff to clarify the location of the difficult airway algorithm and equipment revealed that the clinic did not have an algorithm printed out. Staff printed out the DAS algorithm during the inspection. This was dealt with at Appendix A.

The clinic must ensure that staff are trained and familiar with the difficult airway algorithms and that copies are printed out for use in the theatre.

Safeguarding children and safeguarding vulnerable adults

Established processes were in place to ensure that the clinic safeguarded adults and children. There were comprehensive safeguarding policies in place, which were up-to-date and regularly reviewed. These included details of local safeguarding contact numbers and a safeguarding flowchart. We saw evidence that the safeguarding flowcharts were displayed in various staff areas throughout the clinic. Staff were aware of the process to follow in the event of a safeguarding concern. The clinic management structure included a dedicated safeguarding lead.

During our review of training records, we saw staff had completed training in adult and child safeguarding.

Medical devices, equipment and diagnostic systems

The required documentation was available to show safe arrangements were in place for the safe use of the X-ray equipment and that appropriate signage was above all surgeries.

We reviewed documentation about the use of X-ray equipment. We saw that there was an appropriate inventory of equipment, records of maintenance and local rules displayed. Documentation seen indicated that the equipment underwent the necessary maintenance and testing and that a radiation risk assessment was conducted.

Information relating to communicating the benefits and risks of the exposure to the individual were discussed with staff. There should be an information leaflet given to the patient and included with a new patient welcome pack or display of a poster advising of the benefits and risks.

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017, employer's policies, procedures and protocols in place supported safe and effective care. There were arrangements in place to ensure staff members were adequately trained and deemed competent to undertake their scope of practice.

Whilst the practice had not used Health Education and Improvement Wales's (HEIW) quality improvement tool for ionising radiation, they had used the tools of other providers for good practice in the use of ionising radiation.

Evidence of equipment checks was seen. The anaesthetist was responsible for the set up and checking of the anaesthetic machine prior to use. The anaesthetic machine service log was seen to be up to date as well as the fault and problem logbook. Any issues would be discussed at the start and the end of the day.

Safe and clinically effective care

The practice made safe and effective arrangements for the acceptance, assessment, diagnosis and treatment of patients. There was evidence that professional, regulatory and statutory guidance was followed, where appropriate, when treatment was provided.

Auditing was used to monitor patient care; this included the audit of anaesthetic cream compared to cryotherapy spray for cannulation. This resulted in a switch to the cryotherapy spray. Additionally, an audit of additional needs was completed regularly.

Patients with additional needs would be highlighted on the theatre list by the paediatric nurse coordinator, following the pre-assessment. The paediatric nurse

assessed children pre-operatively and discussed this with the parent or guardian to gain an understanding of child's behaviour and preferences.

Care was limited by the NHS funded contract, there were two paediatric general anaesthetic lists a week with nine children per list. We were told that the current wait for non-urgent care was around a year.

Staff we spoke with said that they had enough time to provide care safely and that they provided good care. Staff were very proud of the work they did and the service they provided to their patients.

Participating in quality improvement activities

The practice had been redesigned and refurbished during COVID-19 taking into consideration the practice layout and flow for patients, to include a one-way flow and a separate reception desk area, waiting room and additional recovery room. There were consulting rooms available for private consultations on the lower ground floor providing privacy for confidential discussions. Each floor had appropriate patient and staff toilets and changing facilities for staff. Each floor had a designated decontamination room for use by the theatre and Eveswell suite respectively. The Eveswell suite also had a cone beam computed tomography (CBCT) imaging machine, a three-dimensional scanner for more in-depth treatment planning, located in an appropriate room, alongside a digital impression scanner. Management was located on the top floor in well-lit and spacious rooms adjacent to the equally well-designed staff facilities.

The practice was also used by other health professionals, including an osteopath and homeopath, as noted on the practice website.

The hospital services had additional ventilation into the theatre as a result of COVID-19. Patients were greeted into a first reception room where the relevant documentation was completed as well as updating the patient medical history. Then there was a main waiting room through into a relatives room into the theatre. The family or carer would then return to the waiting room during the operation and after the patient went into the recovery suite for initial recovery then a separate room for secondary recovery that kept the post operative patients separate from those due to go in.

The Eveswell Suite had seen the addition of a surgery and consultation and treatment planning room.

We were told about the clinical audits that were undertaken in the clinic. These included IPC, radiography and out of hours treatment needed. Peer review was conducted by in house staff

Information management and communications technology

A suitable system was in place to ensure patient records were stored securely. We were told records were retained for the appropriate period in line with the regulations. The practice managed and protected information which complied with the Data Protection Act 1988 and the General Data Protection Regulation 2016.

Records management

We reviewed the dental care records of ten patients, overall, we considered the patient records to be clear and maintained to a good standard. There was an appropriate consent policy in place and processes to ensure the rights of patients who lacked capacity were upheld. We noted that the patients' medical history was completed and updated on each visit.

All records we reviewed had suitable patient identifiers and all had initial and updated medical history recorded and signed. Oral hygiene, diet and smoking cessation advice were recorded where appropriate. We saw evidence that full base charting, soft tissue examinations and oral cancer screening had been recorded as conducted. We noted some issues that needed to be resolved, whilst these checks may have been completed, they were not recorded on the patients notes.

The clinic must ensure that:

- **Alcohol intake is included in patient clinical notes in the same way that smoking is recorded**
- **Actual current oral hygiene routines and diet hygiene is consistently recorded as well as being discussed**
- **Provide more detail regarding the periodontal assessment and clear instructions for referral to dental hygienist in accordance with the British Society of Periodontology S3 2017 guidelines.**
- **X-ray information must note that risks and benefits have been discussed with patient**
- **Provide a more comprehensive report consistently on the X-ray in the patient notes, including detail about bone levels and pathology**
- **Patients preferred choice of language and action taken to address any language needs are recorded within the patient records.**

In the clinic we inspected a random sample of records for five patients. All patient records were maintained electronically and we found appropriate arrangements in place to ensure the security of these records. The patient records we examined were clear and well organised. Anaesthetic records were all complete and uploaded to the computer system in a timely manner. The records showed that information leaflets were given to patients both prior to general anaesthesia and to take home afterwards.

Notes were organised using electronic proformas, making them easy to read and understand. Records included all care and treatment given and relevant clinical findings. Valid consent was obtained and documented, including assessments of mental capacity. Consent was verified on arrival and confirmed with the parent or guardian before procedures.

Records included who made the record, dates, decisions made, actions agreed upon and who made and agreed to these decisions. Changes in treatment plans were documented and signed by the parent or guardian.

All patients in the questionnaire said that they had their medical history checked before undertaking treatment and that they signed a consent form before receiving new treatment.

Efficient

The practice offered private treatment for both adults and children. They provided these services in-house, such as private orthodontics, oral surgery biopsies and GA. The practice had one dental hygienist and dentists referred patients to the hygienist for hygiene-related treatments. There was clear evidence of appropriate referrals and follow-ups documented in patient notes, ensuring robust and efficient referral processes.

The dental surgery had emergency slots within the diary to accommodate patients who required urgent dental care, helping to avoid attendance at urgent care or out-of-hours services.

There was a system in place to offer appointments that become available due to cancellations to other patients, ensuring efficient use of available slots.

During discussions with senior staff in the theatre, we saw evidence of attendance at an online resuscitation update and paediatric anaesthesia update in the last year. Discussions with other staff showed that the recovery role extended to acting on health circulars as well as the pre-assessment of paediatric patients.

Quality of Management and Leadership

Governance and accountability framework

Overall, we found the clinics governance and leadership to be well structured with a clear organisational structure which included other clinics across the country. There were clear lines of reporting and accountability in place. The registered manager was based at the clinic and the responsible individual was at the clinic on a weekly basis. Both were available to support staff and to monitor the quality of the services provided.

All staff members we spoke with during the inspection confirmed that they felt supported in their roles. We noted regular staff meeting processes to capture staff feedback and act upon any issues raised. We saw evidence of regular annual appraisals for staff of their work performance within the last 12 months.

We reviewed the Statement of Purpose which contained all the information required by the regulations. Copies were available on request and paper copies were available in the ground floor relatives room.

There was a patient (user) guide available in a leaflet format, which did not contain all the information required by the regulations. Based on our conversation with the registered manager, the service was compliant with the conditions of their HIW registration.

The clinic must ensure that the patients' guide contains all the information required by the regulations.

There were in-date policies and procedures in place and these were well organised and easy to navigate.

Any safety notices received from, for example, the Medicines and Healthcare products Regulatory Agency (MHRA) or the Welsh Government. These are received by email and forwarded to relevant staff as well as being displayed on staff notice boards as necessary. Information was shared with staff through a variety of means including through daily huddle meetings, regular staff meetings every two months, notice boards and memos.

The systems in place to ensure the safety of staff in the event of a fire were effective and well documented.

Dealing with concerns and managing incidents

The clinic had an up-to-date written complaints procedure, which was on display at the clinic. This set out to patients who they could contact for advice, including the details of HIW, in addition to the timescales for responding to complaints.

Senior management we spoke with said that they were aware of how risks and incidents were reported, including to HIW under regulations 30/31 of the Independent Health Care (Wales) Regulations 2011.

Workforce recruitment and employment practices

A comprehensive system was in place to ensure that staffing levels, skill mix and training were well-managed. Staff were allocated on the rota based on the theatre list and number of patients to ensure appropriate coverage. The skill mix was adjusted based on the complexity of patients and their pre-assessments.

Staff we spoke with felt they had enough time to provide the necessary care.

There was also evidence of regular staff and management meetings to discuss various operational aspects.

We saw evidence of the pre-employment checks carried out on staff including disclosure barring service (DBS) checks, references and professional registrations. There were up-to-date contracts and job descriptions, with regular reviews of employment information and checks.

Workforce planning, training and organisational development

There was ongoing training and development opportunities for staff, as well as a structured approach to mandatory training. We were provided with evidence of completed training and competency assessments.

Staff had access to occupational health referrals through the local health board.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises 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
On initial inspection there was no self-inflating bag on the anaesthetic machine.	There needs to be an alternative means of ventilation immediately available, prior to the induction of anaesthesia. For example self-inflating bag and an oxygen cylinder with suitable connections, as recommended by the Association of Anaesthetists of Great Britain and Ireland (AAGBI) in their guidelines 'Checking Anaesthetic Equipment 3 (2004)'.	We made the practice aware of the need and this was corrected as there was an appropriately sized selection on the resuscitation trolley kept in recovery.	This was corrected immediately.
When staff were asked about the difficult airway guidelines and equipment, they did not appear to be familiar with the	Staff needed to be familiar with the Difficult Airway Society difficult airway algorithms for adults and paediatrics 2015.	During discussions with senior anaesthetic staff to clarify the location of	Staff printed out the DAS algorithm during the inspection.

<p>Difficult Airway Society (DAS) unanticipated difficult airway guidelines and stated that it would be for the anaesthetist to manage and that in the event of difficulty they would call 999.</p>		<p>the difficult airway algorithm and equipment revealed that the clinic did not have an algorithm printed out.</p>	
---	--	---	--

Appendix B - Immediate improvement plan

Service: Kensington Court Clinic

Date of inspection: 6 January 2025

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate non-compliance issues.					

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: Kensington Court Clinic

Date of inspection: 6 January 2025

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
<p>1. Information was displayed in the relatives room within the main clinic on how patients could help their health and wellbeing. There was limited information on display in the waiting area of the Eveswell Suite, the private dentistry surgery.</p>	<p>The clinic must ensure that information is displayed in the Eveswell Suite on how patients can help their health and wellbeing.</p>	<p>National Minimum Standards - Health protection and improvement</p>	<p>The clinic now displays more educational information in the Eveswell Suite</p>	<p>Heather Larcombe-Watkins</p>	<p>Complete</p>

2.	Whilst information was displayed in the clinic about the staff working there and there was a list of the dentists and hygienists on the wall on the way to the Eveswell suite, this did not include their General Dental Council (GDC) numbers.	The clinic must ensure that the GDC numbers are displayed alongside the names of dentist and hygienist at the setting.	The Private Dentistry (Wales) Regulations 2017, regulation 18 (2) (a)	The clinic has purchased an appropriate printing machine to enable us to print new signs which will include all GDC numbers & give us the ability to update accordingly	Heather Larcombe-Watkins	Complete
3.	Verbal and informal concerns were not currently recorded.	The clinic must ensure that verbal and informal complaints are recorded to identify any themes.	The Private Dentistry (Wales) Regulations 2017, regulation 21	The clinic has introduced a robust system for recording all complaints	Heather Larcombe-Watkins	Complete
4.	There were issues with out-of-date medications due to supply difficulties. National shortages had led to difficulties in	<p>The clinic must:</p> <ul style="list-style-type: none"> Implement a more robust system to ensure timely removal of expired 	The Private Dentistry (Wales) Regulations 2017, regulation 13 (4)	The clinic has a robust system to ensure timely removal of expired medications, In this case, Dantrolene Sodium is	Dr Phil Majoe	Complete

<p>procuring some medications, resulting in some out-of-date stock.</p>	<p>medications, in line with the policy</p>	<p>Independent Health Care (Wales) Regulations 2011, regulation 9 (1) (m) and 15 (5)</p>	<p>expired but it is one of a list of drugs unavailable since BREXIT</p>		
<p>Local anaesthesia was stored in a cupboard with other intravenous medications. The clinic was advised of guidance that local anaesthetics must be stored separately from</p>	<ul style="list-style-type: none"> • Risk assess the use of out-of-date medications to establish their efficacy for use • Ensure that once replacements have been sourced for these medications, they must be disposed of appropriately • Local anaesthesia must be stored separately from intravenous solutions. 		<p>A risk management protocol has been written so that although out of date, drugs are available in the very rare case of Malignant Hyperthermia</p>		
			<p>A robust system for disposal of out of date drugs is in clinic protocols and is practised</p>		
			<p>All Lidocaine which is used by anaesthetists is stored in a separate cupboard from intravenous solutions</p>		

	intravenous solutions and needed to be removed.					
5.	When staff were asked about the difficult airway guidelines and equipment, they did not appear to be familiar with the Difficult Airway Society (DAS) unanticipated difficult airway guidelines. Staff needed to be familiar with the Difficult Airway Society difficult airway algorithms for adults and paediatrics 2015.	The clinic must ensure that staff are trained and familiar with the difficult airway algorithms and that copies are printed out for use in the theatre.	Difficult Airway Society Guidelines Independent Health Care (Wales) Regulations 2011, regulation 20 (2) (a)	Difficult airway society (DAS) Guidelines entered into protocols and Algorithm displayed in Theatre & Recovery room Dedicated sessions now allocated with all staff for training	Heather Larcombe-Watkins	Complete
6.	We reviewed the dental care records of ten patients, overall,	The clinic must ensure that:	The Private Dentistry (Wales) Regulations 2017, regulation 20	Data software has now been updated to include Alcohol intake	Heather Larcombe-Watkins	Complete

<p>we considered the patient records to be clear and maintained to a good standard. We noted some issues that needed to be resolved, whilst these checks may have been completed, they were not recorded on the patients notes.</p>	<ul style="list-style-type: none"> • Alcohol intake is included in patient clinical notes in the same way that smoking is recorded • Actual current oral hygiene routines and diet hygiene is consistently recorded as well as being discussed • Provide more detail regarding the periodontal assessment and clear instructions for referral to dental hygienist in accordance with the British Society of Periodontology S3 2017 guidelines. • X-ray information must note that risks and benefits have been discussed with patient • Provide a more comprehensive report 	<p>The Ionising Radiation (Medical Exposure) Regulations 2017 regulation 11 (2) and Schedule 2 (1) (i)</p>	<p>alongside smoking information</p> <p>New process & templates introduced onto Data software</p> <p>Clinicians reminded of importance of following appropriate Guidelines</p>	<p>New process & templates introduced onto Data software</p>		
---	--	--	--	--	--	--

		<p>consistently on the X-ray in the patient notes, including detail about bone levels and pathology</p> <ul style="list-style-type: none"> • Patients preferred choice of language and action taken to address any language needs are recorded within the patient records. 		<p>New process & templates introduced onto Data software</p> <p>All staff informed of the importance of individual Language needs</p>		
7.	<p>There was a patient (user) guide available in a leaflet format, which did not contain all the information required by the regulations.</p>	<p>The clinic must ensure that the patients' guide contains all the information required by the regulations.</p>	<p>Independent Health Care (Wales) Regulations 2011, regulation 7 and 8</p>	<p>Regulations will be checked and user guide updated accordingly</p>	<p>Heather Larcombe-Watkins</p>	<p>3 Months to allow reprinting</p>

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

Service representative

Name (print): Heather Larcombe-Watkins

Job role: Clinic Manager

Date: 14th March 2025