

# Inspection Report

20 July 2021



## Kennedy Orthodontics

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 2nd Floor, Bedeck Building, 465 Lisburn Road, Belfast, BT9 7EZ  
Telephone number: 028 9066 0550

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#).

## 1.0 Service information

<b>Organisation/Registered provider:</b> D Kennedy & Co (UK) Ltd  <b>Responsible individual:</b> Mr David Kennedy	<b>Acting manager:</b> Miss Zoe Gage
<b>Persons in charge at the time of inspection:</b> Miss Zoe Gage	<b>Number of registered places:</b> Four
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of the accommodation/how the service operates:</b> Kennedy Orthodontics is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has four registered dental surgeries and provides private and health service orthodontic treatment.  D Kennedy & Co (UK) Ltd is the registered provider for three dental practices registered with RQIA. Mr David Kennedy is the Responsible Individual for Kennedy Orthodontics, Belfast.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 20 July 2021 from 8.30am to 9.40am.

It focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; the practice's adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

### 3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

### 4.0 What people told us about the practice

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire.

No completed patient questionnaires were submitted prior to the inspection.

Six staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care. One staff response commented that the practice was very well organised.

### 5.0 The inspection

#### 5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Kennedy Orthodontics was undertaken on 30 November 2020; no areas for improvement were identified.

### 5.2 Inspection findings

#### 5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

There were robust recruitment and selection policies and procedures, that adhered to legislative and best practice that ensured suitably skilled and qualified staff work in the practice.

Mr Kennedy oversees the recruitment and selection of the dental team; he approves all staff appointments and he is supported by Miss Gage. Discussion with Miss Gage confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information and was kept up to date.

A selection of staff personnel files was reviewed and evidenced that relevant recruitment records had been sought; reviewed and stored as required.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Discussion with members of the dental team confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

The recruitment of the dental team complies with the legislation and best practice guidance.

### **5.2.2 Are the dental team appropriately trained to fulfil the duties of their role?**

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Policies and procedures are in place that outlines training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Induction programmes relevant to roles and responsibilities had been completed when new staff joined the practice.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by the responsible individual, to ensure that the dental team are suitably skilled and qualified.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

### **5.2.3 Is the practice fully equipped and are the dental team trained to manage medical emergencies?**

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

There was a medical emergency policy and procedure in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Robust systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency refresher training during March 2021.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team are trained to manage a medical emergency in compliance with legislative requirements, professional standards and guidelines.

#### **5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?**

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

Miss Gage confirmed that conscious sedation is not provided.

#### **5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?**

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas. Miss Gage told us there was a nominated lead who had responsibility for IPC in the practice.

During a tour of the practice, it was observed that the clinical areas were clean, tidy and uncluttered. All areas of the practice were fully equipped to meet the needs of patients

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of this audit is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required. Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus.

A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and retained in the staff members' personnel files.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

#### **5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?**

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health.

Kennedy Orthodontics, Belfast, does not have a decontamination room as arrangements are in place for dental instruments to be decontaminated at the dedicated central decontamination unit at Kennedy Orthodontics, Ballymena. The central decontamination unit serves all three Kennedy Orthodontic practices.

Discussion with staff and review of the facilities and transport equipment provided demonstrated that robust procedures are followed to ensure the transportation of instruments, outside the dental practice, complies with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 and the Health and Safety at Work Act 1974.

A review of documentation evidenced that a record was maintained of all instruments being transported in and out of Kennedy Orthodontics, Belfast. An itemised consignment record had been made of all used instruments being taken from the practice, which is signed and dated on departure. This document is secured to the heavy duty large lidded container provided for storing the instruments when in transit. Upon arrival at the central decontamination unit this record of unprocessed instruments is checked and signed by the staff member receiving the unprocessed instruments. This recording process is repeated when the processed instruments leave the central decontamination unit to return to Kennedy Orthodontics, Belfast. Heavy duty large lidded containers are used for transporting dental instruments, which are colour coded, and include red containers for the used instruments and blue containers for the processed.

D Kennedy and Co (UK) Ltd provides a dedicated vehicle for the transportation of equipment. Staff told us the carriage compartment is cleaned and disinfected after the each journey.

The lidded container used for the unprocessed instruments is kept in a dedicated store room which is only accessible by staff members.



A separate store room is provided for the storage of processed instruments. Staff informed us that a system has been established for the collection and delivery of dental instruments which meet the needs of the practice.

Staff spoken with were aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. Single use devices are only used for single-treatment episodes and disposed of following use.

Discussion with Miss Gage and the senior dental nurse evidenced that they were knowledgeable on the processes for dental instruments to be decontaminated at the dedicated central decontamination unit. They confirmed that arrangements are made for all dental nurses to spend time working in the central decontamination unit in order to maintain their knowledge and competence in this area.

The processes in respect of the decontamination of reusable dental instruments were being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

#### **5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?**

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the Health and Social Care Board (HSCB) operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and to minimise the risk of COVID-19 transmission.

#### **5.2.8 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?**

The arrangements concerning radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that the dental team have been entitled by the RPS for their relevant duty holder roles and have received training in relation to these roles. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation. The most recent report generated by the RPA evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

The equipment inventory evidenced that there is one intra-oral x-ray machine and an orthopan tomogram machine (OPG) located in a separate room. A copy of the local rules was on display near the x-ray machines and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of the local rules and associated practice.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance.

The radiology and radiation safety arrangements evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

### **5.2.9 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?**

We established that an unannounced quality monitoring visit on behalf of the Registered Provider was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. A report was produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. We found that an action plan was developed to address any issues identified during the visit which included timescales and person responsible for completing the action.

### **Areas of good practice**

We evidenced that reports documenting the findings of visits by the Registered Provider were maintained and these evidenced that the visits were in keeping with the legislation.



## Areas for improvement

We identified no areas for improvement regarding visits by the Registered Provider.

### 5.2.10 Are complaints being effectively managed?

The arrangements for the management of complaints were reviewed to ensure that complaints were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

The dental team were knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation best practice guidance.

### 5.3 Does the dental team have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff.

Staff advised that equality data collected was managed in line with best practice.

## 6.0 Conclusion

Based on the inspection findings and discussions held this service is well led and provides safe, effective and compassionate care.

**7.0 Quality Improvement Plan/Areas for Improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Gage and as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)