

# Announced Care Inspection Report 21 November 2019



## Kennedy Orthodontics, Belfast

**Type of Service: Independent Hospital (IH) – Dental Treatment**

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**Inspector: Emily Campbell**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



In respect of dental practices for the 2019/20 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

## 2.0 Profile of service

Kennedy Orthodontics, Belfast, is a registered dental practice with four registered places providing both private and NHS orthodontic care and treatment. This is one of three orthodontic practices operated by D Kennedy & Co (UK) Ltd. Ms Aine Campbell is the registered manager for all three practices.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> D Kennedy & Co (UK) Ltd  <b>Responsible Individual:</b> Mr David Kennedy	<b>Registered Manager:</b> Ms Aine Campbell
<b>Person in charge at the time of inspection:</b> Mr David Kennedy Ms Aine Campbell	<b>Date manager registered:</b> 16 December 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

## 4.0 Action/enforcement taken following the most recent inspection dated 22 November 2018

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

## 5.0 Inspection findings

An announced inspection took place on 21 November 2019 from 10:15 to 11:50.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Standards for Dental Care and Treatment (2011).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr David Kennedy, responsible individual, Ms Aine Campbell, registered manager, a dental nurse and two trainee dental nurses who also undertake reception duties. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Kennedy and Ms Campbell at the conclusion of the inspection.

## 5.1 Management of medical emergencies

### Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during June 2019.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

### Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.2 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr Kennedy confirmed that conscious sedation is not provided.

### 5.3 Infection prevention and control

#### Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during June 2019, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved. An action plan was generated to address the areas identified as a result of the audit.

The audits are carried out by clinical staff on a rotational basis; this helps to empower staff and promotes staff understanding of the audit, IPC procedures and best practice. Staff confirmed that any learning from audits is shared with staff at the time and discussed again during staff meetings.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Records were retained in respect of the Hepatitis B vaccination status of all staff and it was confirmed that any clinical staff new to dentistry are referred to Occupational Health as part of the recruitment process.

#### Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.4 Decontamination of reusable dental instruments

### Decontamination of reusable dental instruments

The practice does not have a decontamination room; however, arrangements are in place for dental instruments to be decontaminated at the dedicated central decontamination unit at Kennedy Orthodontics, Ballymena, which serves all three Kennedy Orthodontic practices. The central decontamination room in Kennedy Orthodontics, Ballymena, was reviewed during the announced inspection on the afternoon of 20 November 2019. The decontamination unit and procedures were in keeping with HTM and no areas for improvement were identified.

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.

Review of documentation demonstrated that a record is maintained of all instruments being transported into and out of Kennedy Orthodontics, Belfast. An itemised consignment record is 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. Discussion with staff confirmed that in the interest of infection control, the containers used for transporting instruments are colour coded, one for processed and one for unprocessed instruments. Staff also confirmed that a dedicated vehicle is provided for the transportation of equipment and 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. Discussion with staff confirmed that a system has been established for the collection and delivery of dental instruments which meet the needs of the practice.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

There was a nominated lead with responsibility for infection control and decontamination.

Discussion with dental nurses confirmed that they were knowledgeable on the processes for dental instruments to be decontaminated at the dedicated central decontamination unit and stated 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.



### Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.5 Radiology and radiation safety

### Radiology and radiation safety

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG), which are located in a separate room.

Mr Kennedy, as the radiation protection supervisor (RPS), was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. The information in the radiation protection file is regularly reviewed to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

The practice takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

### Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of information on display in the waiting area and 'complaints packs' are available at reception to give to patients should they be required. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

There have been no complaints since the previous inspection; however, discussion with staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

### Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.7 Regulation 26 visits

A visit by Mr Kennedy 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. It was confirmed that should it be required, an action plan would be developed to address any issues identified which include timescales and person responsible for completing the action.

### Areas of good practice

A review of reports generated to document the findings of regulation 26 visits evidenced that the visits were in keeping with the legislation.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0



## 5.8 Equality data

### 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 Mr Kennedy, Ms Campbell and staff.

## 5.9 Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied or satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comments were provided in submitted questionnaires:

- “Staff always very polite and helpful.”
- “Kennedy Orthodontics Belfast are highly professional – whenever I have any queries, the staff are always there to help and resolve my query. I don’t think I’ve seen better service quality anywhere else. Highly recommended!”

Six staff submitted electronic questionnaire responses to RQIA. Five indicated that they were very satisfied or satisfied that patient care was safe, effective, that patients were treated with compassion and that the service was well led. One staff member indicated they were very unsatisfied with each of these domains. No comments were provided in questionnaire responses. No staff spoken with during the inspection indicated they were unsatisfied in relation to any aspect of patient care or the management and operation of the practice. All staff spoke favourably in relation to the practice. The submitted staff questionnaire responses were discussed with Mr Kennedy and Ms Campbell who confirmed they would discuss them during the next staff meeting and address any issues brought to their attention.

## 5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

## 6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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