

Announced Pre-registration Care Inspection Report 16 December 2016



Kennedy Orthodontics, Belfast

Type of Service: Independent Hospital (IH) - Dental Treatment
**Address: 2nd Floor, Bedeck Building, 465 Lisburn Road, Belfast,
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Inspector: Emily Campbell

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An application was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mr David Kennedy on behalf of D Kennedy & Co (UK) Ltd in respect of Kennedy Orthodontics, Belfast, for registration as an independent hospital providing dental treatment.

The application submitted was for the registration of Mr David Kennedy as registered person, Ms Aine Campbell as registered manager and for the registration of four dental chairs.

Kennedy Orthodontics, Belfast, is a newly established orthodontic practice and is due to open in the New Year. Mr Kennedy operates another two orthodontic practices; Kennedy Orthodontics, Ballymena, and Kennedy Orthodontics, Magherafelt.

A pre-registration self-assessment submitted at the time of application was reviewed as part of the inspection process.

The inspection was carried out by Emily Campbell on 16 December 2016 from 11:05 to 13:35. Gavin Doherty, estates inspector, undertook an estates inspection of the premises at the same time. The report and findings of the estates inspection will be issued under separate cover.

Mr Kennedy and Ms Campbell were available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

A statement of purpose, patient guide and complaints procedure were in place which reflected legislative and best practice guidance.

A range of policies and procedures were in place, which were centrally indexed; policies provided the date of issuing and the planned date for review.

Staff have been provided with training in safeguarding children and adults at risk of harm, in keeping with the Minimum Standards for Dental Care and Treatment (2011). Staff spoken with demonstrated good awareness of safeguarding issues.

Discussion and observations made during the inspection evidenced that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

A range of quality assurance systems and processes have been established which include x-ray quality audit, clinical audit, patient satisfaction surveys and staff appraisal.

Dental practices in Northern Ireland have been directed by the Department of Health, Social Services and Public Safety (DHSSPS) that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012. The practice does not have a separate decontamination room for the decontamination of reusable instruments. However, suitable arrangements have been established for dental instruments to be decontaminated at the Kennedy Orthodontics Ballymena practice.

Clinical areas were tidy and uncluttered and work surfaces were intact and easy to clean and fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Policies and procedures were in place in relation to decontamination and infection prevention and control and staff demonstrated a good awareness of infection prevention and control practice.

The inspector undertook a tour of the premises, which were maintained to a high standard of maintenance and décor. The estates inspector reviewed the environmental aspects of the establishment and the associated risk assessments as part of his inspection. As discussed, the estates inspection report will be issued under separate cover.

Review of the arrangements for the management of medical emergencies evidenced that medical emergency and resuscitation procedures were in place. Emergency medication, in keeping with the British National Formulary (BNF), was retained and equipment as outlined in the Resuscitation Council (UK) guidance was readily available. Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG), which are located in a separate room. Discussion with Mr Kennedy, Ms Campbell and staff and review of documentation evidenced that appropriate systems were in place for the arrangements for taking x-rays and the maintenance and validation of equipment.

Mr Kennedy is registered with RQIA as the registered person for Kennedy Orthodontics, Ballymena, and Kennedy Orthodontics, Magherafelt, and has a clear understanding of his role and responsibilities as a registered provider under the relevant legislation and minimum standards. Registration of Mr David Kennedy as registered person is recommended.

Kennedy Orthodontics, Belfast, was required to appoint a registered manager. An application was received in respect of Ms Aine Campbell. Following submission and review of the application registration has been recommended.

The inspector wishes to thank Mr Kennedy, Ms Campbell and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

This inspection was underpinned by 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 DHSSPS Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

Information has been gathered throughout the registration process. Scrutiny of this information means that registration of this dental practice is recommended. No requirements relating to the matters set out above have been made in the inspection report. Findings of the inspection were discussed with Mr David Kennedy, registered person, and Ms Aine Campbell, registered manager, as part of the inspection process and can be found in the main body of the report.

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

2.0 Service details

Registered organisation/registered provider: D Kennedy & Co (UK) Ltd Mr David Kennedy (applicant)	Registered manager: Ms Aine Marie Campbell (applicant)
Person in charge of the establishment at the time of inspection: Mr David Kennedy	Date manager registered: registration pending
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

3.0 Methods/processes

The methods/process used in this inspection included the following:

- review of the submitted application forms and supporting documentation
- discussion with Mr Kennedy, applicant registered person, and Ms Campbell, applicant registered manager
- discussion with five dental nurses
- assessment of the environment
- review of documentation required by legislation and good practice
- evaluation and feedback

4.0 The inspection

4.1 Inspection findings

4.1.1 Statement of purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005.

4.1.2 Patient guide

A patient guide was prepared in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

4.1.3 Complaints

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies (April 2009) and the Independent Health Care Regulations (Northern Ireland) 2005. A minor amendment was made to the policy during the inspection.

The complaints procedure was on display in the waiting area and staff spoken with demonstrated an understanding of complaints management.

4.1.4 Administration

(a) Policies and procedures

A range of policies and procedures were in place. Policies and procedures were compiled in policy manuals which were centrally indexed; policies provided the date of issuing and the planned date for review. The following policies and procedures were reviewed:

- safeguarding children and adults
- records management
- health and safety
- complaints
- infection prevention and control and decontamination
- management of a medical emergency

A policy for safeguarding children and adults at risk of harm outlined the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with a child or adult at risk of harm. The relevant contact details for onward referral should a safeguarding issue arise, were included. Flowcharts outlining the procedure to be followed should a safeguarding issue arise are displayed in the practice and a range of templates are in place to record information in regards to safeguarding. Staff spoken with demonstrated good awareness of safeguarding issues. Staff confirmed that they have been provided with safeguarding training in keeping with the Minimum Standards for Dental Care and Treatment (2011).

(b) Records

Discussion with staff and observations made during the inspection evidenced that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection, confidentiality and consent. Review of documentation demonstrated that the practice is registered with the Information Commissioner's Office (ICO) and that a Freedom of Information Publication Scheme has been established.

A computer system was in place for record management and some other relevant documents will be held in hard copy. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Discussion with staff and observations made during the inspection demonstrated that appropriate systems and processes were in place for the management of electronic and manual records and maintaining patient confidentiality.

4.1.5 Qualitative treatment and other service provision

Arrangements have been established to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which include:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- hand hygiene
- clinical waste management
- clinical records
- review of complaints/accidents/incidents
- patient satisfaction surveys
- risk assessment review

The practice will be staffed initially by staff from the Ballymena and Magherafelt Kennedy Orthodontics practices. As the practice is established new staff will be recruited and satisfactory arrangements were in place for the recruitment of staff.

Induction templates were available for use when new staff join the practice and a formal review will be held with staff six months after the commencement of employment.

Staff appraisal will be carried out annually and a training overview record has been established which will be reviewed at appraisal and will help inform the practice's annual training programme.

Staff from the Ballymena and Magherafelt practices attend a full day staff meeting every three months and the staff from the Belfast practice will also attend these. This will encourage good collaborative working. Staff meetings facilitate discussion on clinical and practice management issues and facilitate formal and informal in house training sessions. Additional staff meetings will also be held in the practice as it becomes established as part of the quality assurance process.

Arrangements have been established to monitor the General Dental Council (GDC) registration status of all clinical staff and professional indemnity of those staff who require individual professional indemnity.

Kennedy Orthodontics has been accredited with Investors in People (IIP) at gold level and the Belfast practice plan to apply for membership of the British Dental Association (BDA) Good Practice Scheme.

4.1.6 Infection prevention and control/decontamination

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012.

A copy of the 2013 edition of HTM 01-05 was available at the practice for staff reference. Discussion with staff demonstrated that they were familiar with best practice guidance. Compliance with HTM 01-05 has been audited using the Infection Prevention Society (IPS) audit tool and it was confirmed this would be completed on a six monthly basis.

The practice does not have a separate decontamination room for the decontamination of reusable instruments. However, arrangements have been established for dental instruments to be decontaminated at the Kennedy Orthodontics, Ballymena, practice.

Discussion with Mr Kennedy, Ms Campbell and staff and a review of the arrangements demonstrated that safe procedures are in place for the transportation of instruments from the practice to the decontamination room in Kennedy Orthodontics, Ballymena. Review of documentation demonstrated that a record will be kept itemising the type and quantity of instruments leaving the practice for decontamination. This record will be signed by staff in Kennedy Orthodontics, Ballymena, on receipt of the unprocessed instruments and by staff in Kennedy Orthodontics, Belfast, on return of the processed instruments. The establishment has purchased the recommended transport containers for transporting dental instruments between the dental practices. The containers will be labelled and tagged to identify the contents as either processed or unprocessed instruments. A local policy had been developed outlining the procedure for the transportation of instruments outside of the dental practice in accordance with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 and the Health and Safety at Work Act 1974.

Observation and discussion with Ms Campbell and staff confirmed that the system will ensure the segregation of contaminated instruments from clean/sterilised instruments.

Arrangements are in place to ensure that all reusable dental instruments are appropriately cleaned and sterilised, in the Ballymena practice and stored appropriately in the Belfast practice, in keeping with best practice as outlined HTM 01-05.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

Clinical areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious and were coved at the edges and sealed where cabinetry meets the flooring. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.

Appropriate arrangements have been established for the management of waste, including sharps. Arrangements are in place for the dental unit water lines to be managed in keeping with good practice.

Detailed cleaning schedules have been established and a colour coded cleaning system was in place.

There was a nominated lead, who had responsibility for infection control and decontamination in the practice.

A range of infection prevention and control and decontamination policies and procedures were in place.

4.1.7 Environment

The inspector undertook a tour of the premises, which were maintained to a high standard of maintenance and décor. Mr Kennedy confirmed, on the submitted self-assessment, that the relevant risk assessments were in place.

The practice is located on the first floor of a commercial building and is accessed via stairs or a lift.

Gavin Doherty, estates inspector, reviewed the environment aspects of the establishment and the associated risk assessments as part of his inspection. The estates inspection report will be issued under separate cover.

4.1.8 Emergency arrangements/management of medicines

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

The management of medical emergencies was included in the induction programme templates and staff spoken with confirmed that they were provided with training on an annual basis in keeping with best practice guidance.

Review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained in the practice.

A system has been established to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

4.1.9 Radiology

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

The practice had a dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information. Records retained in the radiation protection file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. Review of the radiation protection file and discussion with staff evidenced that all measures will be taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display in the x-ray room and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

A critical examination of the x-ray equipment was carried out by the radiation protection advisor (RPA) on 9 December 2016. It was confirmed and recorded that the recommendations made in the RPA report have been addressed. Assurances were given that the RPA will complete a quality assurance check every three years. Ms Campbell confirmed that x-ray equipment will be serviced and maintained in accordance with manufacturer's instructions.

It was demonstrated during the inspection that quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

The Health and Safety Executive have been informed that x-ray equipment will be used in the premises.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.2 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

An application was submitted to RQIA by Mr David Kennedy, on behalf of D Kennedy & Co (UK) Ltd, to become the registered person for Kennedy Orthodontics, Belfast. The relevant information, supporting documentation and appropriate fee accompanied the application.

Mr Kennedy is registered with RQIA as the registered person for Kennedy Orthodontics, Ballymena, and Kennedy Orthodontics, Magherafelt, and has a clear understanding of his role and responsibilities as a registered provider under the relevant legislation and minimum standards.

Registration of Mr David Kennedy as registered person is recommended.

Kennedy Orthodontics, Belfast was required to appoint a registered manager. An application was received in respect of Ms Aine Campbell. Following submission and review of the application registration has been recommended.

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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