

Announced Care Inspection Report 23 November 2017



Kennedy Orthodontics

Type of Service: Independent Hospital (IH) – Dental Treatment
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Inspector: Carmel McKeegan

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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



2.0 Profile of service

This is a registered dental practice with four registered places providing both private and NHS orthodontic treatments.

3.0 Service details

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

Mr David Kennedy also operates two other orthodontic practices; Kennedy Orthodontics, Ballymena; and Kennedy Orthodontics, Magherafelt. Ms Aine Campbell is the registered manager for both other practices.

4.0 Inspection summary

An announced inspection took place on 23 November 2017 from 10.30 to 12.50.

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, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

There were no areas of improvement identified during this inspection.

All of the patients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. 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.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 16 December 2016

No further actions were required to be taken following the most recent inspection on 16 December 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Mr Kennedy, registered person; Ms Campbell, registered manager; two dental nurses; a receptionist; and the logistics manager, who is also a qualified dental nurse. A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding

- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspections dated 16 December 2016

The most recent inspections of the establishment were announced pre-registration care and estates inspections which were undertaken on 16 December 2016. No requirements or recommendations were made during the pre-registration care and estates inspection and registration of the practice was approved.

6.2 Review of areas for improvement from the last care inspection 16 December 2016

There were no areas for improvement made as a result of the most recent care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Four dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Kennedy and Ms Campbell confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that Mr Kennedy and Ms Campbell, as safeguarding champions, have completed formal Level 3 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). It was confirmed that all other staff have completed level 2 training.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There were identified individuals with responsibility for checking emergency medicines and equipment. Checks are undertaken weekly which include all the emergency medicines, equipment and the first aid kit. This exceeds best practice and is to be commended.

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.

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.

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.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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.

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

The practice does not have a separate decontamination room for the decontamination of reusable dental instruments. Arrangements are established for dental instruments to be decontaminated at the dedicated central decontamination room at Kennedy Orthodontics, Ballymena, which serves both these practices. The central decontamination room in Kennedy Orthodontics, Ballymena, was reviewed during the announced inspection on 22 November 2017.

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 the processed instruments. Discussion with staff confirmed that a system has been established for collection days and delivery days which meet the needs of the practice.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit had been completed during December 2016 and June 2017.

A range of policies and procedures was in place in relation to decontamination and infection prevention and control.

Radiography

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

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 staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. Three dental nurses have the certificate in dental radiography.

It was evidenced that all measures are 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.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA on 9 December 2016 reflected that a high standard of radiation protection is in place and also demonstrated that any recommendations made by the RPA have been addressed.

Arrangements were in place for the x-ray equipment to be serviced on 29 November 2017, in accordance with manufacturer's instructions.

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

Environment

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place. Housekeeping inspections are undertaken on a weekly basis.

Robust arrangements are in place for maintaining the environment. This included, risk assessment reviews, fire safety equipment servicing and inspection, lift servicing, portable appliance and fixed electrical wiring testing, boiler servicing and alarm servicing.

A legionella risk assessment had been undertaken by an external company and water temperatures were monitored and recorded on a monthly basis.

A fire risk assessment had been undertaken by a fire safety consultant and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

The compressor has been inspected in keeping with the written scheme of examination of pressure vessels.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Sixteen patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. Comments provided included the following:

- 'I was a little nervous before I came but all the staff made me feel relaxed and comfortable.'
- 'Always very clean.'
- 'Always well-staffed, clinic and reception very clean.'
- 'The service is excellent and professional.'

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comments were provided in staff questionnaires:

- 'A lot of time and effort is put into training staff and ensuring the highest standard.'
- 'Receive great training at staff meetings to maintain a safe environment for patients.'

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

Staff confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Electronic records are maintained and different levels of access afforded to staff dependent on their role and responsibilities. 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 and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. An oral health promotion display board in the waiting area provided an effective visual message of the sugar levels contained in various foods and drinks. A range of information was available for patients and visitors. Mr Kennedy, Ms Campbell and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- 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

Communication

Mr Kennedy and Ms Campbell confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a three monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated formal and informal in house training sessions.

Staff confirmed that there are excellent working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Seventeen patients indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Comments provided included the following:

- 'Everything was explained to me in a way that I understand and felt at ease to ask any questions.'
- 'Very happy with the outcome.'
- 'I know they do the best for me.'

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comments were provided in staff questionnaires:

- 'All options given to patients and contemporaneous notes for each. Audits are carried out regularly to ensure high quality of care being given.'
- 'Yes, we conduct audits to ensure clinical records are maintained in accordance with the professional codes.'

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. As discussed previously, this information is also provided in written format to patients. Staff demonstrated how consent would be obtained.

Surgeries are located on the second floor of the building and a lift is provided for patients with a physical disability or who require a wheelchair and the toilet facility is suitable for disabled access. Braille signage is also provided and an interpreter service is available for patients who require this assistance.

The practice undertakes patient satisfaction surveys on a six monthly basis. Review of the most recent patient satisfaction report demonstrated a high level of satisfaction and evidenced that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Seventeen patients indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Comments provided included the following:

- 'Very satisfied with my visit, all of the staff are very helpful and approachable.'
- 'David Kennedy and all the nurses have been very caring throughout my treatment.'
- 'All my questions answered and explained and my requests carried out.'
- 'I know they keep my information private.'

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. All five staff also indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comments were provided in staff questionnaires:

- 'All patients treated with dignity and respect and involved in treatment decisions. Confidentiality is top priority. Patient surveys carried out twice a year and reviewed in staff meetings.'
- 'All patients information is treated with complete confidentiality.'
- 'Patient satisfaction surveys are completed.'

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Ms Campbell is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual or two yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments at least on an annual basis.

A copy of the complaints procedure was displayed and available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent

communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with Mr Kennedy and Ms Campbell and review of documentation evidenced that robust arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Kennedy and Ms Campbell demonstrated a clear understanding of their roles and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. The Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led. Eighteen patients indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. Comments provided included the following:

- 'Always accommodating.'
- 'Service appears well run and staff helpful and friendly.'
- 'Very good service quick and efficient, very professional, would definitely recommend.'
- 'The service is perfect.'

All submitted staff questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. The following comments were provided in staff questionnaires:

- 'Line manager is very approachable and feel if any concerns of issues they would be listened to and acted upon. All policies accessible and reviewed in staff meetings.'
- 'All staff and manager are approachable.'
- 'Training has been provided on receiving and dealing with complaints.'

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



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