

Announced Care Inspection Report 22 November 2018



Kennedy Orthodontics

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



In respect of dental practices for the 2018/19 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
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

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
Person 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 in Ballymena; and Kennedy Orthodontics in Magherafelt. Ms Aine Campbell is the registered manager for all three practices.

4.0 Action/enforcement taken following the most recent inspection dated 23 November 2017

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

4.1 Review of areas for improvement from the last care inspection dated 23 November 2017

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

5.0 Inspection findings

An announced inspection took place on 22 November 2018 from 10.00 to 11.45.

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 Kennedy, responsible individual; Ms Campbell, registered manager; two dental nurses; and a receptionist. 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. Records were maintained to a high standard in this regard.

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 on 16 October 2018.

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. Records were maintained to a high standard in this regard.

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 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 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas to be improved. An action plan had been developed which confirmed that areas identified for improvement had been addressed. Staff confirmed that any learning from audits is shared with them at the time and discussed again during staff meetings.

Discussion with staff verified that all clinical staff contribute to the completion of the audit, which helps to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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.

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

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

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 unit at Kennedy Orthodontics, Ballymena, which serves all three Kennedy Orthodontic practices. The central decontamination unit in Kennedy Orthodontics, Ballymena, was reviewed during the announced inspection on 21 November 2018. The decontamination unit and procedures were in keeping with HTM 01-05 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 collection days and delivery days 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.

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

5.4 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 is the radiation protection supervisor (RPS) and 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. Mr Kennedy regularly reviews the information contained within the file 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.

All dentists/orthodontists take 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

5.5 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 and Ms Campbell.

5.6 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All 18 patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients also indicated that they were very satisfied with each of these areas of their care. The following comment was provided in a submitted patient questionnaire:

- ‘Very friendly staff.’

Five staff submitted questionnaire responses to RQIA. All five staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff also indicated that they were very satisfied with each of these areas of patient care. No comments were included in submitted staff questionnaire responses.

5.7 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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