

Inspection Report

14 August 2023



Kennedy Orthodontics

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 43 Ballylesson Road, Ballymena, BT42 3HW
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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

<p>Organisation: D Kennedy & Co (UK) Ltd</p> <p>Responsible Individual: Mr David Kennedy</p>	<p>Registered Manager: Ms Zoe Mullan</p> <p>Date registered: 12 October 2022</p>
<p>Person in charge at the time of inspection: Mr David Kennedy</p>	<p>Number of registered places: Six increasing to eight following this inspection</p>
<p>Categories of care: Independent Hospital (IH) – Dental Treatment</p>	
<p>Brief description of the accommodation/how the service operates: 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 six registered dental surgeries and provides private and health service orthodontic treatment, and does not offer conscious sedation.</p> <p>D Kennedy & Co (UK) Ltd is the registered provider for three dental practices registered with RQIA. Mr David Kennedy is the responsible individual for D Kennedy & Co (UK) Ltd.</p> <p>A variation to registration application was submitted to RQIA prior to the inspection to increase the number of dental chairs from six to eight.</p>	

2.0 Inspection summary

This was a variation to registration inspection, undertaken by a care inspector on 14 August 2023 from 10.00 am to 11.00 am.

The inspection sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the number of dental chairs from six to eight.

An RQIA estates support officer has reviewed the variation to registration application in regards to matters relating to the premises and has approved this application from an estates perspective.

The variation to registration application to increase the number of registered dental chairs from six to eight was approved from a care perspective following this inspection.

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. This inspection was facilitated by Ms Zoe Mullan, Registered Manager.

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.

Before the inspection a range of information relevant to the registration application was reviewed. This included the following records:

- The variation to registration application
- The proposed statement of purpose
- The proposed patient guide
- The floor plans of Kennedy Orthodontics

During this inspection both of the newly established dental surgeries and the areas associated with the variation to registration application were inspected and discussed with Ms Mullan.

There were examples of good practice found in relation to infection prevention and control (IPC) and decontamination, maintenance of the environment, radiology and staff recruitment.

4.0 The inspection

4.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

The last inspection to Kennedy Orthodontics was undertaken on 27 September 2022; no areas for improvement were identified.

4.2 Inspection findings

4.2.1 Is the statement of purpose in keeping with Regulation 7, Schedule 1 of the Independent Health care regulations (Northern Ireland) 2005?

Review of the statement of purpose identified that it fully reflected the key areas and themes specified in Regulation 7, Schedule 1 of the Independent Health care regulations (Northern Ireland) 2005. The statement of purpose had been updated to reflect any changes detailed in the variation to registration application. Ms Mullan is aware that the statement of purpose should be reviewed and updated as and when necessary.

4.2.2 Is the patent guide in keeping with Regulation 8, Schedule 1 of the Independent Health care regulations (Northern Ireland) 2005?

Review of the patent guide identified that it fully reflected the key areas and themes specified in Regulation 8, Schedule 1 of the Independent Health care regulations (Northern Ireland) 2005. The patent guide had been updated to reflect any changes detailed in the variation to registration application. Ms Mullan is aware that the patent guide should be reviewed and updated as and when necessary.

4.2.3 Have any new staff been recruited to work in the additional surgeries in accordance with relevant legislation?

Dental practices are required to maintain a staff register. A review of this register evidenced that new staff had been recruited since the last inspection. Review of a sample of two personnel files evidenced that all relevant recruitment records had been sought and reviewed as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr Kennedy oversees the recruitment and selection of the dental team and approves all staff appointments with the support of the practice manager. Discussion with Ms Mullan on day of inspection, confirmed that she has a clear understanding of the legislation and best practice.

The recruitment of the dental team complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

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

The IPC arrangements were reviewed in relation to the two newly established dental surgeries to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The newly established surgeries were tidy, uncluttered and easy to clean work surfaces were in place. The flooring was impervious and coved where it meets the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste. Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly.

A dedicated hand washing basin was in place with hand hygiene signage displayed. It was noted that liquid hand soap, wall mounted disposable hand towel dispensers and clinical waste bins were provided in keeping with best practice guidance.

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.

Ms Mullan confirmed that the newly installed dental chairs had an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed in keeping with manufacturer's instructions.

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

4.2.5 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

There was a designated decontamination area separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance.

It was noted that this is a central decontamination unit which serves all three practices operated by D Kennedy & Co (UK) Ltd.

Equipment provided was sufficient to meet the requirements of the three practices and it was noted that new instruments had been acquired for the two newly established surgeries. The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance.

Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

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

4.2.6 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.

The equipment inventory evidenced that there is one intra-oral x-ray machine and an orthopan tomogram machine (OPG), located in a separate room.

The arrangements regarding radiology and radiation safety were reviewed during the most recent RQIA inspection undertaken on 27 September 2022. The appointed radiation protection advisor (RPA) must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation. Ms Mullan confirmed that no new radiology equipment had been installed since the previous RQIA inspection and a quality assurance visit was not due to be undertaken therefore the radiation safety file was not reviewed as part of this inspection.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these.

The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. 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 radiology and radiation safety arrangements evidenced that procedures are in place to ensure that appropriate x-rays are taken safely.

6.0 Quality Improvement Plan/Areas for Improvement

	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 Ms Mullan, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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