

Announced Care Inspection Report 20 November 2019



Kennedy Orthodontics, Ballymena

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

Address: 43 Ballylesson Road, Ballymena, BT42 3HW

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Inspector: Emily Campbell

www.rqia.org.uk

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, Ballymena, is a registered dental practice with six 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

Organisation/Registered Provider: D Kennedy & Co (UK) Ltd Responsible Individual: Mr David Kennedy	Registered Manager: Miss Aine Campbell
Person in charge at the time of inspection: Mr David Kennedy	Date manager registered: 08 July 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 6

4.0 Action/enforcement taken following the most recent inspection dated 21 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 20 November 2019 from 12:25 to 14:55.

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, the practice manager, and four dental nurses. 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 November 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.

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

A large decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. This is a central decontamination unit and serves this practice, Kennedy Orthodontics, Magherafelt and Kennedy Orthodontics, Belfast. The room is located close to a rear exit which facilitates the delivery and discharge of the equipment containers used for transporting the dental instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Staff outlined the arrangements for the decontamination of dental instruments for this practice and the other two Kennedy Orthodontics practices.

The decontamination room has sufficient space to adequately serve as a central decontamination unit and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

Appropriate equipment, including three washer disinfectors and four steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process had been validated in July 2019. Individual equipment logbooks are maintained for each washer disinfectant and steriliser, which are numbered for ease of staff reference. Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Sterilisers and the compressor had been inspected under the written scheme of examination of pressure vessels.

Discussion with staff and review of the facilities and transport equipment provided, demonstrated that robust procedures are in place 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 the practice. A standard operation procedure was in place for transporting instruments to and from the central decontamination unit to the other two Kennedy Orthodontic practices. Heavy duty large lidded containers are used for transporting dental instruments, which are colour coded, red containers for the used instruments and blue containers for the processed instruments.

Upon receipt of the used dental instruments, the central decontamination unit nurse in charge will review the accompanying itemised consignment record which is then signed and dated.

On completion of the decontamination process, details of the dental instruments, with the respective cycle numbers of the washer disinfectant and steriliser, used in the decontamination process, are recorded on the consignment record, this record is signed and dated by the

central decontamination unit nurse in charge and attached to the blue transportation container ready for collection.

Discussion with staff confirmed that a system has been established to identify the time of day when the used instruments will arrive from the other two Kennedy Orthodontics practices so staff are able to plan for this activity.

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.

Mr Kennedy 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.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints included 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

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr Kennedy is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply. Mr Kennedy does however undertake Regulation 26 unannounced quality monitoring visits to the other two Kennedy Orthodontic practices.

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

Twenty-one patients submitted questionnaire responses to RQIA. All indicated that they were very 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 questionnaire responses:

- “Dealt with in an extremely professional and friendly manner. Would most certainly recommend Kennedys to others due to such.”
- “Always professional, polite, caring practice. Couldn’t say enough brilliant things. David has cared for my 4 children – bringing beautiful smiles.”
- “Excellent care – well informed throughout process. Friendly staff – kids were always made to feel at ease.”

Twenty-two staff submitted electronic questionnaire responses to RQIA. Twenty-one indicated that they were very satisfied that patient care was safe and effective, and that patients were treated with compassion. Twenty indicated they were very satisfied the service was well led and one that they were satisfied. One staff member indicated they were very unsatisfied with each of these domains. 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.

The following comments were provided in questionnaire responses

- “Lovely environment to work in and be a part of.”
- “Excellent specialist service with patients and staff respected and treated properly.”
- “Kennedy Orthodontics is a very professional place to work where all patients and staff are treated with the respect and attention they deserve. David Kennedy is an example to all.”
- “Good service. Well maintained and staff well trained not just on how to do their job but on how to do it well, efficiently and with respect to patients and colleagues.”
- “Efficient, well run, professional care.”

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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