

Announced Care Inspection Report 30 November 2020



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



In respect of dental practices for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of operations in response to the COVID-19 pandemic;
- management of medical emergencies;
- infection prevention and control (IPC);
- decontamination of reusable dental instruments;
- governance arrangements and review of the report of the visits undertaken by the registered provider in line with Regulation 26, where applicable; and
- review of the areas for improvement identified during the previous care inspection (where 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.

3.0 Service details

Organisation/Registered Provider: D Kennedy and Co (UK) Ltd Responsible Individual: Mr David Kennedy	Registered Manager: Ms Zoe Gage – Acting Manager
Person in charge at the time of inspection: Mr David Kennedy	Date manager registered: Mrs Aine Campbell, Registered Manager, since 8 July 2014 Ms Zoe Gage, Acting Manager, effective from 5 November 2019
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 6

D Kennedy and Co (UK) Ltd is the Registered Provider for three orthodontic practices registered with RQIA. Mr David Kennedy is the Responsible Individual for D Kennedy and Co (UK) Ltd. Ms Aine Campbell is the Registered Manager for all three practices and is currently on a period of planned leave.

4.0 Inspection summary

We undertook an announced inspection on 30 November 2020 from 14:30 to 15:45.

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).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We undertook a tour of the premises, met with Mr David Kennedy, Responsible Individual; Ms Zoe Gage, Acting Manager; a dental nurse and two receptionists. We reviewed relevant records and documents in relation to the day to day operation of the practice.

We found evidence of good practice in relation to the management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; the practice's adherence to best practice guidance in relation to COVID-19; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

4.1 Inspection outcome

	Regulations	Standards
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, Responsible Individual, as part of the inspection process and can be found in the main body of the report. A quality improvement plan (QIP) was not generated as a result of this inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 20 November 2019

The most recent inspection of the establishment was an announced care inspection.

4.3 Review of areas for improvement from the last care inspection dated 20 November 2019

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

5.0 How we inspect

In response to the COVID-19 pandemic we reviewed our inspection methodology and considered various options to undertake inspections. The purpose of this was to minimise risk to service users and staff, including our staff, whilst being assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

One option considered was a blended inspection methodology; meaning providers completed and submitted a self-assessment with supporting documentation to be reviewed in advance of the onsite inspection. The purpose of the onsite inspection is to validate the information submitted.

We agreed to pilot this methodology in dental practices and Kennedy Orthodontics, Balllymena, agreed to participate in the pilot. The self-assessment and supporting documents were submitted by the practice within the agreed timeframe and reviewed on 20 November 2020.

Before 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;
- the completed self-assessment detailing the management of operations in response to the COVID-19 pandemic; information in relation to the management of medical emergencies; infection prevention and control (IPC); and decontamination of reusable dental instruments;
- written and verbal communication received since the previous care inspection; and
- the previous care inspection report.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. Returned completed patient and staff questionnaires were analysed prior to the inspection and are discussed in section 6.7 of this report.

During the inspection, we spoke with Mr Kennedy, Ms Gage, a dental nurse and two receptionists.

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

6.0 Inspection findings

6.1 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic and the application of the Health and Social Care Board (HSCB) operational guidance with Mr Kennedy and staff. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the practice had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with the HSCB operational guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced infection prevention and control procedures; and the patient pathway.

Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.2 Management of medical emergencies

We reviewed the arrangements in place for the management of medicines within the practice to ensure that medicines were safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines and we found them to be satisfactory.

We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We confirmed that all emergency medicines as specified within the British National Formulary (BNF) for use in the event of a medical emergency in a dental practice were available. We also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines were available.

We noted a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency.

We spoke with staff who told us the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff last completed medical emergency refresher training on 11 November 2020. We found that this training included first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice. These included; anaphylaxis; asthma; cardiac emergencies; myocardial infarction; epileptic seizures; hypoglycaemia; syncope; choking and aspiration; and adrenaline insufficiency.

Staff who spoke with us demonstrated a good understanding of the actions to be taken in the event of a medical emergency and were able to identify to us the location of medical emergency medicines and equipment. Staff told us that they felt well prepared to manage a medical emergency should this occur.

We were satisfied that sufficient emergency medicines and equipment were in place and staff were well prepared to manage a medical emergency should this occur.

Areas of good practice: Management of medical emergencies

We reviewed the arrangements in respect of the management of a medical emergency and confirmed that the dental practice takes a proactive approach to this key patient safety area. This included ensuring that staff had the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement: Management of medical emergencies

We identified no areas for improvement regarding the management of medical emergencies.

	Regulations	Standards
Areas for improvement	0	0

6.3 Infection prevention and control (IPC)

We reviewed arrangements in relation to IPC procedures throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that all areas of the practice were fully equipped to meet the needs of patients.

We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. A higher level of PPE is required when dental treatment using aerosol generating procedures (AGPs) are undertaken including the use of FFP3 masks. Mr Kennedy informed us that AGPs are not required within orthodontic dental treatment and therefore FFP3 masks are not provided.

We confirmed 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 PPE; hand hygiene practice; and waste and sharps management.

Staff who spoke with us confirmed that IPS audits were completed in a meaningful manner and the process involved all dental nurses on a rotational basis. Staff told us that the outcome of the audit was discussed during regular staff meetings. Staff informed us that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit will be completed every six months.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

We confirmed that records are retained to evidence the Hepatitis B vaccination status of all clinical staff. We noted these records had been generated by the staff member's GP and an occupational health (OH) department. Mr Kennedy and Ms Gage informed us that all newly recruited clinical staff members, new to dentistry, would be automatically referred to occupational health.

Areas of good practice: Infection prevention and control

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control

We identified no areas for improvement regarding IPC.

	Regulations	Standards
Areas for improvement	0	0

6.4 Decontamination of reusable dental instruments

We confirmed that 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. We noted 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. We confirmed the purpose built decontamination area 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.

We found 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. We found evidence of good systems of recording and auditing of the decontamination processes.

We found that appropriate equipment, including three washer disinfectors and four steam sterilisers had been provided to meet the requirements of the practice. We established that equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05.

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.

We reviewed documentation and evidenced that a record was maintained of all instruments being transported in 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. We found heavy duty large lidded containers were used for transporting dental instruments, which were colour coded, and included red containers for the used instruments and blue containers for the processed instruments.

Staff informed us that upon receipt of the used dental instruments, the central decontamination unit nurse in charge will review and check the accompanying itemised consignment record which is then signed and dated. We noted that, on completion of the decontamination process, details of the dental instruments, with the respective cycle numbers of the washer disinfectant and steriliser used, 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.

We confirmed that a system has been established to enable staff to be available to process the used instruments when they arrive from the other two Kennedy Orthodontics practices so staff are able to plan for this activity.

Areas of good practice

We found the current arrangements evidenced that best practice, as outlined in HTM 01-05, was being achieved in respect of the decontamination of reusable dental instruments. This included proactively auditing practice, taking action when issues were identified and ensuring staff had the knowledge and skills to ensure standards were maintained.

Areas for improvement

We identified no areas for improvement regarding the decontamination of reusable dental instruments.

	Regulations	Standards
Areas for improvement	0	0

6.5 Visits by the Registered Provider (Regulation 26)

Where the business 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, unannounced quality monitoring visits by the Registered Provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. We established that Mr Kennedy was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.6 Equality data

We discussed the arrangements in place regarding 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. Mr Kennedy and staff demonstrated that equality data collected was managed in line with best practice.

6.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf and 32 patients submitted responses to RQIA. We found that all 32 patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- 'Happy with care all my children have received here at Kennedy's. Would recommend to anyone. Top class service even through lockdown and information given always well done and sensible'
- 'Excellent service.'
- 'Excellent care during time of treatment (while had braces on) and since then when I've had problems with my retainers. All staff very helpful and friendly.'
- 'Staff very caring, lovely practice.'

- 'Very professional treatment from start to finish.'
- 'Kennedy Orthodontics greet you with a smile, are efficient, caring and professional providing a great service to the community'.
- 'I feel the customer experience I have from start to finish is exemplary. The service I got was so professional and any concerns I had were quickly put to bed. 5 star from start to finish.'
- 'Very professional team. Always seen on time. During a very difficult time over COVID very good support set up and always available if concerns. Fantastic service!'
- 'Patient care excellent! Reception staff informative and communicated everything very professionally.'

We found 24 staff submitted questionnaire responses to RQIA. We found these staff felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

Comments included in submitted questionnaire responses are as follows:

- 'Excellent service and balanced approach to the needs of patients / staff during COVID. Hours of work / time / energy and financial outlay to make this work.'
- 'Feel practice principal and all staff have worked tremendously under recent restrictions of COVID; staff have been instrumental in being able to work through the back log of patients from lockdown, while maintaining our usual high standards of cross infection, care and compassion.'
- 'Staff have worked tirelessly to comply with months of changing guidelines. Any RQIA inspection adds additional stress to staff.'
- 'I feel that the team has worked very hard to implement changes to protect staff / patients during COVID and reinstate services as efficiently and safely as possible.'

6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

We identified no areas for improvement and a QIP is not required or included, as part of this inspection report.



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