

# Announced Care Inspection Report 16 June 2016



## Kennedy Orthodontics, Magherafelt

**Service Type: Orthodontic Dental Service**  
**Address: 1<sup>st</sup> Floor, 40 Ballyronan Road, Magherafelt, BT45 6EN**  
**Tel No: 028 7930 0700**  
**Inspector: Emily Campbell**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Kennedy Orthodontics, Magherafelt, took place on 16 June 2016 from 09.45 to 13.45.

The inspection sought to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Kennedy, registered person, Ms Campbell, registered manager, and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. The systems and processes in place at this orthodontic dental practice promote learning and development and ensure that care provided to patients is safe. Robust systems are in place to ensure that all areas pertaining to safety are reviewed. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Kennedy, Ms Campbell and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. High emphasis is placed on auditing in this practice. No requirements or recommendations have been made.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mr Kennedy, Ms Campbell and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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).

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.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> D Kennedy & Co (UK) Ltd Mr David Kennedy	<b>Registered manager:</b> Ms Aine Campbell
<b>Person in charge of the service at the time of inspection:</b> Mr David Kennedy	<b>Date manager registered:</b> 08 July 2014
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

### 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Kennedy, registered person, Ms Campbell, registered manager, and three dental nurses/receptionists. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 17 June 2015**

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 17 June 2015**

As above.

#### **4.3 Is care safe?**

#### **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.

Staff personnel files and records are held centrally at the head office in Kennedy Orthodontics, Ballymena. Records in relation to staff working in Kennedy Orthodontics, Magherafelt, were reviewed on the afternoon of this inspection at the Ballymena practice as part of the inspection process.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two 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 and that continual professional development (CPD) was actively encouraged. Random review of appraisal records evidenced that appraisal is carried out across all disciplines. New appraisal documentation has recently been trialled and following review it has been agreed that the new documentation will be implemented.

Records are retained which provide an overview of training in respect of all staff, including mandatory and General Dental Council (GDC) CPD requirements. This assists in the development of the practice's training plan and identifies any deficits.

A review of records confirmed that a robust system was in place to review the 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 two 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. Various checklists have been established to ensure that all appropriate checks and documentation are in place prior to staff commencing work in the practice.

### **Safeguarding**

Staff spoken with 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. The last refresher training was provided in April 2015 and on induction for new staff.

In addition, update training was provided to staff in February 2016 by a Trust safeguarding champion on the new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015). A copy of the new regional guidance was available in the practice.

### **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 was an identified individual with responsibility for checking emergency medicines and equipment.

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.

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 uniform policy and hand hygiene.

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. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including two washer disinfectors and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A 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.

The practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool on a six monthly basis. Hand hygiene, waste and personal protective equipment (PPE) audits are also undertaken.

### **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. One dental nurse has the certificate in dental radiography and two dental nurses are currently undertaking the course.

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. The most recent report by the RPA reflected that a high standard of radiation protection is in place. Recommendations made by the RPA have been documented as being addressed.

The x-ray equipment has been serviced and maintained 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 was last undertaken in April 2016 and water temperatures were monitored and recorded on a monthly basis.

A fire risk assessment had been undertaken 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.

Pressure vessels have been inspected in keeping with the written scheme of examination of pressure vessels.

## **Patient and staff views**

Seventeen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- "Excellent care, well maintained practice. Immaculate."
- "Never questioned my safety."
- "Lovely practice, well above standard. As a patient I would never have need to question safety."
- "Staff carefully discussed the planned care and treatment. Risks were explained but I felt reassured. I felt like I could approach staff with any queries or questions. The whole building, surgery and environment appeared clean and safe. Staff washed hands before treatment and wore gloves when appropriate."

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- “Patient care is a top priority, and as such staff training is of a high level.”
- “All staff are trained to an excellent standard in regards to safeguarding and infection prevention and control to ensure patients’ safety is priority. Regular health and safety training ensures we as staff are safe, as well as patients, to work safely. Continuous medical emergency training ensures we have the knowledge to deal with a medical emergency.”
- “Patients are cared and looked after by qualified staff. Excellent training is provided.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.4 Is care effective?**

**Clinical records**

Mr Kennedy, Ms Campbell and staff confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice. Record keeping audits are undertaken annually.

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. Each patient is provided with an information pack which includes treatment options, risks, approximate costs and timescales and other information specific to the patient’s needs.

Electronic care 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.

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 was in the waiting area which identified the different sugar levels in various drinks and as part of the National Smile Month campaign, a display reflected interesting facts pertaining to oral health. Colouring in pictures and pencils were available for children promoting oral health in a fun manner. 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.

Staff meetings are held for the full day 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 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “Explained treatment thoroughly, well informed.”
- “Always asked about my treatment options.”
- “Excellent care – friendly, professional and prompt.”
- “Excellent lines of communication. I always knew who I needed to speak to in terms of my treatment.”
- “Staff gave me all the information I needed and helped me to make informed decisions on my treatment. I felt like my suggestions and views were listened to and taken on board. Staff explained my timeframe and worked within it, with my best interests in mind.”

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. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Patients are our main concern, we always do our best to meet their needs.”
- “Patients are treated as individuals, not generic. A tailored treatment plan is recorded in each patient’s chart, notes are recorded for each visit and treatment assessed in case of changes.”
- “We ensure patients’ needs are our top priority and will go above and beyond to make patients treatments go as smoothly as possible. Patient confidentiality is vitally important, all clinical records are password protected or kept in locked filing cabinets. To ensure we are providing excellent care quality of care we carry out patient quality of care questionnaires.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

**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 first 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 an annual 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.

A peer review undertaken this year focused on how the practice communicates with patients/parents/guardians and included a review of information leaflets and referral templates.

## Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “Lovely staff, always time to chat.”
- “I was always kept informed and given choices with regard to my care and treatment.”
- “Throughout my treatment I felt very involved with decision making. I had ideas and those were supported whilst my best interests were still a priority. I always felt like any concerns I had could be answered and always was treated with respect. The care always seemed and felt like it was about getting the result I wanted, for me, but also felt that the staff wanted the best result for me too.”

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. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Confidentiality is a top priority, respected by all staff in the practice. All patients have treatment thoroughly explained, and if necessary translators are used, at all stages of treatment. Patient surveys carried out twice yearly.”
- “All patients are equally treated with the same dignity and respect by all members of staff. Patients are involved in every step of their treatment and care provided with all information regarding treatment. Any queries or concerns about treatment are treated with genuine concern and compassion.”
- “Dentist asks if patient is happy with how treatment is going. Patients are given patient satisfaction surveys to fill in.”

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.6 Is the service well led?

### 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 excellent working relationships and that management were responsive to any suggestions or concerns raised. There was a nominated individual with overall responsibility for the day to day management of the practice.

The practice has recently been accredited with Investors in People (IIP) at gold level, having previously attained bronze level. The practice is also a member of the British Dental Association (BDA) Good Practice Scheme.

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/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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “Excellent management at Kennedy’s.”
- “Extremely professional.”
- “Staff are very friendly, great place.”
- “I was always made fully aware of any changes to my treatment in regards to timeframe etc. ...All members of staff knew what was happening and were always checking everything was OK. The quality of service and care was fantastic.”
- “All of the staff I’ve met at Kennedy Orthodontics are always motivated, friendly and willing to help in any way they can.”
- “Excellent service and patient needs and concerns taken into consideration.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “I feel the service is well managed and all members of staff have a voice and your options are listened to and taken into consideration. All staff have access to policies which are provided to guide us.”
- “Policies are in place and clearly outline who to speak to for concerns or issues. These are updated and discussed annually in staff meetings. External training also provided to help deal with complaints, difficult patients etc. Practice manager and principal are very approachable and listen.”
- “I feel that if I had any issues I know I could speak to head nurse/practice manager and they would listen to me. Policies are available in folders.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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