

Announced Care Inspection Report 22 November 2017



Kennedy Orthodontics

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 1st Floor, 40 Ballyronan Road, Magherafelt BT45 6EN
Tel No: 028 7930 0700
Inspector: Carmel McKeegan

www.rgia.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



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	Date manager registered: 8 July 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

Mr David Kennedy also operates two other orthodontic practices; Kennedy Orthodontics, Ballymena, and Kennedy Orthodontics, Belfast. Ms Aine Campbell is the registered manager for both other practices.

4.0 Inspection summary

An announced inspection took place on 22 November 2017 from 10.20 to 12.45.

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, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

There were no areas of improvement identified during this inspection.

All of the patients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

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.

4.1 Inspection outcome

	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 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.

4.2 Action/enforcement taken following the most recent care inspection dated 16 June 2016

No further actions were required to be taken following the most recent inspection on 16 June 2016.

5.0 How we inspect

Prior to 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
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Kennedy, registered person and Ms Campbell, registered manager; a senior nurse; a trainee nurse and a receptionist. A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding

- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 June 2016

The most recent inspection of the practice was an announced care inspection. There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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.

No new staff have been recruited since the previous inspection however, induction programme templates were in place relevant to specific roles within 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.

A review of records confirmed that a robust system was in place to review the General Dental Council (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 no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future, robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is/would be sought and retained for inspection.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff 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. It was confirmed that Mr Kennedy and Ms Campbell, as safeguarding champions, have completed formal Level 3 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). It was confirmed that all other staff have completed level 2 training.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

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 were identified individuals with responsibility for checking emergency medicines and equipment. Checks are undertaken weekly which include all the emergency medicines, equipment and the first aid kit. This exceeds best practice and is to be commended.

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.

The policy for the management of medical emergencies reflected best practice guidance. 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 has 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. Three dental nurses have the certificate in dental radiography.

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 on 2 February 2017 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 had been undertaken by an external company and water temperatures were monitored and recorded on a monthly basis.

A fire risk assessment had been undertaken by a fire safety consultant 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.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. Comments provided included the following:

- 'Staff are very friendly and hygiene is excellent.'
- 'Yes, dentists and staff wear appropriate protection – all areas clean and clutter free.'
- 'Very friendly, helpful staff.'
- 'Staff very caring.'

- 'Kennedy Orthodontics always has exceptional standards across the board. I couldn't be happier with the care received.'

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'Well maintained, clean premises.'
- 'Patient care and safety are of utmost priority in all clinics with great consideration given to staff training, inductions and policies.'

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

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

Mr Kennedy and Ms Campbell confirmed that the strategy for the promotion of oral health and hygiene is written into objectives for the practice within in the annual quality review.

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 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 of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All eighteen patients also indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- 'All three of my daughters have been treated by Kennedys and we have always felt listened to.'
- 'Very polite and getting appointments for broken braces.'
- 'Yes, my daughter's concerns were addressed in sensitive and professional manner.'

- ‘All treatment was discussed first.’
- ‘From the start of treatment, each stage was carefully planned and we were very happy with the result.’

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. All eight staff also indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- ‘Happy that high quality, effective care is delivered here.’
- ‘Clinicians and nurses are committed to giving best care to all patients. Clinical areas are well maintained and up to date.’

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

- 'Compassionate staff and very well looked after.'
- 'The staff at Kennedys have always treated us with kindness, dignity and respect and provided lots of support when needed.'
- 'Staff are always polite and courteous. Clinical areas well way from admin areas.'
- 'The dentist explained the process in detail and was very respectful of my daughters' questions and fears.'
- 'All of my concerns were answered fully.'
- 'We have always been treated with the utmost respect and every option for treatment was fully explained.'

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. All eight staff also indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'Staff are excellent as discussing treatment options with patients and involving them in their treatment.'
- 'Staff treat all patients with dignity and respect. Patients are fully informed in decisions affecting their treatment. Confidentiality is top priority. Patient surveys are conducted bi-annually.'

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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 good working relationships and that management were responsive to any suggestions or concerns raised.

Ms Campbell is the nominated individual with overall responsibility for the day to day management of the practice. Mr Kennedy no longer works regularly in this practice therefore, the arrangement to undertake a six monthly unannounced monitoring visit was discussed. Mr Kennedy is aware that reports of the unannounced monitoring visits should be available for review at future inspections.

The practice has 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 and 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 of the patients who submitted questionnaire responses indicated that they felt that the service is well led. All 18 patients also indicated that they were very satisfied with this aspect of the service. Comments provided included the following:

- 'Excellent service.'
- 'I would happily recommend Kennedy Orthodontics to family and friends. We are very happy with the treatments and service provided here and have always been treated very well.'
- 'Pleasant atmosphere, staff seem happy and pleasant.'
- 'The staff appear to be well motivated and are certainly very friendly and considerate.'
- 'All staff seem very happy and know their role.'
- 'It is obvious that the practice is well managed, everyone works so well together.'

All submitted staff questionnaire responses indicated that they felt that the service is well led and also indicated that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'Senior staff very approachable. Numerous audits undertaken and findings discussed as staff meetings.'
- 'Policies clearly outline who to go to for concerns or issues and are readily accessible to all staff. Staff meetings regularly update on audit results and give opportunities for learning.'

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



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