

Announced Care Inspection Report

30 November 2020



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.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 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, Magherafelt, is a registered dental practice with four 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: The Logistics Manager, Kennedy Orthodontics	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: Four

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 10:00 to 11:00 hours.

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 the Logistics Manager, D Kennedy and Co (UK) Ltd; an associate dentist, a dental nurse and a receptionist. 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 the Logistics Manager, D Kennedy and Co (UK) Ltd, 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.

4.2 Action/enforcement taken following the most recent inspection dated 20 November 2020

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 2020

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 Mr Kennedy, Responsible Individual, agreed that the three Kennedy Orthodontic practices would participate in the pilot. D Kennedy and Co (UK) Ltd submitted the self-assessment and supporting documents in respect of each practice within the agreed timeframe. These documents were reviewed on 20 November 2020.

We also undertook an announced inspection of Kennedy Orthodontics, Belfast and Kennedy Orthodontics, Ballymena on 30 November 2020, as had been requested by Mr Kennedy.

Prior to the inspection Mr Kennedy informed us that a delegated senior staff member would facilitate each of the inspections on his behalf to enable Mr Kennedy to continue with providing treatment to patients.

Before this 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 the Logistics Manager, D Kennedy and Co (UK) Ltd; an associate dentist, a dental nurse and a receptionist.

The findings of our inspection were provided to the Logistics Manager at the conclusion of the inspection. We also provided feedback to Mr Kennedy at the end of the concluding inspection in Kennedy Orthodontics, Ballymena.

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 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 28 October 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 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. Staff 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. We confirmed 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 found 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 or an occupational health (OH) department. We found 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

We confirmed that Kennedy Orthodontics, Magherafelt, does not have a decontamination room as arrangements are in place for dental instruments to be decontaminated at the dedicated central decontamination unit at Kennedy Orthodontics, Ballymena. The central decontamination unit serves all three Kennedy Orthodontic practices.

We reviewed the central decontamination room in Kennedy Orthodontics, Ballymena, during our announced inspection on the afternoon of this inspection. We determined that the decontamination unit and procedures were in keeping with HTM and no areas for improvement were identified.

Discussion with staff and review of the facilities and transport equipment provided demonstrated that robust procedures are followed 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 that demonstrated a record was maintained of all instruments being transported in and out of Kennedy Orthodontics, Magherafelt. We found an itemised consignment record was made of all used instruments being taken from the practice, which is signed and dated on departure. This document is secured to the heavy duty large lidded container provided for storing the instruments when in transit. Upon arrival at the central decontamination unit this record of unprocessed instruments is checked and signed by the staff member receiving the unprocessed instruments. We established this recording process is repeated when the processed instruments leave the central decontamination unit to return to Kennedy Orthodontics, Magherafelt. 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.

We confirmed that D Kennedy and Co (UK) Ltd provides a dedicated vehicle for the transportation of equipment. Staff told us the carriage compartment is cleaned and disinfected after the each journey.

We found the lidded container used for the unprocessed instruments is kept in a dedicated store room which is only accessible by staff members.

A separate store room is provided for the storage of processed instruments. Staff informed us that a system has been established for the collection and delivery of dental instruments which meet the needs of the practice.

We found that staff were aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. We confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Discussion with dental nurses evidenced they were knowledgeable on the processes for dental instruments to be decontaminated at the dedicated central decontamination unit. Staff told us that arrangements are made for all dental nurses to spend time working in the central decontamination unit in order to maintain their knowledge and competence in this area.

We confirmed the processes in respect of the decontamination of reusable dental instruments were being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool. We established there were robust systems of recording and auditing of the decontamination processes.

Areas of good practice: Decontamination of reusable dental instruments

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: Decontamination of reusable dental instruments

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)

We established that an unannounced quality monitoring visit on behalf of the Registered Provider was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. A report was produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. We found that an action plan was developed to address any issues identified during the visit which included timescales and person responsible for completing the action.

Areas of good practice

We evidenced that reports documenting the findings of visits by the Registered Provider were maintained and these evidenced that the visits were in keeping with the legislation.

Areas for improvement

We identified no areas for improvement regarding visits by the Registered Provider.

	Regulations	Standards
Areas for improvement	0	0

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. 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 14 patients submitted responses to RQIA. We found that all 14 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:

- 'Exceptional from start to finish.'
- 'Very professional staff and excellent with my son who has autism and very reassuring with him. Give him the time and explanation he required.'
- 'No issues very pleased with treatment.'
- 'Care and treatment both to a very high standard.'

We found ten 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. The following comment was included in a submitted questionnaire response:

- 'Excellent well run practice. High standard of patient care.'

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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)