

# Announced Care Inspection Report 21 November 2018



## Kennedy Orthodontics

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

**Address: 43 Ballylesson Road, Ballymena, BT42 3HW**

**Tel No: 028 2565 4300**

**Inspector: Carmel McKeegan**

[www.rqia.org.uk](http://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 2018/19 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

## 2.0 Profile of service

This is a registered dental practice with six registered places providing both private and NHS orthodontic treatments.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> D Kennedy & Co (UK) Ltd  <b>Responsible Individual:</b> Mr David Kennedy	<b>Registered Manager:</b> Ms Aine Campbell
<b>Person in charge 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> 6

Mr David Kennedy also operates two other orthodontic practices; Kennedy Orthodontics in Magherafelt, and Kennedy Orthodontics in Belfast. Ms Aine Campbell is the registered manager for all three practices.

## 4.0 Action/enforcement taken following the most recent inspection dated 22 November 2017

The most recent inspection of Kennedy Orthodontics was an announced care and variation to registration inspection. No areas for improvement were made during this inspection.

## 4.1 Review of areas for improvement from the last care inspection dated 22 November 2017

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

## 5.0 Inspection findings

An announced inspection took place on 21 November 2018 from 14.00 to 15.55.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

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

During the inspection the inspector met with Mr Kennedy, responsible individual and Ms Campbell, registered manager; the practice manager; a dental nurse who is the nominated lead with responsibility for decontamination; and two other dental nurses. A tour of some areas of the premises was also undertaken.

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

## 5.1 Management of medical emergencies

### Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was on 12 September 2018.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

**5.2 Infection prevention and control**

**Infection prevention and control (IPC)**

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas were clean, tidy and uncluttered.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during June 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas to be improved. An action plan had been developed which confirmed that areas identified for improvement had been addressed. Staff confirmed that any learning from audits is shared with staff at the time and discussed again during staff meetings.

The lead decontamination nurse verified that all clinical staff contribute to the completion of the audit, which helps to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

**Areas of good practice**

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Areas for improvement</b>	0	0

### 5.3 Decontamination of reusable dental instruments

#### Decontamination of reusable dental instruments

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

The nominated lead with responsibility for infection control and decontamination was present during the inspection and outlined the arrangements for the decontamination of dental instruments for this practice and the other two Kennedy Orthodontics practices.

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

Appropriate equipment, including three washer disinfectors and four steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process had been validated on 29 October 2018. An individual equipment logbook is maintained for each washer disinfectant and steriliser, which are numbered for ease of staff reference. Review of a sample of four of the logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

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.

Review of documentation demonstrated that a record is maintained of all instruments being transported into and out of the practice. A standard operation procedure was in place for transporting instruments to and from the central decontamination unit to the other two Kennedy Orthodontic practices. Heavy duty large lidded containers are used for transporting dental instruments, which are colour coded, red containers for the used instruments and blue containers for the processed instruments.

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

On completion of the decontamination process, details of the dental instruments, with the respective cycle numbers of the washer disinfectant and steriliser, used in the decontamination process, are recorded on the consignment record, this record is signed and dated by the central decontamination unit nurse in charge and attached to the blue transportation container ready for collection.

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

### Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG), which are located in a separate room.

Mr Kennedy is the radiation protection supervisor (RPS) and was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Mr Kennedy regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

The RPS takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

### Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 5.5 Equality data

#### Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mr Kennedy and Ms Campbell.

### 5.6 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All 18 patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients also indicated that they were very satisfied with each of these areas of their care. The following comments were provided in submitted patient questionnaires:

- 'Very satisfied with the service provided, very professional. Building and rooms are maintained to a high standard.'
- 'Could not have been better.'
- 'All staff were very helpful and pleasant.'
- 'Excellent treatment. Professional and kind, caring staff. I am very happy with the service, care and treatment I have received.'
- 'Staff are very compassionate and caring when dealing with my son, make him feel comfortable.'
- 'Very pleased.'
- 'Very polite staff. Everyone is very friendly and very efficient.'

Twenty staff submitted questionnaire responses to RQIA. All 20 staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All 20 staff also indicated that they were very satisfied with each of these areas of patient care. No additional comments were included in the submitted staff questionnaires.

### 5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

## 6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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