

Inspection Report

2 December 2021



Pure Dental Hygiene NI

Type of service: Independent Hospital (IH) – Dental Treatment
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

Organisation/Registered Provider: Pure Dental Hygiene NI	Registered Manager: Mrs Joanne Knox
Responsible Individual: Mrs Joanne Knox	Date registered: 27 January 2021
Person in charge at the time of inspection: Mrs Joanne Knox	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Pure Dental Hygiene NI is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has two registered dental surgeries and provides private and health service dental hygiene care and treatment and does not offer conscious sedation.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 December 2021 from 10.00 am to 12.00 pm.

It focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; 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; management of complaints; and governance arrangements.

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

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the practice?

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed staff questionnaires were submitted prior to the inspection.

Fourteen patients submitted responses. Patient responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Thirteen patients indicated that they were very satisfied with each of these areas of their care and one patient indicated that they were dissatisfied in each of these areas. No additional comments were made in any of the responses submitted. The outcome of the patient questionnaires were discussed with Mrs Knox at the conclusion of the inspection. Mrs Knox confirmed that she had not received any negative feedback from her patients at any time.

5.0 The inspection

5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Pure Dental Hygiene NI was undertaken on 15 January 2021; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

A recruitment and selection policy with associated procedures was in place. Advice was provided to Mrs Knox on how the recruitment policy and procedures could be strengthened to ensure that the recruitment process is fully aligned with legislation and best practice guidance.

Following the inspection a recruitment checklist was provided to Mrs Knox, that if completed as part of the recruitment procedure, will ensure that all required records are in place prior to the commencement of employment of any person working in the establishment.

Mrs Knox is responsible for the recruitment and selection of the dental team and approves all staff appointments. Dental practices are required to maintain a staff register. A review of this register confirmed that it included all the required information, that it was up to date and that two new staff members had been recruited since the previous inspection.

A review of both new staff member's personnel files evidenced that not all the required recruitment records were in place. Discussion with Mrs Knox identified that this was due to a lack of experience in this area and that Mrs Knox was very keen to address any areas identified and to learn and improve the recruitment process.

A criminal conviction declaration was not in place for either staff member as Mrs Knox had understood this area was incorporated into the AccessNI checking process. Advice and guidance was provided and on 10 December 2021 RQIA received confirmation that a signed criminal conviction declaration was in place for both new members of the dental team.

An Access NI Enhanced Disclosure had been undertaken for each new staff member prior to commencement of employment with certificates retained. Mrs Knox was advised that AccessNI certificates should not be retained for longer than required and was offered guidance in relation to the handling of these certificates. During the inspection Mrs Knox developed a template to record her Access NI checking process; this included detail of the applicant's unique AccessNI identification number; the date the AccessNI enhanced disclosure certificate was provided to Mrs Knox and the date of the outcome. Mrs Knox was aware that the AccessNI check must be completed prior to commencement of employment for any person working in the practice.

Mrs Knox advised she had difficulty obtaining a written or verbal reference for one staff member as the staff member's most recent previous employer would not engage in this activity. Mrs Knox was advised to make a record of the efforts undertaken and to seek an alternative written reference from either a previous employer or seek a character reference from a professional known to the individual. Mrs Knox was also provided with guidance on how to record a verbal reference should written references not be forthcoming.

There was evidence of job descriptions and induction checklists for the different staff roles. It was confirmed that both new staff had been provided with a job description, contract of employment and received induction training when they commenced work in the practice.

A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Mrs Knox confirmed that, following the information provided during this inspection, she felt she had a clear understanding of the legislation and best practice guidance in relation to the recruitment and selection of new dental team members.

The recruitment of the dental team, in general, complies with the legislation and best practice guidance.

5.2.2 Are the dental team appropriately trained to fulfil the duties of their role?

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Policies and procedures are in place that outlines training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Induction programmes relevant to roles and responsibilities had been completed when new staff joined the practice.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Mrs Knox, to ensure that the dental team are suitably skilled and qualified.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 Is the practice fully equipped and are the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

There was a medical emergency policy and procedure in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Robust systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the members of the dental team had completed medical emergency refresher training on different dates during 2021. Mrs Knox demonstrated that medical emergency refresher training is booked to take place on 14 March 2022 and will be attended by all members of the dental team.

Mrs Knox was able to describe the actions the dental team would take, in the event of a medical emergency, and confirmed that all members of the dental team are familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team are trained to manage a medical emergency in compliance with legislative requirements, professional standards and guidelines.

5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

Mrs Knox confirmed that conscious sedation is not offered in Pure Dental Hygiene NI.

5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas. Mrs Knox told us there was a nominated lead who had responsibility for IPC and decontamination in the practice. The lead had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence.

During a tour of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice were fully equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of this audit is to assess compliance with 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. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and retained in the staff members' personnel files.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health.

There were a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

A review of records confirmed that members of the dental team had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. Mrs Knox demonstrated good knowledge and understanding of the decontamination process and was able to describe the equipment treated as single use and the equipment suitable for decontamination.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the Health and Social Care Board (HSCB) operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and to minimise the risk of COVID-19 transmission.

5.2.8 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

This practice operates purely as a dental hygiene practice and radiology is not provided.

5.2.9 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mrs Knox was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

5.2.10 Are complaints being effectively managed?

The arrangements for the management of complaints were reviewed to ensure that complaints were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

The dental team were knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation and best practice guidance.

5.3 Does the dental team have suitable arrangements in place to record 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 Mrs Knox.

Discussion with Mrs Knox and review of information evidenced that the equality data collected was managed in line with best practice

6.0 Quality Improvement Plan/Areas for Improvement

	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 Mrs Joanne Knox, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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