

Inspection Report

24 October 2024



Clear Dental Ballysillan

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 210 Ballysillan Road, Belfast, BT14 7QS

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Service information

Organisation/Registered Provider: Clear Dental Care (NI) Limited	Registered Manager: Miss Deborah Courtney
Responsible Individual: Mr Mark Tosh	Date registered: 11 October 2024
Person in charge at the time of inspection: Two members of the dental team	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Clear Dental Ballysillan 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 general dental services, private and health service treatment and does not offer conscious sedation. Clear Dental Care (NI) Limited is the registered provider for 24 dental practices registered with RQIA. Mr Mark Tosh is the responsible individual for Clear Dental (NI) Limited.	

2.0 Inspection summary

This was an unannounced inspection, undertaken by two care inspectors on 24 October 2024 from 10.00 am to 12.30 pm.

This inspection was undertaken following receipt of information shared with RQIA from an anonymous source. The information received alleged issues in relation to infection prevention and control (IPC) practices and the decontamination of reusable dental instruments.

The focus of the inspection was to review the arrangements in place for IPC and the management of the decontamination of reusable dental instruments.

A detailed review of the arrangements in place for IPC and the management of the decontamination of reusable dental instruments determined that, with the exception of finding the door to the decontamination room wedged open, the specific issues raised by the anonymous source were not substantiated. However, during the inspection some issues were identified in relation to IPC and decontamination and as a result four areas for improvement against the standards have been identified.

Miss Courtney was not available on the day of the inspection and the inspection was facilitated by two members of the dental team.

The findings of the inspection were discussed with Miss Courtney and the operations lead for Clear Dental Care (NI) Limited via a telephone call following the inspection.

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 care and treatment?

As this was an unannounced inspection posters were not issued to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire.

As noted in section 2.0 two members of the dental team facilitated the inspection and no issues were raised in respect of patient care.

5.0 The inspection

5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

The last inspection to Clear Dental Ballysillan was undertaken on 7 April 2023; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 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.

It was confirmed that IPC policies and associated procedures were in place. A review of these documents demonstrated that they reflected legislation and best practice guidance. It was confirmed that dental nurses shared the responsibility for IPC and decontamination in the practice. It was confirmed that all members of the dental team had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence. Members of the dental team evidenced good knowledge of best practice guidance with regards to IPC.

It was observed that clinical and decontamination areas were clean, tidy and generally uncluttered. However, some issues were identified which were not in keeping with best practice in relation to IPC and an area for improvement against the standards has been made. The issues to be addressed are as follows:

- declutter work surfaces in the decontamination room to ensure effective cleaning can take place
- soap dispensers should be wall mounted in keeping with best practice
- review the storage arrangements for colour coded cleaning equipment in order to minimise the risk of cross contamination

The arrangements for cleaning clinical areas were discussed with members of the dental team. It was observed that whilst procedures were in place and were adhered to, cleaning records had not been maintained. An area for improvement against the standards has been made in this regard.

All areas of the practice observed were 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 these audits 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. The most recent IPS audit was completed during October 2024 and did not identify any issues to be addressed. Given the issues identified during the inspection in relation to IPC and those discussed in section 5.2.2 of this report regarding the decontamination of reusable dental instruments, the IPS audit should be revisited to ensure it is completed in a meaningful manner. An area for improvement against the standards has been made in this regard.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. It was confirmed a system was in place to ensure that relevant members of the dental team have received this vaccination.

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.

Addressing the areas for improvement will ensure the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.2 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 (DoH).

There was 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. The decontamination equipment provided was sufficient to meet the requirements of the practice. Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. Staff confirmed that all the required tests to check the efficiency of the machines had been undertaken. Staff confirmed that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use.

Some issues were identified that were not in keeping with best practice in relation to the decontamination of reusable dental instruments and an area for improvement against the standards has been made. The issues to be addressed are as follows:

- the door to the decontamination room should be closed to protect the airflow within the rooms environment
- the x-ray reader should be removed from the decontamination room to ensure that the room is dedicated solely to the decontamination process
- a record should be maintained for all periodic testing undertaken of the decontamination equipment
- all wrapped sterilised instruments should have the expiry date recorded on the packaging in keeping with best practice

Discussion with members of the dental team and a review of training records confirmed that the staff had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. Staff spoken with demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Addressing the area for improvement will ensure that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.3 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.

Miss Courtney is the nominated individual with overall responsibility for the day to day management of the practice and is responsible for reporting to the registered provider. Mr Tosh as the responsible individual nominates a member of the senior management team to monitor the quality of services and undertake a visit to the premises at least every six months in accordance with legislation. Members of the dental team confirmed that quality monitoring visits are undertaken by the operations lead for Clear Dental Care (NI) Limited, however reports of the unannounced monitoring visits were not available for inspection.

As stated in section 2.0 the findings of the inspection were discussed with the registered manager and the operations lead following the inspection. As a result of the issues identified in relation to IPC and the decontamination of dental instruments the responsible individual should consider including a robust review of the most recently completed IPS audit tool during the six monthly unannounced monitoring visits.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#).

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the QIP were discussed with Miss Courtney, Registered Manager, and the operations manager following the inspection and can be found in the main body of the report. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 Ref: Standard 13.2 Stated: First time To be completed by: 24 October 2024	The responsible individual shall ensure that the issues identified in relation to infection prevention and control are addressed as follows: <ul style="list-style-type: none"> • declutter the decontamination worktops to ensure effective cleaning can take place • liquidsoap dispensers should be wall mounted in keeping with best practice • review the storage arrangements for colour coded cleaning equipment in order to minimise the risk of cross contamination Ref: 5.2.1
	Response by registered person detailing the actions taken: All items detailed above have been completed. Group decon specialist visited the practice to audit and support.
Area for improvement 2 Ref: Standard 13.2 Stated: First time To be completed by: 24 October 2024	The responsible individual shall ensure that cleaning schedules are developed to include the arrangements for cleaning all areas of the practice and ensure that the cleaning records are maintained. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Practice has implemented this.
Area for improvement 3 Ref: Standard 13.2 Stated: First time To be completed by: 24 October 2024	The responsible individual shall ensure that the infection prevention society audit is revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. Ref: 5.2.1
	Response by registered person detailing the actions taken: This has been completed by the Practice.

Area for improvement 4 Ref: Standard 13.4 Stated: First time To be completed by: 24 October 2024	<p>The responsible individual shall ensure that the issues identified in relation to the decontamination of reusable dental instruments are addressed as follows:</p> <ul style="list-style-type: none"> • the door to the decontamination room should be closed to protect the airflow within the rooms environment • the x-ray reader should be removed from the decontamination room to ensure that the room is dedicated solely to the decontamination process • a record should be maintained for all periodic testing undertaken of the decontamination equipment • all wrapped sterilised instruments should have the expiry date recorded on the packaging in keeping with best practice <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All recommendations implemented and x ray reader moved to another area of the Practice outside of the decontamination room.</p>

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