

Inspection Report

21 January 2022



Clear Dental Rosetta

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

Address: 61 Rosetta Road, Belfast, BT6 0LR

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www.rqia.org.uk

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

Applicant Organisation/Provider: Clear Dental (NI) Limited	Applicant Registered Manager: Ms Claire Gallagher
Responsible Individual: Mr Mark Tosh	Date registered: Awaiting registration
Person in charge at the time of inspection: Mr Mark Tosh	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: <p>This practice was initially registered with the Regulation and Quality Improvement Authority (RQIA) on 21 November 2011 and operated under the name of Rosetta Dental Practice Ltd. The practice was sold to Clear Dental Care (NI) Limited and will operate under the name Clear Dental Rosetta.</p> <p>Clear Dental Care (NI) Limited is the registered provider for 15 dental practices registered with RQIA. Mr Mark Tosh is the responsible individual for Clear Dental Care (NI) Limited.</p> <p>Mr Tosh submitted an application on behalf of Clear Dental Care (NI) Ltd to register Clear Dental Rosetta with the RQIA as an Independent Hospital with a dental treatment category of care. The application was for the registration of two dental chairs providing health service and private dental care and treatment without conscious sedation.</p>	

2.0 Inspection summary

This was an announced pre-registration inspection, undertaken by a care inspector on 21 January 2022 from 8.45 am to 9.50am.

A desktop review of the premises and medicines management sections of the registration application was also undertaken by the estates support officer and a pharmacist inspector. Both have confirmed approval of the registration application from an estates and medicine management perspective.

The inspection sought to assess an application submitted to RQIA for the registration of Clear Dental Rosetta as an independent hospital providing dental treatment. The application was for the registration of two dental chairs.

An application was also submitted for the registration of Mr Mark Tosh as the responsible individual and Ms Claire Gallagher as the registered manager.

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 practices' adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints; and governance arrangements.

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

Information has been gathered throughout the registration process. Scrutiny of this information means that registration of this dental practice is granted.

3.0 How we inspect

RQIA is required to undertake pre-registration inspections following receipt of service applications. To do this, we review the registration application and supporting documents, meet and talk with staff and management and observe practice 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 and can be approved for registration

Before the inspection a range of information relevant to the registration application was reviewed. This included the following records:

- application to register the practice
- application to register the responsible individual
- application to register the manager
- the proposed statement of purpose
- the proposed patient guide
- a selection of operational policies and procedures

During the inspection we undertook a tour of the premises and met with Mr Tosh and Ms Gallagher.

A sample of records in relation to the following areas was also reviewed:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control (PC) and decontamination
- the practice's guidance in relation to COVID-19
- radiology and radiation safety
- arrangements for recording clinical records and records management
- management and governance arrangements
- equipment and premises maintenance arrangement

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 were unable to meet with patients on the day of the inspection and assessed patient feedback by reviewing the most recent patient satisfaction surveys completed by Clear Dental Rosetta. The completed surveys showed that patients were very satisfied with the care and treatment provided.

Posters were issued to Clear Dental Rosetta before the inspection inviting patients and staff to complete an electronic questionnaire. No completed questionnaires were received.

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 Rosetta Dental Practice was undertaken on 29 March 2021 by a care inspector; no areas for improvement were identified.

5.2. Inspection findings

5.2.1. Has the statement of purpose been developed in keeping with Regulation 7 Schedule 1 of the regulations?

Review of the proposed statement of purpose identified that it fully reflected the key areas and themes specified in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Gallagher is aware that the statement of purpose should be reviewed and updated as and when necessary.

5.2.2. Has the patient guide been developed in keeping with regulation 8, of the regulations?

Review of the proposed patient guide identified that it fully reflected the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Gallagher is aware that the patient guide should be reviewed and updated as and when necessary.

5.2.3 How does this service ensure that staffing levels are safe to meet the needs of patients and staff are appropriately trained to fulfil the duties of their role?

Staffing arrangements were reviewed and it was confirmed that there are appropriately skilled and qualified staff involved in the delivery of services.

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

Induction programmes relevant to roles and responsibilities are required to be completed when new staff join the team and it was confirmed that an induction programme would be provided to any new staff recruited.

A system was in place to monitor all aspects of ongoing professional development and a record was retained of all training and professional development activities. A review of the records confirmed that all current staff had undertaken training in keeping with [RQIA training guidance](#) and legislation.

Discussion with Ms Gallagher and review of documentation identified that arrangements were in place to check the registration status for all clinical staff on appointment and on an ongoing basis. Arrangements were also in place to review individual indemnity insurance of clinical members of the dental team, where appropriate, on an annual basis.

It was demonstrated that staffing levels are safe to meet the needs of patients and staff are appropriately trained to fulfil the duties of their role.

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

There were robust recruitment and selection policies and procedures that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the practice.

Mr Tosh oversees the recruitment and selection of the dental team; he approves all staff appointments and is supported by the operations lead and Ms Gallagher. Ms Gallagher confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A staff register had been implemented which was noted to be up to date and included all the required information. Ms Gallagher was aware that the staff register is a live document and should be updated and amended as and when required.

It was confirmed that one staff member had been recruited since the previous inspection. Review of the new staff member's personnel file evidenced that all relevant recruitment records had been sought; reviewed and stored as required.

There was evidence of job descriptions and induction checklists for the different staff roles.

All members of the dental team have been provided with a job description, contract of employment/agreement and had received induction training when they commenced work in the practice.

Arrangements were in place for the recruitment of dental team members to comply with legislation and best practice guidance.

5.2.5 Does the dental team meet current best practice guidance for the management of safeguarding concerns?

A review of the arrangements for safeguarding evidenced that policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. These 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 (HSCT), should a safeguarding issue arise, were also included.

Staff demonstrated a good awareness 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.

Staff confirmed that they had received training in safeguarding adults and children as outlined in the Minimum Standards for Dental Care and Treatment 2011. Ms Gallagher was aware of the frequency of safeguarding update training.

A copy of the regional policy entitled '[Co-operating to Safeguard Children and Young People in Northern Ireland](#)' (August 2017) and a copy of the regional guidance document entitled '[Adult Safeguarding Prevention and Protection in Partnership](#)' (July 2015) were available for reference.

It was demonstrated that appropriate arrangements were in place to manage a safeguarding issue should it arise.

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

A review of the medical emergency policy and procedure identified that this policy was comprehensive and reflected legislation and best practice guidance. Protocols were also available to guide the dental team on how to manage recognised 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.

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 arrangements are in place for formal refresher training to be provided annually. The records reviewed verified that the staff had completed medical emergency training during February 2021.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were 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.

5.2.7 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.

Ms Gallagher confirmed that conscious sedation is not provided in Clear Dental Rosetta.

5.2.8 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. Ms Gallagher stated there was a nominated lead who had responsibility for IPC and decontamination in the practice.

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.

5.2.9 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.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They 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.

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

5.2.10 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.

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

The arrangements concerning radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date. A review of records confirmed that the RPS had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensure that these staff had completed appropriate training. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation. The most recent report generated by the RPA in March 2020 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

The equipment inventory evidenced that the practice has two surgeries, each of which has an intra-oral x-ray machine. A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of the local rules and associated practice.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance.

The radiology and radiation safety arrangements evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.12 Are arrangements in place to maintain the environment?

The environment was maintained to a good standard of maintenance and decor. Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place to minimise the risk of cross-contamination.

Suitable arrangements were in place for maintaining the environment. Ms Gallagher confirmed, on the submitted self-assessment, that the relevant risk assessments were in place.

As discussed in Section 2.0 of this report an RQIA estates support officer, undertook a desktop review of the premises section of the registration application and approved the registration application from an estates perspective.

5.2.13 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.

As discussed in section 1.0, Clear Dental Rosetta is operated by Clear Dental Care (NI) Limited. Mr Mark Tosh is the responsible individual for Clear Dental Care (NI) Limited and he nominates a member of the senior management team to undertake the unannounced quality monitoring visits on his behalf. It was confirmed that Mr Tosh will receive a copy of the report of these visits generated for review and sign off. Staff advised that should these unannounced visits identify issues an action plan would be developed to address any deficits; including timescales and persons responsible for completing the actions. The reports will also made available for patients, their representatives, staff, RQIA and any other interested parties to read.

5.2.14 Are arrangements established to ensure complaints will be 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.

5.2.15 Are arrangements in place to review the quality of treatment and other services?

The arrangements for the review of the quality of treatment and other services were reviewed to ensure that systems were in place in keeping with legislation and best practice guidance.

Ms Gallagher stated that patient satisfaction questionnaires will be distributed throughout the year and the information will be collated, from the responses, on at least an annual basis.

A number of quality assurance systems and processes will be implemented. These include IPC and radiology audits, staff appraisals and review of ongoing professional development.

Staff meetings will be held in the practice on a regular basis, minutes of these meetings will be retained.

Arrangements are in place to review the professional registration and individual indemnity insurance of clinical members of the dental team, where appropriate, on an annual basis.

It was demonstrated that arrangements are in place to review the quality of treatment and other services were in place in keeping with legislation and best practice guidance.

5.2.16 Are policies and procedures being effectively managed?

Ms Gallagher confirmed that she is in the process of reviewing all policies and procedures and updating them to reflect the new ownership of the practice. Ms Gallagher was reminded that all policies should be signed by the author with the date of implementation and review recorded.

Policies and procedures have been localised to the practice and were retained in a manner making them accessible to staff. Arrangements were in place to review them at least every three years or as changes occur.

5.2.17 Are records being managed in accordance with legislation and best practice guidance?

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

A review of the arrangements in respect of records management demonstrated that electronic records are maintained. These have 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.

Clear Dental Rosetta is registered with the Information Commissioner's Office (ICO).

Staff were able to describe the arrangements in place for effective records management and displayed an awareness of the need to comply with the General Data Protection Regulations (GDPR) 2018.

Robust arrangements are in place for the management and security of prescription pads/forms and written policies were in place to reduce the risk of prescription theft and misuse.

The management of records within the establishment was found to be in line with legislation and best practice.

5.2.18 Does the dental team have suitable arrangements in place to record equality data?

The arrangements 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 staff. Ms Gallagher and staff advised that equality data collected is managed in line with best practice.

5.2.19 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

An application was submitted to RQIA by Mr Mark Tosh, on behalf of Clear Dental Care (NI) Limited to become the responsible individual for Clear Dental Rosetta. The relevant information, supporting documentation and appropriate fee accompanied the application.

Mr Tosh is registered with RQIA as the responsible individual for 15 other dental practices: Clear Dental Antrim, Clear Dental Armagh, Clear Dental Ballyclare, Clear Dental Ballymena, Clear Dental Bangor, Clear Dental Care NI Limited, Clear Dental Larne, Clear Dental Lisnaskea, Clear Dental Lurgan, Clear Dental Oldpark, Clear Dental Duke Street Ballymena, Clear Dental Henry Street Ballymena, Castleway Dental Practice Antrim, Clear Dental Lisburn and Clear Dental Whitehead.

A fit person interview was undertaken as part of the pre-registration inspection. Discussion with Mr Tosh evidenced that he had a clear understanding of his role and responsibilities as a responsible individual/registered manager under the relevant legislation and minimum standards. The following issues were discussed:

- the statement of purpose and patient guide
- management of complaints
- notification of untoward incidents to RQIA and other relevant bodies
- notification of registered persons/manager absences, change of ownership to RQIA
- quality assurance measures to monitor and improve practice, as appropriate
- safeguarding children and adults at risk of harm
- responsibilities under health and safety legislation
- responsibilities under The Independent Health Care Regulations (Northern Ireland) 2005
- responsibilities under The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- responsibilities under the DoH Minimum Standards for Dental Care and Treatment (2011)
- responsibilities under The Ionising Radiations Regulations (Northern Ireland) 2017 and The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018
- staff selection and recruitment procedures
- adherence to professional codes of conduct
- any court cases pending/disciplinary cases with employers/professional regulatory bodies

Registration of Mr Tosh as the responsible individual is granted.

Clear Dental Rosetta was required to appoint a registered manager. An application was received in respect of Ms Claire Gallagher. Registration of Ms Claire Gallagher has been approved.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement are identified where action is required to ensure compliance with the [Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

	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 Tosh and Ms Gallagher as part of the inspection process and can be found in the main body of the report.



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