

Inspection Report

03 January 2023



Clear Dental Care NI Limited

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: Clear Dental Care (NI) Limited	Registered Manager: Ms Nichola Graham
Responsible Individual: Mr Mark Tosh	Date registered: 5 July 2022
Person in charge at the time of inspection: Ms Nichola Graham	Number of registered places: Four increasing to five following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Clear Dental Care NI Limited 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 four 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 20 dental practices registered with RQIA. Mr Mark Tosh is the responsible individual for Clear Dental Care (NI) Limited.	

2.0 Inspection summary

This was a variation to registration inspection, undertaken by two care inspectors on 3 January 2023 from 12.35 pm to 1.55 pm.

An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises and has approved the variation application from an estates perspective.

The inspection focused solely on the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the number of dental chairs from four to five.

One area for improvement has been identified for a second time.

The variation to registration application to increase the number of registered dental chairs from four to five was approved from a care perspective following this 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.

Before the inspection the variation to registration application was reviewed. During the inspection the newly established fifth dental surgery was inspected and discussed with Ms Graham.

Examples of good practice were acknowledged and any areas for improvement have been discussed with the person in charge and are detailed in the quality improvement plan (QIP).

4.0 The inspection

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

Areas for improvement from the last inspection on 28 July 2022		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 13.4 Stated: First time	The responsible individual shall ensure that dental hand-pieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible hand-pieces should be processed in the washer disinfectant.	Not met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as unmet and has been stated for a second time. Further detail is provided in section 4.2.5	

4.2 Inspection findings

4.2.1 Is the statement of purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The statement of purpose had been updated to reflect any changes detailed in the variation to registration application. Ms Graham is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

4.2.2 Is the patient guide in keeping with Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A patient guide was available in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The patient guide had been updated to reflect any changes detailed in the variation to registration application. Ms Graham is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

4.2.3 Have any new staff been recruited to work in the additional dental surgery in accordance with relevant legislation?

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all the required information, was kept up to date and that no new members of staff had been recruited.

Ms Graham oversees the recruitment and selection of the dental team and approves all staff appointments in conjunction with Clear Dental Care (NI) Limited human resources department. Ms Graham demonstrated that she had a clear understanding of the legislation and best practice guidance.

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

The IPC arrangements were reviewed in relation to the additional dental surgery to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The new fifth dental surgery was clean and tidy however some cabinetry doors had not yet been fitted. Ms Graham informed us that a number of doors had been damaged on arrival and confirmed a date was in place to fit replacement doors. The work surfaces were intact and provided easy to clean surfaces.

The flooring was impervious and coved where it meets the walls. Following the inspection advice and guidance was provided to Ms Graham to implement a robust system for cleaning under the cabinetry behind the kicker boards as an alternative to sealing the gap between the kicker boards and the flooring.

Ms Graham confirmed to RQIA that this would be completed and that a system would be implemented to monitor completion and efficacy of this cleaning process.

The sharps boxes for the new surgery were safely positioned to prevent unauthorised access and advice and guidance was given to ensure sharps boxes are wall mounted, signed and dated upon assembly in the new surgery.

A dedicated hand washing basin was available and Ms Graham was advised to remove the plug from this sink. It was observed that hand hygiene signage was displayed and whilst liquid hand soap and a disposable hand towel dispenser were available, they had not been wall mounted. RQIA received confirmation that these will be wall mounted following the inspection. Ms Graham confirmed a clinical waste bin had been ordered, in keeping with best practice guidance, and RQIA received confirmation following the inspection that the clinical waste bin had been received and was in place in the new surgery.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that whilst appropriate PPE was readily available for the dental team in accordance with the treatments provided, wall mounted storage had not been provided. Mrs Graham confirmed that PPE would be wall mounted before the new surgery is operational.

The newly installed dental chair had an independent bottled-water system and dental unit water lines are managed in keeping with the manufacturer's instructions.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

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

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

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 provided were sufficient to meet the requirements of the practice and the additional dental surgery.

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.

During the previous inspection it was identified that dental hand-pieces were not decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13 and an area for improvement against the standards was made. Compatible hand-pieces should be processed in the washer disinfectant. During this inspection it was confirmed by a staff member and by Ms Graham that the practice had not addressed this area for improvement and consequently it has been stated for a second time.

Decontamination arrangements require further development to ensure the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

4.2.6 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.

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.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

An intra-oral x-ray machine had been installed in the fifth dental surgery. A review of records confirmed that a critical examination and acceptance test for the new x-ray equipment in the new surgery five had been undertaken during December 2022.

Advice and guidance was provided to Ms Graham to ensure that the RPS and the RPA could demonstrate written oversight of the critical examination and acceptance testing report and that the corresponding actions had been addressed. Following the inspection RQIA received confirmation that this had been actioned.

A copy of the local rules was on display near the x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these.

It was observed that the new intra-oral x-ray machine had not been fitted with a rectangular collimator. Following the inspection, RQIA received confirmation that a rectangular collimator had been fitted to the new intra-oral x-ray machine, in keeping with best practice guidance.

The appointed 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 copy of the local rules was on display near the x-ray machine and the appropriate staff had signed to confirm that they had read and understood the local rules.

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.

5.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	1*

*the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the QIP were discussed with Ms Graham, Registered Manager, as part of the inspection process. 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 13.4 Stated: Second time To be completed by: 3 January 2023	The responsible individual shall ensure that dental hand-pieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible hand-pieces should be processed in the washer disinfectant. Ref: 4.2.5 Response by registered person detailing the actions taken: Staff informed that all handpieces with the compatible symbol, must be decontaminated using the washer disinfectant.

Please ensure this document is completed in full and returned via Web Portal



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