

Inspection Report

28 July 2022



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
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: <p>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 (HSC) and does not offer conscious sedation.</p> <p>Clear Dental Care (NI) Limited is the registered provider for 17 dental practices registered with RQIA. Mr Mark Tosh is the responsible individual for Clear Dental Care (NI) Limited.</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 28 July 2022 from 10.50 am to 1.35 pm.

It focused on the themes for the 2022/23 inspection year and assessed progress with any areas for improvement identified during 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; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

One area for improvement has been identified against the standards in relation to the decontamination of reusable dental instruments.

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 care and treatment?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

No completed staff or patient questionnaires were received prior to the inspection.

5.0 The inspection

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

Areas for improvement from the last inspection on 8 February 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 periodic tests are undertaken and recorded as outlined in HTM 01-05 for all equipment used in the decontamination process.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.6.	

5.2 Inspection findings

5.2.1 Do recruitment and selection procedures comply with all relevant legislation?

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

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 Graham. Discussion with Ms Graham confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that no staff had been recruited since the previous inspection. Ms Graham confirmed that should staff be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

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

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

The recruitment of the dental team complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

5.2.2 Is 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 outline mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

A review of training records evidenced that not all staff had undertaken safeguarding training in keeping with RQIA training guidance. Following the inspection RQIA received confirmation that the identified staff would be attending safeguarding training week commencing 1 August 2022. Ms Graham was advised to develop an overarching training record to include mandatory training topics to provide a mechanism to have up to date oversight and awareness of completed staff training within the practice at any given time. Following the inspection RQIA received confirmation that a training matrix had been developed to include the training topics in accordance with RQIA training guidance for all staff who work at the practice.

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 is 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. Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates. However, it was identified that the syringes and needles for the Adrenaline medication did not have expiry dates recorded on the packaging and the adult and child pads provided for use with the automated external defibrillator (AED) had exceeded their recorded expiry dates. Ms Graham was advised to ensure that any expired items are replaced with items that are in date. Following the inspection RQIA received confirmation that new AED pads, needles and syringes had been ordered.

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

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

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 is trained to manage a medical emergency as specified in the legislation, 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.

Ms Graham confirmed that conscious sedation is not offered in Clear Dental Care NI Limited.

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.

Ms Graham confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The lead dental nurse 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 some areas of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. 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.

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 vaccination records are retained in 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.

Review of 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 (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 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. Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken and this addresses the area for improvement made during the previous inspection detailed in section 5.2.1 of this report.

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.

A review of decontamination procedures evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05 with the exception of the dental handpieces, which staff confirmed are manually cleaned prior to sterilisation. Processing of handpieces was discussed and staff were advised to refer to the manufacturer's instruction and the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015, which was issued to all dental practices by the DoH. Ms Graham and staff were advised that all compatible handpieces should be processed in the washer disinfectant. Ms Graham has agreed to address this issue with immediate effect. An area for improvement against the standards has been made in this regard.

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

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

There were COVID-19 policies and procedures in place which were in keeping with the Health and Social Care (HSC) [Dental IPC guidance for Primary and Community Dental Settings](#) (June 2022) and the [Infection Prevention and Control Manual for Northern Ireland](#).

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of best practice guidance, and focused on, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead staff member and arrangements are in place to ensure the dental team is regularly reviewing COVID-19 advisory information, guidance and alerts.

A review of the COVID-19 arrangements evidenced that procedures are in place to ensure the staff adhere to best practice guidance 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?

The arrangements regarding 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.

The practice has four surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this.

The arrangements regarding radiology and radiation safety were reviewed during the most recent RQIA inspections undertaken on 3 December 2021 and 8 February 2022. The appointed radiation protection advisor (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. Ms Graham confirmed that no new radiology equipment had been installed since the previous RQIA inspection and a quality assurance visit was not due to be undertaken therefore the radiation safety file was not reviewed as part of this inspection.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and x-ray audits.

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

5.2.9 Are complaints and incidents being effectively managed?

The arrangements for the management of complaints and incidents were reviewed to ensure that they 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 concerning complaints evidenced that complaints had been managed in accordance with best practice guidance.

Discussion with Ms Graham confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Graham confirmed that incidents are effectively documented and investigated in line with legislation.

All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

The dental team was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

Arrangements were in place to share information with the dental team about complaints and incidents including any learning outcomes, and also compliments received.

Systems were in place to ensure that complaints and incidents were being managed effectively in accordance with legislation and best practice guidance.

5.2.10 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 Care NI Limited 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. Mr Tosh receives a copy of the report generated for review and sign off.

The most recent unannounced quality monitoring visit report was dated 12 April 2022. Ms Graham 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 are also made available for patients, their representatives, staff, RQIA and any other interested parties to read.

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 Ms Graham.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has 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	1

The area 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: First time To be completed by: 28 July 2022	<p>The responsible individual shall ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: All members of staff have been instructed to put compatible handpieces through the washer disinfectant</p>

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



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