

# Inspection Report

8 February 2022



## Clear Dental Care NI Limited

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 11 Victoria Road, Larne, BT40 1RT  
Telephone number: 028 2826 0797

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Clear Dental Care (NI) Limited	<b>Applicant Registered Manager:</b> Ms Nichola Graham
<b>Responsible Individual:</b> Mr Mark Tosh	<b>Date registered:</b> Application received- registration pending
<b>Person in charge at the time of inspection:</b> Ms Nichola Graham	<b>Number of registered places:</b> Three increasing to four following this inspection
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> 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 three registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation. A variation to registration application was submitted to RQIA to increase the number of dental chairs from three to four.  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.	

## 2.0 Inspection summary

This was a variation to registration inspection, undertaken by a care inspector on 8 February 2022 from 10.55 am to 11.55 am. An RQIA estates support officer also undertook a desktop review of the variation to registration application.

An application to vary the registration of the practice was submitted to RQIA by Mr Mark Tosh, Responsible Individual. The application was to increase the number of registered dental chairs from three to four.

The inspection sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation application to increase the number of dental chairs from three to four.

The variation to registration application to increase the number of registered dental chairs from three to four was approved from a care and estates 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 fourth dental surgery was inspected and discussed with Ms Nichola Graham, applicant Registered Manager.

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).

### 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 Clear Dental Care NI Limited was undertaken on 3 December 2021 and no areas for improvement were identified.

### 5.2 Inspection findings

#### 5.2.1 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.

#### 5.2.2 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 was advised to ensure that the complaints section of the patient guide is amended to fully reflect the accurate details of who a complainant should refer to if they are dissatisfied with local resolution to their complaint. 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.

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

Ms Graham confirmed that no new staff had commenced work in the practice since the previous inspection.

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

### **5.2.4 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 surgery was tidy, uncluttered and work surfaces were easy to clean. Ms Graham was advised to ensure that the gap identified between the worktop and the wall is sealed effectively. Assurances were given that this issue would be addressed following the inspection. The flooring was impervious and coved where it meets the walls and kicker boards of cabinetry.

Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly.

A dedicated hand washing basin was available in the dental surgery. Hand hygiene signage was displayed, liquid hand soap was available, a wall mounted disposable hand towel dispenser was in place and a clinical waste bin was provided in keeping with best practice guidance.

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.

The newly installed dental chair had an independent bottled-water system and dental unit water lines (DUWLs) 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.

### **5.2.5 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 was 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.

Ms Graham confirmed the practice has sufficient dental instruments to meet the needs of the additional dental surgery when operational.

During the previous inspection it was identified that not all the required tests to check the efficiency of the machines had been undertaken and following that inspection RQIA received confirmation that new log books had been provided and assurances were given that the staff would be completing and recording the required efficiency tests in keeping with best practice. However, a review of equipment logbooks during this inspection demonstrated that the daily automatic control tests were not being recorded in the logbooks for either of the sterilisers. Ms Graham was advised that periodic testing as outlined in HTM 01-05 for all equipment used in the decontamination process, must be undertaken and recorded. An area for improvement against the standards has been identified.

Decontamination arrangements require further development to ensure compliance with current best practice guidance on the decontamination of dental instruments,

### **5.2.6 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.

A new intra-oral x-ray machine had been installed in the additional dental surgery. A review of records confirmed that a critical examination of the new intra-oral x-ray machine had been undertaken and the critical examination and acceptance test report was dated 12 May 2021. Review of the most recent radiation protection advisor (RPA) report in respect of the new intra-oral x-ray machine evidenced that there were no recommendations made.

Ms Graham confirmed that the x-ray equipment will be serviced and maintained in accordance with manufacturer's instructions.

The radiation protection supervisor (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.

The equipment inventory had been updated to include the newly installed x-ray machine. 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 these.

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.

**7.0 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
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed with Ms Graham as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> 8 February 2022	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.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b>

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



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