

Inspection Report

16 July 2024



Clear Dental Care NI Ltd

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: Five
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 five registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.</p> <p>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.</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 16 July 2024 from 10.00 am to 2.40 pm.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during and since 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; decontamination of reusable dental instruments; adherence to best practice guidance in relation to COVID-19; management of complaints and incidents; and governance arrangements.

Two areas for improvement against the standards were identified. One was in relation to ensuring the radiation protection file is reviewed regularly and one was in relation to reviewing how the practice gathers patients' views and opinions.

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 3 January 2023		
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	Area for improvement 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 disinfector.	Met
	Action taken as confirmed during the inspection It was confirmed that since the last inspection all compatible dental hand pieces were being processed in the washer disinfector. However, on the day of the inspection the washer disinfector was out of action and all of the reusable dental instruments were being manually cleaned in accordance with best practice prior to sterilisation. Ms Graham gave assurances that when the washer disinfector is fixed that all	

	compatible dental hand pieces will be processed in the washer disinfectant. Therefore, this area for improvement has been assessed as met.	
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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 two new members of staff had been recruited since the previous inspection. A review of the two personnel files of the newly recruited staff members evidenced that relevant recruitment records had been sought; reviewed and stored as required with the exception of a second reference in respect of one of the staff members. This was discussed and Ms Graham gave an explanation for this and has given assurances that two written references will be sought and retained for all new staff recruited in the future as outlined in schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005.

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.

It was demonstrated that, in the main, 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 fire safety and radiology and radiation safety training in keeping with RQIA training guidance. Following the inspection RQIA received confirmation that the identified staff had completed fire safety and radiology and radiation safety training.

As a result of the actions taken following the inspection, it was demonstrated that 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.

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. Review of these documents demonstrated that they reflected legislation and best practice guidance. 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 evidenced that one newly recruited staff member did not have a copy of the vaccination record in their personnel file. This was discussed with Ms Graham and advice was provided to follow this up and update the personnel file accordingly.

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.

The lead decontamination nurse confirmed that dental instruments were being cleaned manually prior to sterilisation as the washer disinfecter was out of action and they were awaiting a part which was on order. Advice and guidance was provided to ensure that the manual cleaning procedure of reusable dental instruments was in accordance with best practice guidance and following the inspection RQIA received confirmation that a procedure was in place.

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.

As a result of the actions taken following the inspection, it was demonstrated 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 Public Health Agency guidance [Infection Prevention and Control Measures for Respiratory illnesses March 2023](#) 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 Northern Ireland (HSENI). A review of records evidenced the practice had registered with the HSENI.

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

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 is the responsibility of the RPS to oversee radiation safety within the practice and to regularly review the radiation protection file to ensure that it is accurate and up to date. It was identified however, that the radiation protection file had not been reviewed by the RPS and that documentation was not up to date. An area for improvement has been made against the standards in this regard.

A review of the file confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training.

As referenced in section 5.2.2 training records for radiology and radiation safety were not available for review at the time of the inspection for several members of the dental team. Advice and guidance was provided to Ms Graham to ensure that training records are retained and made available for all relevant staff. Following the inspection, RQIA received evidence that this matter had been addressed.

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.

Ms Graham confirmed that since the previous RQIA inspection, a new x ray machine had been installed in surgery four during August 2023 and replaced again in May 2024. Critical examination and acceptance tests for these new intra oral x-ray machines were undertaken on 25 August 2023 and 24 May 2024 respectively.

The most recent report generated by the RPA on 5 March 2024 evidenced that the x-ray equipment had been examined however, it was identified that some outstanding recommendations made by the RPA still required to be signed off as completed by the RPS. Advice and guidance was provided to Ms Graham and following the inspection, RQIA received evidence that these matters had been addressed.

A copy of the local rules was on display near each x-ray machine observed however, not all staff had signed to confirm that these had been read. This was brought to the attention of Ms Graham and following the inspection, confirmation was received by RQIA that this matter had been addressed.

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, x-ray audits and digital x-ray processing.

It was identified that an x-ray quality audit was not available in respect of one of the dentists. Advice and guidance was provided that this audit should be carried out on a six monthly basis and Ms Graham agreed to follow up this matter as a priority with the RPS. Following the inspection RQIA received confirmation that the audit had been completed and retained on file.

Addressing the area for improvement in relation to radiology and radiation safety will strengthen the arrangements that 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, however it was identified that the new address for RQIA was not included. Advice and guidance was provided to Ms Graham to update the policy with this information and following the inspection RQIA received confirmation that this had been actioned. 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 one complaint had been received, however the follow up of this had not been completed and following the inspection RQIA received evidence that this matter had been addressed.

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.

As a result of the actions taken following the inspection, it was demonstrated that 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 25 April 2024. 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.

The arrangements for consulting with patients to seek their views and opinions of the quality of treatment and other services provided by Clear Dental Care NI Limited was discussed with Ms Graham. It was confirmed that a poster is displayed in the patient waiting area, which contains a QR code for patients to scan and submit their feedback. However, it was identified that the practice had not received any patient responses since the last RQIA inspection on 28 July 2022. Ms Graham was advised to consider reviewing the current arrangement of seeking patient feedback as it is not providing Mr Tosh, Responsible Individual, with assurances of the quality of treatment and other services provided by this practice. An area for improvement against the standards has been made in this regard.

Addressing the area for improvement will strengthen the arrangements in place for gathering service user feedback to inform practice.

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

Two 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	2

Areas for improvement and details of the QIP was discussed with Ms Graham 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 8.3 Stated: First time To be completed by: 16 July 2024	<p>The responsible individual shall ensure that the radiation protection file is reviewed at least on an annual basis by the Radiation Protection Supervisor (RPS) and that the radiation safety documentation is kept up to date and made available for inspection.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: As detailed above, all matters have been addressed and discussion with PM had regarding the expected standards.</p>
Area for improvement 2 Ref: Standard 9 Stated: First time To be completed by: 16 July 2024	<p>The responsible individual should consider reviewing the current process of seeking the views and opinions of patients in respect of quality or treatment and other services provided by the practice at regular intervals. The feedback provided by patients should be analysed and an anonymised summative report of the findings provided for patients and others.</p> <p>Ref: 5.2.10</p> <p>Response by registered person detailing the actions taken: The QR code regarding patient feedback was developed during the pandemic to avoid the use of pen and paper. An additional notice will be put in place to notify patients that should they wish to complete the questionnaire on paper, a paper copy can be requested from reception. Other means of feedback are routinely provided in the forms of thank you cards, verbal feedback, complaints and online reviews. It is our Company policy that all of this information is collated and audited annually in the form of a patient feedback audit.</p>

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