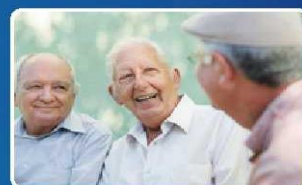


Inspection Report

17 July 2024



Clear Dental Whitehead

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

Address: 14 Marine Parade, Whitehead, BT38 9QP

Telephone number: 028 9337 2299

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

Organisation/Registered Provider: Clear Dental Care (NI) Limited	Registered Manager: Mrs Julianne Kelly
Responsible Individual(s): Mr Mark Tosh	Date registered: 14 December 2022
Person in charge at the time of inspection: Mrs Julianne Kelly	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Clear Dental Whitehead 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 two 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 24 dental practices registered with RQIA. Mr Mark Tosh is the responsible individual for Clear Dental Care (NI) Limited.	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 17 July 2024 from 10.00 am to 2.20 pm.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; infection prevention and control; adherence to best practice guidance in relation to COVID-19; management of complaints and incidents.

Two areas for improvement were identified against the regulations and against the standards.

The areas for improvement against the regulation relate to reviewing the arrangements for the storage of Glucagon and ensuring that pressure vessels are inspected and records are retained for inspection.

The areas for improvement against the standards relate to; maintaining accurate and up to date records in the radiology protection file and reviewing how the practice gathers patient's 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?

The last inspection to Clear Dental Whitehead was undertaken on 22 June 2022; no areas for improvement were identified.

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.

Clear Dental Care (NI) Limited human resources (HR) department supports registered managers during the recruitment process and are responsible for seeking all required recruitment documentation and developing job descriptions, induction templates and employment contracts bespoke to roles and responsibilities. Discussion with Mrs Kelly confirmed that she had access to all recruitment documentation and that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register and discussion with Mrs Kelly confirmed that no new staff had been recruited since the previous inspection. Mrs Kelly 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.

Discussion with Mrs Kelly confirmed that staff have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice. Mrs Kelly is aware that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

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 record is kept of all training and professional development activities undertaken by staff, which is overseen by Mrs Kelly to ensure that the dental team is suitably skilled and qualified.

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 a record of their expiry date is retained. It was observed that the Glucagon medication was stored in the fridge however the fridge temperature readings were not being recorded on a daily basis. Mrs Kelly was advised that if Glucagon medication is stored in the fridge, daily fridge temperatures should be taken and recorded as evidence that the cold chain has been maintained.

If Glucagon medication is stored at room temperature, a revised expiry date of 18 months from the date of receipt should be marked on both the packaging and expiry-date checklist to reflect that the cold chain has been broken. Mrs Kelly agreed to review the storage of the Glucagon medication. As this matter was discussed during the previous inspection, an area for improvement has now been made against the regulations in this regard.

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.

Mrs Kelly confirmed that 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.

Mrs Kelly confirmed that conscious sedation is not offered in Clear Dental Whitehead.

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. Mrs Kelly 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.

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. However, the written scheme of examination inspection report in respect of the pressure vessels, due for renewal during September 2023, was not available to review during the inspection. Advice was provided to Mrs Kelly to ensure that the pressure vessel inspection was undertaken as soon as possible following the inspection. As this matter had also been noted during the previous inspection an area for improvement has been made against the regulations in this regard.

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. The completion of pressure vessel inspections under a written scheme of examination will further strengthen compliance in this area.

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 patients on the respiratory pathway was discussed with Mrs Kelly. It was confirmed that 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 two 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.

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.

The RPS oversees radiation safety within the practice and it was confirmed that the RPS had reviewed the radiation protection file during July 2024. It was observed that a number of records in relation to radiology and radiation safety had not been fully completed or did not include confirmation of oversight by the radiation protection supervisor (RPS). An area for improvement against the standards has been made in this regard.

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.

Mrs Kelly confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA during January 2024 evidenced that the x-ray equipment had been examined however the recommendations made had not been signed and dated to confirm they had been actioned. Advice was provided to Mrs Kelly in this regard.

A copy of the local rules was on display near each x-ray machine observed however it was noted that not all appropriate staff had signed to confirm that they had read and understood these. Advice was provided to Mrs Kelly in this regard. 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, x-ray audits and digital x-ray processing. It was noted that the x-ray audits had not been signed and dated by the RPS to confirm oversight. This matter had also been raised at the previous inspection.

It was evidenced that procedures are in place to ensure that appropriate x-rays are taken safely. Addressing the area for improvement will strengthen arrangements in relation radiology and radiation safety.

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.

Discussion with Mrs Kelly confirmed that no complaints had been received since the previous inspection.

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

Mrs Kelly is the nominated individual with overall responsibility for the day to day management of the practice and is responsible for reporting to the registered provider. As discussed in section 1.0, Clear Dental Whitehead is operated by Clear Dental Care (NI) Limited. Mr Mark Tosh is the responsible individual for Clear Dental Care (NI) Limited and Mr Tosh nominates a member of the senior management team to undertake the unannounced quality monitoring visits to the premises on his behalf. Mr Tosh receives a copy of the report generated for review and sign off.

Reports of the unannounced monitoring visits along with any identified actions were available for inspection.

The arrangements for consulting with patients to seek their views and opinions on the quality of treatment and other services provided by Clear Dental Whitehead was discussed with Mrs Kelly. Mrs Kelly told us that whilst a QR code is available in the reception area for patients to scan and submit their feedback, the practice has not received any patient responses since the last inspection in 2022. Mrs Kelly was advised to consider reviewing the current arrangement for seeking patient feedback as it is not providing Mr Tosh, Responsible Individual, with assurances on 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 patient 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 Mrs Kelly.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the QIP were discussed with Mrs Julianne Kelly, 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (6) Stated: First time To be completed by: 17 July 2024	<p>The responsible individual shall ensure that Glucagon medicine is stored in keeping with the manufacturer's guidance.</p> <p>If Glucagon is stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained. If Glucagon is stored at room temperature, a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Glucagon is now stored in the first aid box at room temperature with revised expiry date of 18 months from date of receipt and recorded. Just a miscommunication of where it was being kept.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The responsible individual shall ensure that pressure vessels are inspected under the written scheme of examination and records retained.</p> <p>A copy of the written scheme of examination inspection reports for the autoclaves are to be forwarded to RQIA on completion.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: I will attach a copy of the written scheme of examination and inspection report carried out on 20/06/2023. A further inspection has also been carried out recently on 19/08/2024.</p>
<p>Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 8 (3)</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered individual shall ensure that with regards to the records retained in the radiology safety:</p> <ul style="list-style-type: none"> • All relevant members of the dental team have signed and dated to confirm they have read the local rules • X-ray audits are signed by the RPS • Any actions identified by the RPA in the three yearly quality assurance inspection report are signed and dated to evidence completion. <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: All relevant members of the dental team have now signed and dated to confirm they have read the local rules. X-Ray audits are now signed by the RPS. All actions identified in inspection report are signed and dated by the RPA to evidence completion.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2024</p>	<p>The responsible individual should consider evaluating the current process for seeking the views and opinions of patients in respect of quality of treatment and other services provided by the practice. The feedback provided by patients should be analysed and an anonymised summative report of the findings should be made available for patients and interested parties.</p> <p>Ref: 5.2.10</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The current system for seeking the views and opinions of patients have been re-evaluated. When feedback is received, this will be analysed.</p>
--	---

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews