

# Inspection Report

7 May 2025



## Curran Oral Surgery

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Clear Dental Care (NI) Limited	<b>Registered Manager:</b> Mr Martin Curran
<b>Responsible Individual:</b> Dr Mark Tosh	<b>Date registered:</b> 8 March 2012
<b>Person in charge at the time of inspection:</b> Mr Martin Curran	<b>Number of registered places:</b> Four
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Curran Oral Surgery 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 private and health service dental treatment and offers conscious sedation, if clinically indicated.  Clear Dental Care (NI) Limited is the registered provider for 22 dental practices registered with RQIA. Dr Mark Tosh is the responsible individual for Clear Dental Care (NI) Limited.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 7 May 2025 from 10.00 am to 3.00 pm.

It focused on the themes for the 2025/26 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; management of medical emergencies; management of conscious sedation; infection prevention and control; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

One area for improvement against the standards has been made 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 inspection was facilitated by Mr Curran and the practice manager.

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 Curran Oral Surgery was undertaken on 10 February 2023; 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 developing job descriptions, induction templates and employment contracts bespoke to roles and responsibilities; and seeking all required recruitment documentation. Discussion with Mr Curran confirmed that he had access to all recruitment documentation and that he had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that five new staff had been recruited since the previous inspection. A review of a sample of personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required. 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 the practice manager confirmed that members of the dental team have been provided with a job description, contract of employment 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 record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Mr Curran 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 do not exceed their expiry dates.

There was a medical emergency policy and procedure in place. Advice was provided to further develop this policy, including providing protocols to guide the dental team on how to manage recognised medical emergencies. Following the inspection, RQIA received assurances that the policy had been further developed.

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

The practice manager advised that members of the dental team are able to describe the actions they would take, in the event of a medical emergency, and are 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.

Mr Curran confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation or inhalation sedation (IH). IV sedation is only offered to patients over the age of 16 and IH sedation is offered to adults and children.

There was a conscious sedation policy and procedure in place that was comprehensive and reflected the legislation and best practice guidance. Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with the [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#).

Examination of records confirmed that the IH equipment has been serviced and a risk assessment has been completed regarding the use, risks and control measures for the management of waste medical gases.

A sample of clinical records for IV sedation were reviewed at the inspection. Clinical records for IH sedation were not available for review but the details of the assessment and procedure for IH sedation were confirmed with Mr Curran.

A review of records and discussion with Mr Curran demonstrated that a full assessment of the patient to confirm the dental treatment required and the need for sedation is undertaken by the dentist providing the sedation.

Mr Curran confirmed that valid written consent is sought for provision of dental care with sedation in accordance with the above best practice guidance.

It was demonstrated that clinical records of patients who had treatment using IV sedation included a detailed record of the pre-sedation assessment, the patient's written consent, the patient's visit for sedation including monitoring, the treatment procedure and the recovery of each patient. Mr Curran confirmed all these details are also recorded for patients who have treatment with IH sedation.

Information was available for patients in respect of the treatment provided and aftercare arrangements and a record is maintained to verify that post-treatment instructions were given and explained to the patient and their escort, as appropriate.

The dental team involved in the provision of conscious sedation must receive appropriate practical and clinical training. A review of training records evidenced that there is oversight of all relevant members of the dental team to ensure they complete 12 hours of sedation related verifiable continuing professional development (CPD) training in each five-year CPD cycle. A discussion took place regarding the life support training to be undertaken by all clinical team members involved in managing patients having sedation.

Immediate Life Support (ILS) training as laid down by the Resuscitation Council (UK) must be undertaken. Mr Curran confirmed that the content of the medical emergency refresher training undertaken in March 2025 included all the main elements of ILS training as outlined in Appendix 2 of [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#).

The medicines used during IV sedation are classified as controlled drugs (CDs). The arrangements for the management of the CDs were reviewed. It was demonstrated that CDs are securely stored at all times and systems were in place for the ordering, administration, reconciliation (stock check) and disposal of these medicines. It was identified that a standard operating procedure (SOP) for CDs was in place. Following the inspection it was confirmed that this had been signed by all relevant clinical staff.

There are arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

### **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.

The infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with the practice manager. It was confirmed that arrangements are in place 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 practice manager regularly checks Department of Health (DoH) websites for further advisory information, guidance and alerts in this regard.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. The practice manager 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.

The practice manager confirmed that members of the dental team have 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 DoH.

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that, in the main, were comprehensive and reflected legislation, minimum standards and best practice guidance. This was discussed with Mr Curran and following the inspection, RQIA received confirmation that this matter had been addressed.

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 practice manager confirmed that members of the dental team 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.

Mr Curran confirmed that dental handpieces are manually cleaned prior to sterilisation. Processing of handpieces was discussed and advice provided to refer to the manufacturer's instruction and the Professional Estates Letter (PEL) (13) 13 dated 1 October 2013 and PEL (13) 13 Addendum 1, dated 24 March 2015, which were issued to all dental practices by the DoH. Mr Curran and the practice manager were advised that all compatible handpieces should be processed in the washer disinfectant prior to sterilisation. Mr Curran agreed to address this issue with immediate effect. Following the inspection RQIA received confirmation that staff have been appropriately trained in this area and policies and procedures for decontamination of dental handpieces have been updated to reflect legislation, minimum standards and best practice guidance.

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 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 four surgeries each of which has an intra-oral x-ray machine. In addition there is a dual modality orthopan tomogram (OPG) and cone beam computed tomography (CBCT) machine, which is located in a separate room. The equipment inventory reflected all the radiography equipment in place.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation.

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained.

One file included information relating to the intra-oral x-ray machines and the second file included information relating to the CBCT/OPG machine.

A review of the files 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 regularly reviews the radiation protection files to ensure that they are 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.

A critical examination and acceptance test report for the new CBCT/OPG machine was undertaken in January 2025.

The most recent report generated by the RPA for the intra oral machines (April 2024) evidenced that the x-ray equipment had been examined. The recommendations made in the RPA report for the intra oral machines and the CEAT report for the CBCT/OPG machine had not been signed off as actioned. Following the inspection RQIA received assurances that the recommendations within both reports had all been reviewed and signed to verify that these have been actioned.

A copy of the local rules was on display near each x-ray machine observed. Advice was provided to ensure appropriate staff had signed to confirm that they had read and understood the local rules. Following the inspection RQIA received confirmation that the matter had been addressed. The practice manager confirmed the dental team demonstrate 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.

As a result of the action taken following the inspection, it is determined that procedures are in place to ensure that appropriate x-rays are taken safely.

### **5.2.8 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 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. A complaints audit had been undertaken to identify trends, drive quality improvement and to enhance service provision.

Discussion with the practice manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. The practice manager 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 practice manager confirmed the dental team are 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.

### **5.2.9 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.

Mr Curran 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. The operations lead for Clear Dental (NI) Limited monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits along with any identified actions were available for inspection. Arrangements were in place to provide copies of these reports to the registered provider to enable them to monitor progress with the identified actions.

### **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 Mr Curran.

**6.0 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
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed with Mr Curran, Registered Manager, 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> 7 May 2025	The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) (13) 13 and PEL (13) 13 Addendum 1. Compatible handpieces should be processed in the washer disinfecter prior to sterilisation.  Ref: 5.2.6
	<b>Response by registered person detailing the actions taken:</b> The Decontamination policy states that all instruments must be processed through a washer disinfecter. All instruments must be processed through a washer disinfecter prior to sterilisation This includes compatible handpieces. This has been addressed with the Practice and a DAC machine has also since been installed.

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



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