

Inspection Report

21 October 2024



Clear Dental Fountain Hill

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: Mrs Carmel Hargan
Responsible Individual: Mr Mark Tosh	Date registered: 20 March 2023
Person in charge at the time of inspection: Mrs Carmel Hargan	Number of registered places: Four increasing to six following this inspection.
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: <p>Clear Dental Fountain Hill 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 and does not offer conscious sedation.</p> <p>Clear Dental Care (NI) Limited is the registered provider for 21 dental practices registered with RQIA. Mr Mark Tosh is the responsible individual for Clear Dental Care (NI) limited.</p> <p>A variation to registration application was submitted to RQIA to increase the number of dental chairs from four to six.</p>	

2.0 Inspection summary

This was an announced variation to registration inspection, undertaken by a care inspector on 21 October 2024 from 2.00 pm to 4.30 pm.

The inspection focused solely on the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the number of dental chairs from four to six.

An RQIA estates officer reviewed the variation to registration application in regard to matters relating to the premises and has approved the variation application from an estates perspective.

There were examples of good practice found in relation to staff recruitment, infection prevention and control (IPC) and decontamination, maintenance of the environment and radiology.

The variation to registration application to increase the number of registered dental chairs from four to six was approved from a care 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 additional dental surgeries were inspected.

Examples of good practice were acknowledged and any areas for improvement have been discussed with Mrs Hargan and are detailed in the quality improvement plan (QIP).

4.0 The inspection

4.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Clear Dental Fountain Hill was undertaken on 25 May 2023; no areas for improvement were identified.

4.2 Inspection findings

4.2.1 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. Mrs Hargan is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

4.2.2 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 some of the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The following information was missing from the patient guide:

- The terms and conditions in respect of services to be provided for patients, including the amount and method of payment of charges for all aspects of their care.
- A standard form of contract for the provision of services and facilities by the registered provider to patients.
- A summary of the review of the quality of treatment (completed in consultation with patients)
- Information regarding how patients can access the most recent report prepared by RQIA.

The patient guide was discussed with Mrs Hargan at the time of the inspection and with the operations lead following the inspection and advice was provided with regard to the information required under the Regulations. An amended patient guide was submitted to RQIA following the inspection.

Mrs Hargan is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

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

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance. It was noted that a review date had not been included on the recruitment and selection policy. The operations lead confirmed, following the inspection, that this policy had been reviewed on 05 November 2024.

The Clear Dental Care (NI) Limited operations lead oversees the recruitment and selection of the dental team, and approves all staff appointments with the support of Mrs Hargan. Discussion with Mrs Hargan confirmed that she had a clear understanding of the legislation and best practice guidance.

Mrs Hargan confirmed that three new members of staff had been recruited since the previous inspection. A review of a sample of personnel files of newly recruited staff evidenced that in the main, relevant recruitment records had been sought; reviewed and stored as required.

It was noted that two written references, a criminal convictions declaration and a health assessment were not in place for one member of staff. This was discussed with Mrs Hargan and confirmation was received following the inspection that the records had been sought and retained by the Human Resources (HR) department. Mrs Hargan was reminded of the requirement to retain recruitment records for inspection.

Mrs Hargan confirmed that she will review staff personnel files on a regular basis to ensure all relevant recruitment records have been forwarded by HR.

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.

As a result of the action taken following the inspection, 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.

4.2.4 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed in relation to the two additional dental surgeries, to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The additional dental surgeries were tidy, uncluttered and easy to clean work surfaces were in place. The flooring was impervious and coved where it meets the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste. Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly.

A dedicated hand washing basin was in place in each of the surgeries; with hand hygiene signage displayed. It was noted that liquid hand soap, wall mounted disposable hand towel dispensers were 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.

It was confirmed that the newly installed dental chairs have mains fed water systems and that the dental unit water lines (DUWLs) are appropriately managed in keeping with manufacturer's instructions. A Commissioning Certificate was in place for the newly installed dental chairs.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

4.2.5 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

It was confirmed that the equipment in the decontamination room is sufficient to meet the demands of the new surgeries and there is a sufficient supply of reusable dental instruments to meet the demands associated with the additional surgeries.

The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

4.2.6 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 each of the two additional dental surgeries. A review of records confirmed that a critical examination of the new intra-oral x-ray machines had been undertaken during 28 September 2024. A copy of the critical examination and acceptance test report had been shared with the practice's radiation protection advisor (RPA). The most recent report generated by the RPA in September 2024 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

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

The appointed 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 ensures 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 newly installed x-ray machine and appropriate staff had signed to confirm that they had read and understood the local rules.

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.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Hargan, Registered Manager as part of the inspection process and can be found in the main body of the report.



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