The Regulation and Quality Improvement Authority

Inspection Report

4 September 2026



Clear Dental Whitehead

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 14 Marine Parade, Whitehead, BT38 9QP
Telephone number: 028 9337 2299

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

Organisation/Registered Provider: Clear Dental Care (NI) Limited **Responsible Individual:** Dr Mark Tosh	**Registered Manager:** Mrs Julianne Kelly **Date registered:** 14 December 2022
Person in charge at the time of inspection: Mrs Julianne Kelly	**Number of registered places:** Two
Category of care: 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 and is part of the Clear Dental Group who operate 23 dental practices registered with RQIA. Mr Tosh is the responsible individual for the Clear Dental Group.	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 4 September 2026 from 11.00 am to 4:00 pm.

It focused on the themes for the 2026/27 inspection year and assessed progress with any areas for improvement identified during the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; management of medical emergencies; infection prevention and control (IPC); decontamination of reusable dental instruments; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

One area for improvement has been identified against the standards relating to staff training records being retained for inspection.

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 17 July 2024		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref: Regulation 15 (6)** **Stated: First time**	The responsible individual shall ensure that Glucagon medicine is stored in keeping with the manufacturer's guidance. 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.	**Met**

	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.3	
Area for improvement 2 **Ref: Regulation 15 (2) (b)** **Stated: First time**	The responsible individual shall ensure that pressure vessels are inspected under the written scheme of examination and records retained. A copy of the written scheme of examination inspection reports for the autoclaves are to be forwarded to RQIA on completion.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.6	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref: Standard 8 (3)** **Stated: First time**	The registered individual shall ensure that with regards to the records retained in the radiology safety: • 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.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.7	

Area for improvement 2 **Ref: Standard 9** **Stated: First time**	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. Ref: 5.2.10	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.9	

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.

The Clear Dental Group 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 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 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 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.

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 Mrs Kelly, to ensure that the dental team is suitably skilled and qualified.

A review of a sample of staff training records identified that some training records were not available for review and some were required to be renewed. This was discussed with Mrs Kelly and following the inspection, RQIA received evidence that this matter had, in the main, been addressed. To ensure ongoing compliance on this matter, an area for improvement against the standards has been made in this regard.

The action taken following the inspection and addressing the area for improvement will ensure 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. It was determined that the previous area for improvement one made against the regulations, as outlined in section 5.1, has been met.

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.

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.

The IPC measures in the practice were discussed with Mrs Kelly. It was confirmed that IPC measures in place were in keeping with the Health and Social Care Public Health Agency guidance and Infection Prevention and Control Manual for Northern Ireland. Mrs Kelly confirmed arrangements are in place to check 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. 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 tidy and uncluttered. All areas of the practice observed were equipped to meet the needs of patients. However, a number of items were identified that required further attention. These were discussed with Mrs Kelly and following the inspection, RQIA received confirmation of the arrangements in place to address these matters.

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.

Discussion with Mrs Kelly 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.

As a result of the action taken following the inspection, it is determined that the dental team is adhering 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 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. It was determined that the previous area for improvement two made against the regulations, as outlined in section 5.1, has been met.

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.

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 two surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation, however it was identified that this appointment had expired. This was discussed with Mrs Kelly and following the inspection, RQIA received evidence that this matter had been addressed.

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, in the main, entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. A review of staff entitlement and equipment application training records identified some records were required to be reviewed and updated. This was discussed with Mrs Kelly and following the inspection, RQIA received confirmation of the arrangements in place to address these matters. The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is 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.

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. Following the inspection, RQIA received confirmation that any recommendations made by the RPA had been signed as actioned.

A copy of the local rules was on display near each x-ray machine observed and 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. 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 has been determined that the previous area for improvement one made against the standards, as outlined in section 5.1, has been met.

As a result of the actions 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/or their representatives were made aware of how to make a complaint by way of the patient's guide.

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 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. 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.

5.2.9 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.

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. The registered provider (*or person acting on their behalf*) 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 Mr Tosh to enable him to monitor progress with any identified actions.

The arrangements for the review of the quality of treatment and other services were reviewed to ensure that systems were in place in keeping with legislation and best practice guidance.

Mrs Kelly told us that patients are provided with the opportunity to complete a satisfaction survey to provide feedback. The results of these are collated to provide an anonymised summary report which is made available to patients and other interested parties. Mrs Kelly confirmed that an action plan had been developed to inform and improve services provided. It was determined that the previous area for improvement two made against the standards, as outlined in section 5.1, has been met.

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 Minimum Standards for Dental Care and Treatment (March 2011).

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the QIP were discussed with Mrs 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 Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 11.4 **Stated:** First time **To be completed by:** 4 September 2026	The registered person shall maintain a record of all training and professional development activities undertaken by staff which is overseen by them, to ensure that the dental team are suitably skilled and qualified in line with professional requirements and mandatory training requirements as set out in the training guidance provided by RQIA. Ref: 5.2.2
	Response by registered person detailing the actions taken: Records of all training and professional development activites have been maintained and updated in the training matrix.

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



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