Inspection Report

31 March 2025 and 1 May 2025

Crescent Dental Health

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 10 Lower Crescent, Belfast, BT7 1NR
Telephone number: 028 9024 6311

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, Minimum Standards for Dental Care and Treatment (March 2011) and the Minimum Care Standards for Independent Healthcare Establishments (July 2014)

1.0 Service information

Organisation/Registered Provider: Mr James Paul Hurson	**Registered Manager:** Mr James Hurson **Date registered:** 3 December 2012
Person in charge at the time of inspection: Mr James Hurson	**Number of registered places:** Two
Categories of care: Independent Hospital (IH) – Dental Treatment PT(L) – Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	
Brief description of how the service operates: Crescent Dental Health is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care and prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) categories 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.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 31 March 2025 from 10:00 am to 2:50 pm and two care inspectors on 1 May 2025 from 10:00 am to 12:30 pm.

It focused on the themes for the 2024/25 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 staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; management of complaints and incidents; and governance arrangements.

One area for improvement has been made against the regulations to ensure that an Access NI enhanced disclosure check is sought and reviewed with the outcome recorded prior to any member of staff commencing employment.

Eight areas for improvement have been made against the standards to ensure; the recommendations as outlined in the Radiation Protection Advisor report pertaining to the cone beam computed tomography (CBCT) machine are reviewed; all x-ray audits pertaining to the intra-oral x-ray machines and the cone beam computed tomography (CBCT) are completed; the radiation protection supervisor undertakes a regular review of the radiation protection files; core of knowledge training has been completed; a laser safety file which containing the relevant information in relation to the laser equipment is in place; the medical treatment protocol has been further developed; the authorised operator has signed to indicate that they accept and understand the procedures known as local rules and medical treatment protocols; and that the laser equipment has been serviced and maintained.

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 Hurson and the lead dental nurse.

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 Crescent Dental Health was undertaken on 24 February 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.

Mr Hurson oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr Hurson confirmed that he had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that one new staff member had been recruited since the previous inspection. A review of the personnel file of newly recruited staff member evidenced that relevant recruitment records had been sought; reviewed and stored as required.

It was noted that an Access NI enhanced disclosure check had been obtained after the newly recruited member of staff had commenced employment in the practice. This was discussed with Mr Hurson and an area for improvement against the regulations has been made in this regard.

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.

Addressing the area for improvement will ensure that 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 Hurson 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 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.

Mr Hurson confirmed that conscious sedation is not offered in Crescent Dental Health.

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 Mr Hurson. 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. Mr Hurson provided assurances that he will regularly check 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. Mr Hurson 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.

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.

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. In addition, there is a dual modality orthopan tomogram (OPG) machine and cone beam computed tomography (CBCT) machine, which is located in one of the surgeries. 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.

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.

The lead dental nurse confirmed that one of the intra-oral x-ray machines had been repaired since the previous inspection. A critical examination and acceptance test report for the repaired intra-oral x-ray machine was undertaken on 19 October 2023.

The most recent reports generated by the RPA for the intra-oral x-ray machines dated 18 October 2022 and the CBCT dated 14 October 2022 evidenced that the x-ray equipment had been examined however, it was identified that the RPA recommendations outlined within each of these reports had not been signed as actioned. This was discussed with Mr Hurson and following the inspection, RQIA received evidence that the RPA recommendations for the intra-oral x-ray machines had been signed as actioned. An area for improvement against the standards has been made to ensure that the RPA recommendations in respect of the CBCT machine are reviewed and signed to verify these have been actioned.

A copy of the local rules was on display near each x-ray machine observed, with the exception of the CBCT. This was discussed with Mr Hurson and advice and guidance was provided to ensure the local rules pertaining to the CBCT are displayed. Appropriate staff had signed to confirm that they had read and understood the local rules pertaining to the intra-oral x-ray machines. Advice and guidance was provided to Mr Hurson to ensure that relevant staff sign to confirm that they have read and understood the local rules pertaining to the CBCT. Mr Hurson provided assurances that this matter would be addressed.

In the main, 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 measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and digital x-ray processing. A review of the radiation protection files identified that not all x-ray audits were available for review. This matter was discussed with Mr Hurson and an area for improvement against the standards has been made in this regard.

In view of the issues identified in relation the radiology and radiation safety arrangements in the practice, an area for improvement has been made against the standards for the RPS to regularly review the radiation protection files to ensure all records are completed and up to date and information as specified within legislation and best practice guidance is available for staff reference and guidance.

Addressing the areas for improvement will ensure that arrangements are in place to ensure that appropriate x-rays are taken safely.

5.2.8 How does the service ensure that dental laser procedures are safe

Staffing

Mr Hurson told us that laser treatments are carried out by him as the authorised operator. The register of authorised operators for the laser equipment reflects that Mr Hurson is the authorised operator.

A review of training records evidenced that Mr Hurson had up to date training in basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. It was identified that records pertaining to core of knowledge training and application training for the laser equipment in use were not available for review. This was discussed with Mr Hurson and following the inspection, RQIA received evidence of application training for the equipment in use. An area for improvement against the standards had been made to ensure that core of knowledge training has been completed.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

Laser safety

It was identified that a laser safety file containing the relevant information in relation to the laser equipment was not in place. This was discussed with Mr Hurson and an area for improvement against the standards has been made in this regard. There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) to be reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires in April 2026.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during April 2025.

Mr Hurson told us that laser dental procedures are carried out following Biolase official user manuals and training protocols. A copy of the laser treatment protocol was submitted to RQIA following the inspection. A review of the laser treatment protocol evidenced that further development was required to ensure it contains all of the relevant information about the treatment being provided in accordance with best practice guidance. An area for improvement against the standards has been made in this regard.

Mr Hurson, as the laser protection supervisor (LPS), has responsibility for safety during laser treatments and a list of authorised operators is maintained. It was identified that Mr Hurson, as the authorised operator had not signed to state that he had read and understood the local rules and medical treatment protocols. This was discussed with Mr Hurson and an area for improvement against the standards has been made in this regard.

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency. Mr Hurson was aware that the laser safety warning sign should only be displayed when the laser equipment is in use and removed when not in use.

The laser is operated using a key. Arrangements are in place for the safe custody of the laser key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Crescent Dental Health has a laser register in place. Mr Hurson confirmed that he, as the authorised operator, completes the register every time the equipment is operated. The register reviewed included:

- the name of the person treated
- the date
- the treatment given
- the precise exposure

Advice and guidance was provided to Mr Hurson to ensure that the laser register is further developed to include:

- the operator
- any accident or adverse incidents

Mr Hurson provided assurances that this matter would be addressed.

Evidence that the laser equipment had been serviced and maintained in line with the manufacturer's guidance was not available for review. This was discussed with Mr Hurson and an area for improvement against the standards has been made in this regard.

Observations made evidenced that a carbon dioxide (CO2) fire extinguisher is available which has been serviced within the last year.

Patient pathway

Mr Hurson confirmed that patients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the patient which will outline the treatment provided, any risks, complications and expected outcomes.

Mr Hurson also confirmed that patient laser treatments are recorded on patient dental care records.

Addressing the areas for improvement will ensure that appropriate arrangements are in place to operate the laser equipment.

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.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with the lead dental nurse confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. The lead dental nurse 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.

5.2.10 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.

Mr Hurson was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

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 the lead dental nurse.

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, the Minimum Standards for Dental Care and Treatment (March 2011) and the Minimum Care Standards for Independent Healthcare Establishments (July 2014).

	Regulations	Standards
Total number of Areas for Improvement	1	8

Areas for improvement and details of the QIP were discussed with Mr Hurson, Registered Person, 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 19 (2) Schedule 2, as amended **Stated:** First time **To be completed by:** 1 May 2025	The registered person shall ensure that an Access NI enhanced disclosure check is sought and reviewed with the outcome recorded prior to any member of staff commencing employment in the future. Ref: 5.2.1
	Response by registered person detailing the actions taken: this has been noted and included in our standard operatingproceedure for employing new staff. New staff shall not start until an Access Ni Enhanced Disclosure is in place for our practiuce. We are now aware that although our nurse had a copy of the above disclosure for her previous practice it did not cover to all even non clinical work at our practice
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:** 1 June 2025	The registered person shall ensure that the recommendations as outlined in the Radiation Protection Advisor report pertaining to the cone beam computed tomography (CBCT) machine are reviewed and signed as actioned. Ref: 5.2.7
	Response by registered person detailing the actions taken: The recommendations as putlined by the RPA have been actioned and signed, we have booked our revalidation for both intra oral and CBCT for the 18th Sept 2025
Area for improvement 2 **Ref:** Standard 8.3 **Stated:** First time	The registered person shall ensure that all x-ray audits pertaining to the intra-oral x-ray machines and the cone beam computed tomography (CBCT) are completed, reviewed and added to the radiation protection file for future review. Ref: 5.2.7

To be completed by: 1 June 2025	
	Response by registered person detailing the actions taken: Audits have been carried out and added top the files, the practice has invested in a AI software programme DSCore (DentsplySirona) to review and report on all radiographs for patho;ogy. This will be particularly useful in reviewing OPG and CBCT scans and improve our safety and service to patients
Area for improvement 3 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 1 June 2025	The registered person shall ensure the radiation protection supervisor undertakes a regular review of the radiation protection files to ensure all records are completed and up to date and information, as specified within legislation and best practice guidance, is available for staff reference and guidance. Ref: 5.2.7
	Response by registered person detailing the actions taken: Since the inspection we have instituted 1 day a month to allow regular and sufficient time to review all aspects of practice management and ensure we are compliant and up to date with all legislation
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 **Ref:** Standard 48.12 **Stated:** First time **To be completed by:** 1 June 2025	The registered person shall ensure that core of knowledge training has been completed by the authorised operator. Evidence of the completed core of knowledge training is to be submitted to RQIA on return of this quality improvement plan. Ref: 5.2.8
	Response by registered person detailing the actions taken: Evidence of core training was submitted to the inspector and undertake to continue courses as necessary to improve my knowledge of the use of lasers in the dental field
Area for improvement 2 **Ref:** Standard 48.21 **Stated:** First time	The registered person shall ensure that a laser safety file which contains the relevant information in relation to the laser equipment is in place and is available for review. Ref: 5.2.8

To be completed by: 1 June 2025	Response by registered person detailing the actions taken: The file is in place with all relevant information included and signed. At the end of this period I will change my LPA advisor to be Mr Steven Parker an expert within the field who will arrange a yearly site visit as part of his responsibilty

Area for improvement 3 **Ref:** Standard 48.3 **Stated:** First time **To be completed by:** 1 June 2025	The registered person shall ensure that the medical treatment protocol has been further developed to include: • Treatment contra-indications; • Procedure if anything goes wrong with treatment; • Permitted variation on machine variables; and • Procedure in the event of equipment failure. Ref: 5.2.8
	Response by registered person detailing the actions taken: The Laser Safety File has been amended to include all necessary medical treatment protocols and information. We have completed staff training to cover this information
Area for improvement 4 **Ref:** Standard 48.6 **Stated:** First time **To be completed by:** 1 June 2025	The registered person shall ensure the authorised operator has signed to indicate that they accept and understand the procedures known as local rules and medical treatment protocols. Ref: 5.2.8
	Response by registered person detailing the actions taken: The authorised laser user has signrd the laser safety file to indicate they accepr and understand the local rules an dmedical treatment protocols
Area for improvement 5 **Ref:** Standard 23.6 **Stated:** First time **To be completed by:** 1 June 2025	The registered person shall ensure the laser equipment has been serviced and maintained in line with the manufacturer's guidance. Servicing records pertaining to the laser equipment are to be submitted to RQIA on return of this quality improvement plan. Ref: 5.2.8
	Response by registered person detailing the actions taken: The American company Biolase went into administration and been bought over by a new company Clarke Dental Sales are now the sol;e distibutor and responsible fpor servicing. They are based solely in England and no local company provides servicing. We are setting up to have the company send an engineer to NI to complete servicing. As a aprt of this we have looked for any error messages generated by the machine to help in the servicing and ensure they have all necessary parts. There have been no such error messages and so will just be a routine service

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