

Inspection Report

9 June 2025



New Life Teeth

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

<p>Organisation/Registered Provider: Belfast Dental Implant Clinic T/A New Life Teeth</p> <p>Responsible Individual: Mr Stuart Lutton</p>	<p>Registered Manager: Mrs Yasmin Lutton</p> <p>Date registered: 21 February 2017</p>
<p>Persons in charge at the time of inspection: Practice Manager, New Life Teeth Compliance Manager, New Life Teeth</p>	<p>Number of registered places: Seven increasing to ten following this inspection</p>
<p>Categories of care: Independent Hospital (IH) – Dental Treatment</p>	
<p>Brief description of how the service operates: New Life Teeth 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 seven registered dental surgeries and provides private general dental services and offers conscious sedation, if clinically indicated.</p> <p>A variation to registration application was submitted to RQIA to increase the number of dental chairs from seven to ten. This is discussed further in section 5.4 of this report.</p>	

2.0 Inspection summary

This was an announced care and variation to registration inspection undertaken by two care inspectors on 9 June 2025 from 09.50 am to 3.10 pm.

It focused on the themes for the 2025/26 inspection year and assessed progress with any areas for improvement identified during and since the last care inspection. This inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the dental chairs from seven to ten.

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 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 or 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 the practice manager and the compliance manager for New Life Teeth.

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.

One patient submitted a response indicating that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The patient indicated that they were very satisfied with each of these areas of their care and commented on the amazing service provided.

Five staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were either satisfied or very satisfied with each of these areas of patient care. Two staff responses included comments pertaining to the great work environment and staff within the practice.

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 New Life Teeth was undertaken on 4 May 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.

The practice manager and the compliance manager oversee the recruitment and selection of the dental team and they approve all staff appointments. Discussion with the practice manager and the compliance manager confirmed that they had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that seventeen new staff had been recruited since the previous inspection. A review of a sample of personnel files of the newly recruited staff evidenced that in the main, relevant recruitment records had been sought; reviewed and stored as required. Advice and guidance was provided and following the inspection, RQIA received evidence that this matter had been addressed.

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 actions taken following the inspection, it is determined 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 the practice manager, 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 in the main, it reflected legislation and best practice guidance. Advice and guidance was provided to further develop the policy and following the inspection, RQIA received confirmation that this matter had been addressed. 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.

A review of emergency medicines and equipment identified that some items were required. This matter was discussed with the practice manager and following the inspection, RQIA received confirmation that this matter had been addressed.

It was demonstrated that 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.

The practice manager confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation and or inhalation sedation (IH). IV sedation and IH sedation is only offered to patients over the age of 18.

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 review of records and discussion with the practice manager 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.

The practice manager confirmed that valid written consent is sought for the 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 sedation includes 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.

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 all relevant members of the dental team had completed 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. A review of the content of the medical emergency refresher training undertaken on 26 June 2024 demonstrated that 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 \(SDCEP\)](#) were included.

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 and 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 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 should be 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 the practice was auditing IPC processes on a monthly basis using an audit tool developed by the practice. Advice and guidance was provided to the practice manager to use the IPS audit tool and ensure the audits are completed on a six monthly basis and, where applicable, an action plan should be generated to address any improvements required. The practice manager and compliance manager were receptive to this advice and gave assurances that this would be completed moving forward.

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.

As a result of the assurances given during the inspection feedback, it was determined that the dental team was 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.

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.

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 hand pieces. Staff confirmed that dental hand pieces are manually cleaned prior to sterilisation. Processing of hand pieces was discussed and advice provided to refer to the manufacturer's instructions 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. The practice manager was advised that all compatible hand pieces should be processed in the washer disinfectant prior to steriliser. The practice manager 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 the decontamination of dental hand pieces 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.

Prior to the submission of the variation to registration application the practice had seven surgeries and two hand held intra-oral x-ray units that service each surgery. A third hand held unit had been purchased to meet the demand of the three new surgeries, this is discussed further in section 5.4. In addition, there is a combined cone beam computed tomography (CBCT) and orthopan tomogram (OPG) 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 hand held units and the second file included information relating to the CBCT/OPG.

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 for the new hand held unit was undertaken on 6 June 2025, this is discussed further in section 5.4.

The most recent reports generated by the RPA in September 2024 evidenced that all the x-ray equipment had been examined and any recommendations made had been signed as actioned by the lead dental nurse. Advice and guidance was provided to the lead dental nurse and the practice manager to ensure that the RPS signed off the report to have oversight of same.

The radiology arrangements in place for the three new surgeries is discussed in section 5.4.

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. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure.

This included the use of rectangular collimation, x-ray audits and digital x-ray processing. Advice and guidance was provided to the lead dental nurse and the practice manager to ensure that the RPS had oversight of the measures in place to optimise radiation dose exposure.

As a result of the actions taken following the inspection and assurances given by the lead dental nurse and the practice manager, 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 was reviewed, and advice and guidance was provided to the practice manager to further develop the policy to ensure that the instructions were clear for patients and staff to follow. Following the inspection, RQIA received confirmation that the policy had been updated. 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 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 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.

As a result of the actions taken following the inspection, it is determined that systems are in place to ensure that complaints and incidents are 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 Lutton 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 practice manager.

5.4 Are the new dental surgeries fully equipped to provide private dental care and treatment?

A review of the three new surgeries evidenced that they were clean, tidy, uncluttered and work surfaces were intact and easy to clean.

The flooring was impervious and coved where it met the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Appropriate arrangements were 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.

Dedicated hand washing basins were available with hand hygiene signage displayed. It was noted that liquid hand soap, wall mounted disposable hand towel dispensers and clinical waste bins were provided in keeping with best practice guidance.

The arrangements for PPE were reviewed and it was noted that PPE was readily available for the dental team in accordance with treatments provided.

It was confirmed that the newly installed dental chairs had independent bottled water systems and that the dental unit water lines (DWULs) are appropriately managed in keeping with manufacturer's instructions. The practice manager is aware that the newly installed dental chairs are required to be commissioned and the corresponding certificates retained for review by interested parties.

A new hand held intra-oral x-ray unit had been purchased to address the added capacity of the three new surgeries. As previously discussed the appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment. It was confirmed that a critical examination and acceptance test had been undertaken for the new hand held unit on 6 June 2025, however the report was not available to view during the inspection. Following the inspection, RQIA received confirmation that the report had been received and any recommendations made had been signed and dated as actioned. The new x-ray equipment had been included in the equipment inventory. As discussed in section 5.2.7 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 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.

It was determined that the new dental surgeries were finished to a high standard. The variation to registration application was approved from a care perspective following the inspection.

5.5 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 practice manager is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

5.6 Is the patient guide in keeping with Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005?

A patient guide 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. Advice and guidance was provided to the practice manager to further develop the patient guide to include all the relevant contact details and following the inspection, RQIA received confirmation that this matter had been addressed. The practice manager is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Minimum Standards for Dental Care and Treatment (March 2011).

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and detail of the QIP were discussed with the practice manager and the compliance manager for New Life Teeth as part of the inspection process. The timescale 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 \(March 2011\)](#)

<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2025</p>	<p>The responsible individual shall ensure that dental hand pieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13 and PEL (13) 13 Addendum 1. Compatible hand pieces should be processed in the washer disinfecter prior to sterilisation.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Our current policies and procedures have been updated to ensure that all handpieces are processed in full alignment with both manufacturer guidelines and HTM 01-05 standards.</p> <ul style="list-style-type: none"> • Handpieces are wiped down and lightly oiled. • Then they go through the washer disinfecter • Inspected and re-oiled • Into the autoclave for sterilisation.

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