

# Enforcement Monitoring Inspection Report

4 December 2024



## DentaMed Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 6 Monaghan Court, Newry, BT36 6BH  
Telephone number: 078 9154 5404

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> DentaMed Newry Limited	<b>Registered Manager:</b> Ms Zivile Kviklyte
<b>Responsible Individual:</b> Ms Zivile Kviklyte	<b>Date registered:</b> 2 November 2017
<b>Person in charge at the time of inspection:</b> Ms Zivile Kviklyte	<b>Number of registered places:</b> One
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> DentaMed Dental Care 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 one registered dental surgery and provides general dental services, private and health service treatment and does not offer conscious sedation.	

## 2.0 Inspection summary

This inspection took place on 4 December 2024 from 11.00am to 1pm. The inspection was conducted by two care inspectors.

This inspection was undertaken to assess the level of compliance with the Failure to Comply (FTC) notices FTC000224 and FTC000225 issued on 3 October 2024.

The Failure to Comply notice (FTC000224) was issued under Regulation 21 and the Failure to Comply notice (FTC000225) was issued under Regulation 19 (2), Schedule 2.

As a result of this inspection all of the actions within the two FTC notices were assessed as met, and compliance has been achieved with each FTC notice. RQIA will continue to monitor the quality of care and treatment provided by DentaMed Dental Care during subsequent inspections.

Two areas for improvement have been made against the standards; one to ensure that clinical records are consistently completed in accordance with principles of good record keeping; and to undertake a monthly audit of the quality of x-ray imaging and of the recording of justification and evaluation of x-rays.

### 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 service

As this was an enforcement monitoring inspection posters were not issued to the practice, prior to the inspection, inviting patients and staff to complete an electronic questionnaire.

### 5.0 The inspection

#### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 12 September 2024		
Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a>		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (7) <b>Stated:</b> First time	The responsible individual shall ensure a risk assessment is completed when a safer sharp is not deemed practical, this should be signed by the treating dentist.	<b>Met</b>
	Ms Kviklyte confirmed that she uses safer sharps devices and that these are available for any other dentist working in the practice. Ms Kviklyte informed us that, where a treating dentist does not use a safer sharps device, a risk assessment template will be completed and signed by the dentist.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 15 (7) <b>Stated:</b> First time	The responsible individual shall ensure that a risk assessment is completed for new clinical staff who have not yet completed the Hepatitis B vaccination process. The risk assessment should outline the tasks they are not permitted to undertake until the	<b>Met</b>

	vaccination programme has been completed.	
	<b>Action taken as confirmed during the inspection:</b> A review of records verified that a risk assessment outlining permitted tasks had been undertaken for clinical staff who have not yet completed a Hepatitis B vaccination process.	
<b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 13.2 <b>Stated:</b> First time	The responsible individual shall ensure that cleaning equipment is stored in keeping with best practice guidance at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of storage arrangements confirmed that cleaning equipment was stored in keeping with best practice guidance.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 13.2 <b>Stated:</b> First time	The responsible individual shall ensure cleaning schedules are implemented and cleaning records are completed and retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was demonstrated that cleaning schedules that include all areas of the practice had been implemented. Cleaning records were in place and were noted to be up to date.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 14.4 <b>Stated:</b> First time	The responsible individual shall establish robust arrangements to ensure that all decontamination equipment is revalidated in keeping with best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that all decontamination equipment had been validated on 23 October 2024. It was demonstrated that arrangements were in place to ensure that all decontamination equipment will be revalidated when due.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p>	<p>The responsible individual shall ensure that all reusable dental instruments are decontaminated in line with <a href="#">Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05)</a>, published by the Department of Health (DoH).</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Miss Kviklyte and review of the decontamination arrangements confirmed that all reusable dental instruments were being decontaminated in line with HTM 01-05.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>The responsible individual shall ensure emergency medicines are provided in accordance with the British National Formulary (BNF).</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that all emergency medicines were in place in keeping with the BNF. A check list that included the expiry date of each item had been completed and was up to date.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12.5</p> <p><b>Stated:</b> First time</p>	<p>The responsible individual shall ensure all staff members undertake management of medical emergency training at least annually in keeping with best practice guidance.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Training certificates in place confirmed that all current staff had completed medical emergency training on 31 October 2024. Miss Kviklyte informed us that this training will be completed annually with records retained for inspection.</p>		

## 5.2 Inspection findings

### 5.2.1 Review of FTC Notice FTC000224

#### The Independent Health Care Regulations (Northern Ireland) 2005

##### Records 21. —

(1) The registered person shall ensure that –

(a) a comprehensive medical record is maintained in relation to each patient, which includes –

(i) a contemporaneous note of all treatment provided to him;

(ii) his medical history and all other notes prepared by a health care professional about his case; and

(b) the record is retained for a period which is not less than that specified in Part I of Schedule 3 in relation to the type of patient in question or, where more than one such period could apply, the longest of them.

(3) The registered person shall ensure that the records specified in Part II of Schedule 3 are maintained and that they are –

(a) kept up to date;

(b) at all times available for inspection in the establishment or the agency premises by any person authorised by the Regulation and Improvement Authority to enter and inspect the establishment or agency premises; and

(c) retained for a period of time not less than three years beginning on the date of the last entry.

**In relation to this notice the following actions were required to comply with this regulation:**

- An accurate, complete and contemporaneous paper or electronic clinical record must be maintained for each appointment.
- The clinical record must reflect that a patient's medical history has been updated at the start of each new course of treatment and reviewed by the dentist at each subsequent visit.
- The clinical record must include the reason for the patients visit, previous dental history, the history of any complaint and detail what was done at each appointment
- For routine examination appointments the clinical record must detail the outcome of the intra-oral and extra-oral examination, including soft tissue assessment, tooth examination, periodontal examination and any special investigations carried out.
- Any definitive or differential diagnosis should be recorded.
- Where necessary discussion of treatment options and a treatment plan is documented in the clinical record and a copy provided to the patient.
- Consent to treatment should be documented.
- The clinical record should include aftercare instructions provided to the patient.

- When a radiograph is taken, the justification and authorisation of the radiograph should be recorded in the clinical notes along with the clinical evaluation and image quality grading, a clear or differential diagnosis and treatment plan, if applicable.
- A record of any prescriptions written.
- Records pertaining to the operation of the dental practice must be available for inspection.

## Findings

A review of 10 randomly selected patient's clinical records was carried out for dental treatment completed since 3 October 2024. These records were assessed against the criteria set out in the FTC notice.

It was confirmed that a paper or electronic clinical record was in place for each patient appointment. Whilst this area was found to be compliant, the standard of record keeping could be further strengthened and advice was provided to Ms Kviklyte in this regard.

Patient medical histories were being recorded for new patients. Ms Kviklyte confirmed that patient's medical histories will be reviewed at each subsequent visit.

In general, it was found that the clinical records included sufficient details about what was done during each appointment. The general detail of what happened at each patient appointment was recorded appropriately in most cases. One of the clinical records reviewed was discussed with Ms Kviklyte who provided assurance that the patient's record would be updated accordingly.

For routine examination appointments the majority of clinical records contained appropriate detail in respect of the outcome of the intra-oral and extra-oral examination, including soft tissue assessment, tooth examination, periodontal examination and any special investigations carried out.

The records reviewed evidenced that any definitive or differential diagnosis was recorded as required.

There was evidence of a treatment plan being documented in the clinical records where appropriate. Ms Kviklyte advised treatment options are discussed with patients when required and recorded in the patient's clinical record. Most courses of treatment reviewed in the record sample were for routine treatment appointments and not complex treatments.

Appropriate consent to treatment was evidenced in the records reviewed and Ms Kviklyte confirmed that written consent is obtained for more complex procedures.

Where appropriate, the clinical records included details of aftercare instructions provided to the patient.

In general, the justification and reporting of radiographs was much improved. Advice was provided that radiograph reports should be completed for each individual radiograph and should list the findings.

None of the treatment in the records examined required a prescription to be issued.

Overall there was a marked improvement in the standard of record keeping. It was confirmed that individual patient records were in place and available for inspection.

**As all of the actions have been assessed as met, compliance has been achieved with this FTC notice.**

## 5.2.2 Review of FTC Notice FTC000225

### *The Independent Health Care Regulations (Northern Ireland) 2005*

#### *Fitness of workers 19 Regulation 19 (2)*

*A person is not fit to work in or for the purposes of an establishment, or for the purposes of an agency unless –*

*(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.*

#### **SCHEDULE 2**

#### **INFORMATION REQUIRED IN RESPECT OF PERSONS SEEKING TO CARRY ON, MANAGE OR WORK AT AN ESTABLISHMENT OR AGENCY**

**(2) Either –**

**(a) Where a certificate is required for a purpose relating to registration under Part 111 of the Order, or the position falls within section 115 (3) or (4) of the Police Act 1997 (a), an enhanced criminal record certificate issued under section 115 of that Act.**

**In relation to this notice the following actions were required to comply with this regulation:**

- Robust arrangements must be in place to maintain a staff register in accordance with Schedule 3 Part II (6) of The Independent Health Care Regulations (Northern Ireland) 2005.
- The registered person must ensure that at all times staff are recruited and employed in accordance with statutory legislation and mandatory requirements. This includes the receipt and review of a satisfactory AccessNI enhanced disclosure check prior to commencement of employment.
- The registered person must ensure that the staff recruitment policy and procedure contains details of all the required information as listed within Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.
- The registered person must implement robust monitoring systems to ensure that the recruitment process is compliant with statutory legislation and mandatory requirements.
- The registered person must ensure that all staff involved in the recruitment process receive training or refresher training in selection and recruitment.

- The registered person must ensure that all staff involved in the recruitment process receive training or refresher training in safeguarding of children and vulnerable adults.
- Recruitment and training records must be available for inspection.

## Findings

A staff register was in place which was noted to be up to date and included all the required information in accordance with Schedule 3 Part II (6) of The Independent Health Care Regulations (Northern Ireland) 2005. Miss Kviklyte was aware that the staff register is a live document and should be updated and amended as and when required.

Miss Kviklyte is responsible for recruitment and selection of the dental team and approves all staff appointments. No new staff members had commenced employment since the last RQIA inspection. A review of the most recently recruited staff member's file evidenced that all recruitment records had been sought and retained as required under Schedule 2 of The Independent Healthcare Regulations (Northern Ireland) 2005. It was noted that a fresh AccessNI enhanced disclosure check had been completed for this staff member with a record retained in keeping with the Access NI Code of practice. It was verified that a robust process had been implemented to ensure that an AccessNI enhanced disclosure check will be undertaken for any new staff member prior to commencement of employment. A template was in place to record details of the check including the review and outcome dates.

The recruitment policy and procedure requires that all information as listed within Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is to be sought and retained for inspection. Adherence to this policy and procedure will ensure recruitment of dental team members will comply with legislation and best practice guidance.

A recruitment record checklist and a separate AccessNI enhanced disclosure checklist have been implemented for completion in respect of any new staff member. This will enable Miss Kviklyte to monitor compliance with the establishment's recruitment procedure.

Miss Kviklyte had completed training in selection and recruitment on 3 December 2024.

Miss Kviklyte had completed training in safeguarding of children and vulnerable adults on 23 November 2024.

Recruitment records for all current staff members were available for inspection. Miss Kviklyte confirmed that these records will be retained for a minimum of three years in accordance with the Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

**As all of the actions have been assessed as met, compliance has been achieved with this FTC notice.**

### 5.2.3 Additional areas discussed

As previously discussed this review of 10 randomly selected patient's clinical records identified some areas where record keeping could be further strengthened. Advice and support was provided to Ms Kviklyte in the following areas.

The level of detail required in the clinical records should be in keeping with the Faculty of General Dental Practice (FGDP) guidance on 'Clinical Examination and Record Keeping'. Ms Kviklyte was advised to apply this principle when recording detail of all patient appointments.

The recording of local anaesthetic administered was discussed, Ms Kviklyte was advised to include the dose and delivery method along with a record of the treatment provided for each patient on each occasion.

A number of the records reviewed contained areas that were inaccurate due to use of 'auto note' templates. It was determined that there was sufficient detail in the records however, the use of 'auto notes' to record information in patient records has in some cases led to an inaccurate account of what happened at appointment. Advice and guidance has been provided to review the use of 'auto note' templates for clinical records and ensure these are tailored to give an accurate reflection of the assessment/treatment carried out at each individual appointment.

Whilst there has been a marked improvement in the standard of record keeping Ms Kviklyte was advised to factor in protected time to ensure clinical records are completed in a timely manner. An area for improvement has been made against the standards to ensure that clinical records are consistently completed in accordance with principles of good record keeping as outlined by the General Dental Council.

An area for improvement was also made to ensure that a monthly audit of x-ray image quality grading and of the clinical recording of the justification and evaluation of x-ray images are completed with the results of the audits retained for inspection. It is hoped that the auditing process will enable any slippage in the completion of records to be identified at an early stage and prompt corrective action to be taken.

RQIA will undertake a review of clinical records within one year to ensure compliance with GDC standards and best practice guidance.

Ms Kviklyte was advised to consider incorporating record keeping and IR(ME)R 2018 into her personal development plan, clinical audits, and possible inclusion of these topics into a clinical audit or peer review scheme should be considered.

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the QIP were discussed with Miss Kviklyte, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 10.1  <b>Stated:</b> First time  <b>To be completed by:</b> 4 December 2024	The responsible individual shall ensure that clinical records are consistently completed in accordance with principles of good record keeping as outlined by the General Dental Council.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> clinical record are complete using templates with individual appointment accordingly to the procedure provided
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time  <b>To be completed by:</b> 4 March 2025	The responsible individual shall ensure that a monthly audit of x-ray image quality grading and of the clinical recording of the justification and evaluation of x-ray images are completed with the results of the audits retained for inspection.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Monthly audit is set up on monthly basis, x-ray justification and evaluation is completed with clinical records

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



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