

Inspection Report

19 February 2025



Cathedral Quarter Dental

Type of service: Independent Hospital (IH) – Dental Treatment

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

Organisation/Registered Provider: Mr Michael O'Neill	Registered Manager: Mr Niall Tumilty Date registered: 11 May 2023
Person in charge at the time of inspection: Mr Niall Tumilty	Number of registered places: One increasing to two following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Cathedral Quarter Dental is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice was initially registered for one dental surgery and provides general dental services, private and health service treatment and does not offers conscious sedation. A variation to registration application was submitted to RQIA to increase the number of dental chairs from one to two. This is discussed further in section 5.4 of this report. Mr O'Neill also operates one other dental practice registered with RQIA, which is Church Place Dental in Lurgan.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 19 February 2025 from 10.30 am to 1.00 pm.

It focused on the themes for the 2024/25 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 one to two.

An RQIA estates officer reviewed the variation to registration application in regards 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; infection prevention and control; decontamination of reusable dental instruments; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care and the variation to registration application was approved following the inspection.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

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 questionnaires were received prior to the inspection.

Four patients submitted responses to indicate that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the patients indicated that they were very satisfied with each of these areas of their care. Two patient responses included very positive comments regarding how friendly and welcoming staff were, how staff put them at ease and went the extra mile to make sure they were made to feel comfortable and would highly recommend this dental 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 Cathedral Quarter Dental was undertaken on 10 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 Mr Tumilty confirmed adhered to legislation and best practice guidance.

Mr O'Neill and Mr Tumilty oversee the recruitment and selection of the dental team and they approve all staff appointments. Mr Tumilty evidenced that he has a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that six new staff had been recruited since the previous inspection. A review of two of the 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.

There was evidence that staff had 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 Mr O'Neill and Mr Tumilty 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. 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.

A member of the dental team was able to describe the actions they would take, in the event of a medical emergency, and was 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 O'Neill confirmed that conscious sedation is not offered in Cathedral Quarter Dental.

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 O'Neill. Mr O'Neill and Mr Tumilty regularly check the 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 that reflected legislation and best practice guidance. Mr O'Neill has responsibility for IPC and decontamination in the practice and is supported by one of the dental nurses. Mr O'Neill has undertaken IPC and decontamination training in line with his continuing professional development and has 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. Mr Tumilty confirmed that the most recent IPS audit had been completed during February 2025, and the audit will be completed on a six monthly basis. If applicable, an action plan will be 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 a selection 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 DoH.

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that 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 a member 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.

Prior to the submission of the variation to registration application the practice had one surgery which had one intra-oral x-ray machine. A new intra-oral x-ray machine had been recently installed in the new surgery and 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.

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 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 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.

A review of a report generated by the RPA dated December 2022 evidenced that the x-ray equipment in the existing dental surgery had been examined and any recommendations made had been actioned. A critical examination and acceptance test report for the new intra-oral x-ray machine was undertaken during January 2024. The radiology arrangements in place for the new surgery are further discussed in section 5.4.

A copy of the local rules was on display near each x-ray machine and Mr Tumilty confirmed that appropriate staff, with the exception of one staff member, had signed to confirm that they had read and understood these. Mr Tumilty agreed to action this following the inspection.

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.

The radiology and radiation safety arrangements evidenced 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 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 concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. A complaints audit had been undertaken to identify trends, drive quality improvement and to enhance service provision.

Discussion with Mr Tumilty confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Tumilty confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents would be 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.

Mr Tumilty confirmed that as the registered manager he was in day to day management of the practice, and Mr O'Neill confirmed that as the registered person he would be on site at least four days per week 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 Mr O'Neill and Mr Tumilty.

5.4 Is the new dental surgery fully equipped to provide private dental care and treatment?

A review of the new surgery evidenced that it was clean, tidy, uncluttered and work surfaces were intact and easy to clean.

The flooring in the surgery 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 accessed and had been signed and dated on assembly.

A dedicated hand washing basin was available with hand hygiene signage displayed. It was noted that liquid hand soap, a wall mounted disposable hand towel dispenser and a clinical waste bin had been 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 chair had independent bottled water systems and that the dental unit water lines (DWULs) are appropriately managed in keeping with manufacturer's instructions.

The new surgery has an intra-oral x-ray machine. It was confirmed that critical examination and acceptance testing had been undertaken of the intra-oral x-ray equipment in the new surgery during January 2024. The new x-ray equipment had been included in the equipment inventory.

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

It was determined that the new dental surgery was 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. Mr O'Neill and Mr Tumilty are 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 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr O'Neill and Mr Tumilty are 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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr O'Neill, Registered Person and Mr Tumilty, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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