The Regulation and Quality Improvement Authority

Inspection Report

28 July 2026



31 Dental

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 31 Spencer Road, Derry, BT47 6AA
Telephone number: 028 7187 6727

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

1.0 Service information

Organisation/Registered Provider: 31 Dental Limited **Responsible Individual:** Mr Eldred Julius	**Registered Manager:** Mr Eldred Julius **Date registered:** 13 January 2025
Person in charge at the time of inspection: Mr Julius	**Number of registered places:** One
Category of care: Dental Treatment	
Brief description of how the service operates: 31 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 has one registered dental surgery and provides general dental services, private treatment and does not offer conscious sedation. 31 Dental Limited is the registered provider for one dental practice registered with RQIA. Mr Julius is the responsible individual for 31 Dental Limited.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 28 July 2026 from 10.00 am to 2:00 pm.

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

There was evidence of good practice in relation to staff training; infection prevention and control (IPC); management of complaints and incidents; and governance arrangements.

One area for improvement has been made against the regulations to ensure that all recruitment records are in place prior to any person commencing employment in the practice.

Six areas for improvement have been made against the standards: to ensure the equipment and medications used for treating medical emergencies are available; to ensure the decontamination equipment has been validated; to ensure all periodic tests for decontamination equipment have been completed prior to daily use; to ensure that all reusable dental instruments are decontaminated using an automated validated process; to ensure that the radiology equipment is appropriately serviced and maintained; and to ensure that the dental team has been appropriately entitled to undertake their duty holder roles in accordance with radiation guidance and legislation.

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 Mr Julius and a member of the dental team.

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 31 Dental was undertaken on 17 December 2024; 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. Advice and guidance was provided to further develop the recruitment policy and procedure to ensure adherence to legislation and best practice guidance.

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

A review of the staff register evidenced that one staff member had been recruited since the previous inspection.

A review of the personnel file of the newly recruited staff member evidenced that some required recruitment records were not available for review. This matter was discussed with Mr Julius and an area for improvement against the regulations has been made in this regard.

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.

Addressing the area for improvement will help ensure that the recruitment of the dental team complies with the legislation and best practice guidance, thereby ensuring that 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 training and professional development activities undertaken by staff, which is overseen by Mr Julius to ensure that the dental team is suitably skilled and qualified.

A review of staff training records identified that some training records were not available for review and some training was required to be updated. This was discussed with Mr Julius and following the inspection, RQIA received evidence that these matters had been addressed.

As a result of the actions taken following the inspection, it is determined that the care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 Is the practice fully equipped and is the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency. Systems were in place to ensure that emergency medicines are immediately available as specified and do not exceed their expiry dates. Advice and guidance was provided to further develop these systems to include the medical emergency equipment.

A review of the emergency medicines and medical emergency equipment identified that some items were required to be replaced. This matter was discussed with Mr Julius and an area for improvement against the standards has been made in this regard.

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.

Addressing the area for improvement will ensure that sufficient emergency medicines and equipment are in place 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 Julius confirmed that conscious sedation is not offered in 31 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 IPC measures in the practice were discussed with a member of the dental team. It was confirmed that IPC measures in place were in keeping with the Health and Social Care Public Health Agency guidance and Infection Prevention and Control Manual for Northern Ireland. The staff member further confirmed arrangements are in place to check Department of Health (DoH) websites for further advisory information, guidance and alerts in this regard.
There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. The staff member 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. However it was identified that some remedial works were required. These were discussed with Mr Julius and following the inspection, RQIA received evidence that these matters have been addressed.

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 an annual basis.

This was discussed with Mr Julius who was advised that these audits should be completed on a six monthly basis and an action plan 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.

As a result of the actions taken following the inspection, it is determined 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 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 however, as previously discussed, it was identified that some remedial works were required. These were discussed with Mr Julius and following the inspection, RQIA received evidence that these matters have been addressed.

It was confirmed that 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 not available for review. This was discussed with Mr Julius and an area for improvement against the standards has been made in this regard.

Review of equipment logbooks demonstrated that not all required tests to check the efficiency of the machines had been undertaken, prior to use, on the day of inspection. This matter was discussed with Mr Julius and an area for improvement against the standards has been made in this regard.

Discussion with members of the dental team identified that reusable dental hand pieces are not decontaminated using an automated, validated process. This matter was discussed with Mr Julius and an area for improvement against the standards has been made in this regard.

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.

Addressing the areas 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.

The practice has one surgery which has an intra-oral x-ray machine and the equipment inventory reflected this. A review of documentation could not confirm that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions. This was discussed with Mr Julius and an area for improvement against the standards has been made in this regard.

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 identified that the Employer was required to entitle the dental team to undertake specific roles and responsibilities associated with radiology and ensure that relevant staff have completed appropriate training. This was discussed with Mr Julius and an area for improvement against the standards has been made in this regard.

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.

The member of the dental team confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA during August 2024, evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

Addressing the areas for improvement will ensure 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 confirmed that no complaints had been received since the previous inspection.
Discussion with a member of the dental team confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. The staff member 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's 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 Julius 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 a member of the dental team.

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

	Regulations	Standards
Total number of Areas for Improvement	1	6

Areas for improvement and details of the QIP were discussed with Mr Julius, Responsible Individual, 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) (d) **Stated:** First time **To be completed by:** 28 July 2026	The registered person shall ensure that all required recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended; are in place for any person intended to work in the practice prior to commencement of their employment and these records should be retained and made available for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: Action taken to ensure compliance: The practice has reviewed and updated its recrtuitment policy and filing system is accordance with Schedule 2 of The Independent Health Care Regulations (NI) 2005. A preemployment checklist has been introduced for all future appointments. No cadidate will commence work or be added to the roster untill all statuary items required under Schedule 2 are fully obtained. Storage and maintenance: recruitment records are secured and digitally stored on-site within personnel files. The documents will be retained for a minimum of 3 years from the date of employment ends.

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 28 July 2026	The registered person shall ensure that the equipment and medications used to treat medical emergencies are available, stored safely and maintained within their expiry date. Ref: 5.2.3
	Response by registered person detailing the actions taken: Our systems were reviewed and Medication are appropriately stored and accordingly maintained within their expiry dates.
Area for improvement 2 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 28 July 2026	The registered person shall ensure that annual validation of the decontamination equipment is completed and that all associated records are retained and made available for inspection. Ref: 5.2.6
	Response by registered person detailing the actions taken: We have contracted 2 independent engineers to validate and service all necessary equipement. We will ensure that records are made available to us promptly, to ensure that it can be inspected by RQIA.
Area for improvement 3 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 28 July 2026	The registered person shall ensure that all periodic tests for the decontamination equipment are completed and recorded, in keeping with Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05), prior to the equipment being used each day. Ref: 5.2.6
	Response by registered person detailing the actions taken: We have contracted 2 independent engineers to validate and service all necessary equipement. We will ensure that records are made available to us promptly, to ensure that it can be inspected by RQIA.

Area for improvement 4 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 28 July 2026	The registered person shall ensure that all reusable dental instruments are decontaminated using an automated validated process in keeping with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05). Ref: 5.2.6
	Response by registered person detailing the actions taken: We will comply and make sure that all reusable instruments are decontaminated an automated validated process. We are now making sure that all fast and slow handpieces do go through the validated process
Area for improvement 5 **Ref:** Standard 14.4 **Stated:** First time **To be completed by:** 28 July 2026	The registered person shall ensure that the radiology equipment is serviced and maintained in line with the manufacturer's instructions, current best practice guidelines and legislation. Ref: 5.2.7
	Response by registered person detailing the actions taken: An engineer has been appointed to service the equiptment at the same time as when servicing and validation of the decontamination equipment is done
Area for improvement 6 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 28 July 2026	The registered person shall ensure that members of the dental team are appropriately entitled to carry their duty holder roles in keeping with radiation guidance and legislation. Ref: 5.2.7
	Response by registered person detailing the actions taken: An entitlement matrix has been established. Team memebers has been formally entitled by the RPS to carry out their specific duty holder roles (referrer, practitioner and/or operator based on their verified qualifications. All staff have signed and dated their individual scope of entitlement.

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