Inspection Report

11 August 2026



Gentle Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 58 Lisburn Road, Belfast, BT9 6AF
Telephone number: 028 9032 6795

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

Registered Provider: Mrs Lucy Stock Mr Adam Jaffa	**Registered Manager:** Mr Adam Jaffa **Date registered:** 22 November 2012
Person in charge at the time of inspection: Mr Adam Jaffa	**Number of registered places:** Four
Category of care: Dental Treatment	
Brief description of how the service operates: Gentle 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 four registered dental surgeries and provides general dental services, private and health service treatment and offers conscious sedation, if clinically indicated.	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 11 August 2026 from 10.00 am to 3.00 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 the recruitment and selection of staff; staff training; management of medical emergencies; infection prevention and control (IPC); decontamination of reusable dental instruments; management of complaints and incidents; and governance arrangements.

One area for improvement have been identified against the regulations in relation to ensuring that all notifiable incidents are reported to RQIA within the required timescales.

Three areas for improvement have been identified against the standards. These relate to ensuring the controlled drugs register is available for inspection, ensuring the controlled drugs standard operating procedure is available for inspection and undertaking a review of the radiology protection files to ensure that they include relevant and up to date information.

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 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 patients submitted responses.

One staff member submitted a questionnaire response. The responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The staff member reported being very satisfied with each of these areas of patient care and did not provide any additional comments.

5.0 The inspection

5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 24 June 2024		
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)		**Validation of compliance**
Area for improvement 1 **Ref: Standard 11 (4)** **Stated: First time**	The registered persons shall maintain a record of all training and professional development activities undertaken by staff which is overseen by them to ensure that the dental team are suitably skilled and qualified in line with professional requirements and mandatory training requirements as set out in training guidance provided by RQIA.	**Met**

	Action taken as confirmed during the inspection: This area for improvement was assessed as met and further detail is provided in section 5.2.2	

5.2 Inspection findings

5.2.1 Do recruitment and selection procedures comply with all relevant legislation?

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

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

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

A review of a personnel file of a newly recruited staff member identified that one required recruitment record had not been retained. Mr Jaffa confirmed that the recruitment record had been sought during the recruitment process however had been omitted from the personnel file. Following the inspection, RQIA received evidence confirming that the outstanding record was now in place. A review of an additional newly recruited staff members' personnel file confirmed that the same record had been sought and retained 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.

Discussion with Mr Jaffa confirmed that members of the dental team 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 action taken following the inspection, 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 Jaffa and Mrs Stock to ensure that the dental team is suitably skilled and qualified. It was determined that the previous area for improvement one made against the standards, as outlined in section 5.1, has been met.

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. However, it was identified that one of the emergency medicines had recently exceeded its expiry date. This matter was discussed with Mr Jaffa, and following the inspection RQIA received confirmation that the emergency medicine had been obtained and was now retained with the rest of the emergency medicines.

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.

Mr Jaffa confirmed that members of the dental team are 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.

It is determined that sufficient emergency equipment is in place. As a result of the action taken following the inspection, the required emergency medicine is available and the dental team is trained to manage a medical emergency in accordance with relevant 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 Jaffa confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation. IV 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).

A review of records and discussion with Mr Jaffa 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.

Mr Jaffa 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 the management of patients receiving sedation.

Immediate Life Support (ILS) training, as outlined by the Resuscitation Council (UK) must be undertaken. It was confirmed that the content of the medical emergency refresher training completed in June 2026 included 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 discussed with Mr Jaffa. Mr Jaffa reported that CDs are securely stored at all times and that systems were in place for the ordering, administration and reconciliation (stock checks). The controlled drugs register was not available during the inspection. An area for improvement against the standards has been made in this regard. Advice and guidance was also provided to Mr Jaffa regarding the development of a formal record to document the disposal of part-used CDs ampules. Mr Jaffa was receptive to this advice and provided assurance that this matter would be addressed following the inspection.

A standard operating procedure (SOP) for the management of CDs was not available for review during the inspection. An area for improvement against the standards has been made in this regard.

Addressing the areas for improvement will strengthen the 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 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. Mr Jaffa 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. Mr Jaffa confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The lead dental nurse had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence.

During a tour of some areas of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice observed were equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of these audits is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. Discussion with Mr Jaffa and 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 they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

Review of IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the DoH.

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements regarding radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

A number of issues were identified in relation to radiology and radiation safety. The following records were either incomplete or not available for review during the inspection: documentation confirming the current appointment period for the radiation protection advisor (RPA) and medical physics expert (MPE); accurate recording of the name of the appointed RPS; entitlement of all relevant duty holders; evidence of cone beam computed tomography (CBCT) core training for entitled CBCT operator duty holders; confirmation that the RPS had undertaken an annual review of the CBCT radiation protection file; evidence that the RPA examination reports had been signed by the RPS to confirm the recommendations had been addressed; display of the current version of the intra oral x-ray and CBCT local rules in dental surgeries; confirmation that all relevant members of the dental team had signed to confirm they had read and understood the local rules for the CBCT machine; and annual justification and clinical evaluation audits for the CBCT examinations. An area for improvement against the standards has been made in this regard.

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 four surgeries each of which has an intra-oral x-ray machine. In addition there is a CBCT machine, which is located in a separate room. The equipment inventory reflected the equipment in use at the practice.

A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

It was confirmed that an RPA, MPE and RPS have been appointed in line with legislation. However, the appointment documentation available for the RPA and MPE was not up to date. It was also noted that appointed RPS had signed relevant radiology documentation using different surnames, and that one member of the dental team had been entitled by an individual other than the appointed RPS.

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. One file included information relating to the intra-oral x-ray machines and the second file included information relating to the CBCT.

The Employer is required to entitle members of the dental team to undertake specific roles and responsibilities associated with radiology and ensure that these staff have completed appropriate training. Records were not available during the inspection to confirm the entitlement of some members of the dental team with regard to the intra-oral x-ray and the CBCT equipment. Furthermore, it was evidenced that some members of the dental team had been entitled as CBCT operator duty holders however had not undertaken relevant CBCT core training. This matter was discussed with Mr Jaffa and following the inspection RQIA received confirmation that the aforementioned members of the dental team will undertake CBCT core training. Mr Jaffa was advised that no member of the dental team can be entitled as a CBCT operator duty holder until such time as they complete CBCT core training.

The RPS oversees radiation safety within the practice and is required to regularly review the radiation protection files to ensure they are accurate and up to date. The RPS had not signed to confirm their review of the CBCT file.

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.

Mr Jaffa confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent reports generated by the RPA during September 2025 evidenced that the intra-oral x-ray and CBCT equipment had been examined. Recommendations made in the examination reports had not been signed by the RPS to confirm that the recommendations had been addressed.

An outdated copy of the local rules was found to be on display near each x-ray and CBCT machine observed. Documentation within the intra-oral x-ray file confirmed that appropriate staff had signed to confirm that they had read and understood the current version of the local rules. The current version of the CBCT local rules had not been signed by relevant staff.

It was evidenced that measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, intra-oral x-ray audits and digital x-ray processing. It was noted that annual justification and clinical evaluation records for the CBCT were not available for review.

Addressing the area for improvement in relation to radiology and radiation safety arrangements will ensure that appropriate procedures and records are in place to ensure that 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. Mr Jaffa confirmed that arrangements are in place to undertaken a complaints audit to identify trends, drive quality improvement and to enhance service provision.

Discussion with Mr Jaffa confirmed that an incident policy and procedure will be developed which includes the reporting arrangements to RQIA. Mr Jaffa confirmed that incidents are effectively documented and investigated in line with legislation. During the inspection RQIA was made aware of an incident that is reportable to RQIA in keeping with the Statutory Notification of Incidents and Deaths. An area for improvement against the regulations has been made in this regard.

Mr Jaffa is aware that incidents may require to be reported to 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.

Mr Jaffa 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 were being managed effectively in accordance with legislation and best practice guidance. Addressing the area for improvement will strengthen arrangements for the management of incidents.

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 Jaffa and Mrs Stock were in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

In addition to the retention of older documentation through current filing systems, there were multiple versions of some documents held. To facilitate ease of access by staff, consideration should be given to archiving older superseded versions of the documents.

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 Jaffa.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the QIP were discussed with Mr Jaffa, Registered Person as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 28 (1) (d) **Stated:** First time **To be completed by:** 11 August 2026	The responsible persons shall ensure that all notifiable incidents are reported to RQIA within the required timescales. The incident identified within the body of this report should be submitted retrospectively to RQIA via the Web Portal upon return of the quality improvement plan (QIP). Ref: 5.2.8
	Response by registered person detailing the actions taken: incident reported to RQIA via portal 7.10.2026
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 8.6 **Stated:** First time **To be completed by:** 11 August 2026	The responsible persons shall ensure that a controlled drugs register is in place and available for review during inspection. Evidence of the controls drugs register to be submitted to RQIA upon return of the QIP. Ref: 5.2.4
	Response by registered person detailing the actions taken: it is in place
Area for improvement 2 **Ref:** Standard 8.6 **Stated:** First time **To be completed by:** 11 August 2026	The responsible persons shall ensure that a standard operating procedure (SOP) for controlled drugs is in place and available for review during inspection. A copy of the SOP for controlled drugs is to be submitted to RQIA upon return of the quality improvement plan. Ref: 5.2.4
	Response by registered person detailing the actions taken: Lucy Stock has completed this and tried to send it via we transfer and that didn't work. she will send by other means.

Area for improvement 3 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 8 September 2026	The responsible persons must undertake a review of the radiation protection folders, to ensure they contain accurate and up to date information in accordance with legislation and best practice guidance. This review must address the issues identified in the radiology section of this report. Any superseded or historic documentation should be appropriately archived. Ref: 5.2.8
	Response by registered person detailing the actions taken: this is completed

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



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