The Regulation and Quality Improvement Authority

Inspection Report

2 October 2025

Gentle Dentistry Fintona

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 49 Main Street, Fintona, BT78 2AG
Telephone number: 028 8284 0150

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 Marius Monaghan **Responsible Person:** Mr Marius Monaghan	**Registered Manager:** Miss Kimberly Allen **Date registered:** 19 April 2021
Person in charge at the time of inspection: Mr Marius Monaghan	**Number of registered places:** Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Gentle Dentistry Fintona 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 two registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 October 2025 from 10.00 am to 12.30 pm.

It focused on the themes for the 2025/26 inspection year and assessed progress with any areas for improvement identified during the last care inspection.

Issues of concern were identified during the inspection in relation to staff training; infection prevention and control (IPC); the arrangements for the decontamination of reusable dental instruments; radiology and radiation safety; and governance arrangements.

As a result of the inspection findings and following consultation with senior management at RQIA, the registered person of Gentle Dentistry Fintona was invited to attend a serious concerns meeting. The meeting was then held on 24th October 2025 at RQIA head office.

Ahead of the meeting an action plan was submitted to RQIA detailing the actions taken to address the issues identified and to ensure the improvements necessary to achieve compliance with the regulations. During the meeting, Mr Monaghan provided an account of the actions taken to address the issues identified.

Based on the discussions held and actions agreed, RQIA accepted the action plan and no further enforcement action will be taken at this point. RQIA will continue to monitor and review the quality of service provided in Gentle Dentistry Fintona. It should be noted that continued non-compliance may lead to further enforcement action.

As a result of the inspection findings, five areas for improvement have been identified. Details of the areas for improvement can be found in the below quality improvement plan (QIP).

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 Monaghan, a dental nurse and a receptionist.

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 Gentle Dentistry Fintona was undertaken on 29 January 2024; no areas for improvement were identified.

5.2 Inspection findings

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

Mr Monaghan confirmed that he oversees the recruitment and selection of the dental team and approves all staff appointments with the help of Miss Allen.

A review of recruitment and selection policies and procedures evidenced however, that further development was required to identify responsibilities for recruitment within the practice, and Mr Monaghan agreed to action this.

A staff register was in place, however, it did not contain all information as specified within the legislation and guidance was provided to Mr Monaghan in this regard. Following the inspection, RQIA received confirmation this matter had been addressed. Mr Monaghan is aware that the staff register is a live document and should be updated and amended as and when required.

A review of the staff register evidenced that no new staff had been recruited since the previous inspection. Mr Monaghan confirmed that, should staff be recruited in the future, all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

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.

Review of personnel files confirmed that staff members have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

As a result of the actions taken following the inspection, it is determined that the recruitment of the dental team complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

5.2.2 Is the dental team appropriately trained to fulfil the duties of their role?

During the inspection, mandatory training records and professional development activities undertaken by staff were reviewed.

It could not be evidenced that all staff currently working in the practice had undertaken training commensurate with their role.

Records confirmed that all staff had completed basic life support (BLS) training during September 2025 and two clinical staff had undertaken infection prevention and control (IPC) and decontamination training, commensurate with their roles, and retained the relevant certificates for inspection.

Evidence that remaining staff had undertaken IPC and decontamination, safeguarding adults and children and radiation safety training, commensurate with their role, was not retained for inspection. Discussion with Mr Monaghan confirmed that fire safety training had not been undertaken by the team on an annual basis.

Following the inspection, evidence that staff training had been completed and was now up to date, was shared with RQIA.

As a result of the matters identified on the day of inspection, RQIA were concerned that robust systems were not in place to ensure staff undertake training in line with RQIA guidance and that evidence of such training is retained at the practice and is made readily available for inspection at all times.

These concerns were discussed at the serious concerns meeting on 24 October 2025.

Based on the discussions held and actions agreed, and taking into account that staff training has since been completed, RQIA considered the matter and confirmed that no further enforcement action will be taken at present.

An area for improvement has been made in regards to monitoring staff training moving forward and ensuring evidence of training is retained at all times for inspection.

Addressing the area for improvement will ensure 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.

A review of the emergency equipment identified that some items were not available. This was discussed with Mr Monaghan and advice given in this regard. Following the inspection, RQIA received confirmation that these items were on order and would be retained on receipt with the rest of the emergency equipment.

A system was in place to ensure that emergency medicines do not exceed their expiry date and are immediately available. It was noted however, that the expiry date for the Glucagon medication had not been amended in accordance with manufacturer's instructions. This was discussed with Mr Monaghan and following the inspection we received evidence that this issue had been addressed.

Advice and guidance was provided to the nursing staff to further develop the emergency medicines checklist to include emergency medical equipment. Staff were receptive to this advice and following the inspection, we received evidence that this issue had been addressed.

There was a medical emergency policy and procedure in place and a review of this evidenced that it required further development to reflect local arrangements regards the location of the nearest automated external defibrillator (AED) and its accessibility in the first minutes of a cardiopulmonary arrest. Following the inspection, evidence was submitted to RQIA confirming that the procedure had been further developed in this regard and that all staff had signed to say they had read and understood.

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 as stated in section 5.2.2, refresher training is undertaken annually.

As a result of the action taken following the inspection, it was determined that sufficient emergency medicines and equipment were in place, and all staff are aware of where to locate these items. 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 Monaghan confirmed that conscious sedation is not offered in Gentle Dentistry Fintona.

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 Monaghan. It was confirmed that arrangements are in place in keeping with the Health and Social Care Public Health Agency guidance Infection Prevention and Control Measures for Respiratory illnesses March 2023 and the Infection Prevention and Control Manual for Northern Ireland. Mr Monaghan 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 Monaghan confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. As mentioned in section 5.2.2, dental nurses 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 undertaken by Mr Monaghan 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 not completed at six monthly intervals as recommended by the Health Technical Memorandum (HTM) 01-05. Mr Monaghan was advised to review the current systems for recording IPS audit results so that, should the audit identify any issues, there is an action plan generated to address any areas for improvement. Mr Monaghan was receptive to this advice.

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.

Evidence of IPC training was not available for a number of staff members. This is discussed in section 5.2.2.

As a result of the matters identified on the day of inspection, RQIA were concerned that robust systems were not in place to ensure standards of IPC at the practice are monitored in line with best practice guidance. These concerns were discussed at the serious concerns meeting on 24 October 2025. Based on the discussions held and actions agreed, RQIA considered the matter and confirmed that no further enforcement action will be taken at present. An area for improvement has been made to strengthen IPC arrangements within the practice.

Addressing the area for improvement will ensure 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.

Discussion with a dental nurse confirmed that she had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. She demonstrated good knowledge and understanding of the decontamination process and was able to describe the equipment treated as single use and the equipment suitable for decontamination.

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.

Equipment logbooks were in place for the washer disinfector and steriliser. A review of these logbooks demonstrated that the periodic tests, used to check the efficiency of the machines, were not being recorded consistently in the relevant log books. This was brought to the attention of the dental nurse present, who could not provide assurances to RQIA that testing had been undertaken on the dates in question.

As a result of the matters identified on the day of inspection, RQIA were concerned that robust arrangements were not in place regards the recording of periodic testing of decontamination equipment. The concerns were discussed at the serious concerns meeting on 24 October 2025. Based on the discussions held and actions agreed, RQIA considered the matter and confirmed that no further enforcement action will be taken at present. An area for improvement has been made in regards to decontamination arrangements.

Addressing the area for improvement will ensure that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

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

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

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive Northern Ireland (HSENI). A review of records evidenced the practice had registered with the HSENI.

The practice has two surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this.

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.

It is the role of the RPS to oversee radiation safety within the practice and to regularly review the radiation protection file to ensure that it is accurate and up to date.

A review of the file confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology. It was noted however, that two staff members had not countersigned their entitlement forms and this was discussed with Mr Monaghan. Following the inspection, evidence was submitted to RQIA confirming this matter had been addressed.

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

A review of the most recent report, dated March 2024, evidenced that the x-ray equipment had been examined by the RPA and a number of recommendations made. It was noted that the report had been signed by the RPS however, on further examination of the file it was identified that the action plan had been partially completed. These matters are discussed in more detail below.

A copy of the local rules was on display near each x-ray machine observed however, relevant staff had yet to sign the folder to confirm that they had read and understood these. This was brought to the attention of Mr Monaghan and following the inspection, RQIA received confirmation that this matter had been addressed.

As stated in section 5.2.2, it could not be confirmed at the time of inspection that all relevant staff had completed training in radiology and radiation safety commensurate with their roles.

It was identified that the x-ray equipment had not been subject to annual servicing. This was discussed with Mr Monaghan who provided assurances that the x-ray equipment would be serviced at the earliest opportunity and on an annual basis thereafter. Following the inspection RQIA received confirmation that the x-ray equipment had been serviced on 15 October 2025.

Some quality assurance systems and processes were in place to ensure matters relating to x-rays reflect legislation and best practice guidance. Measures are taken to optimise radiation dose exposure such as the use of rectangular collimation and digital x-ray processing.

In line with best practice guidance, clinical image quality should be assessed as part of the Employer's quality assurance programme on a 6 monthly basis. A review of records identified however, that the most recent quality audit was undertaken by the dental team during November 2023. The annual justification and clinical evaluation audit was last undertaken during January 2024. These matters were discussed with Mr Monaghan and following the inspection, evidence of completed audits were submitted to RQIA.

As a result of the matters identified on the day of inspection, RQIA were concerned that robust systems were not in place to ensure all documentation relating to radiology and radiation safety within the practice are reviewed regularly by the RPS and actioned when necessary. These concerns were discussed at the serious concerns meeting on 24 October 2025. Based on the discussions held and actions agreed, RQIA considered the matter and confirmed that no further enforcement action will be taken at present. An area for improvement has been made with regards to strengthening arrangements for radiology and radiation safety within the practice.

Addressing the area 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 confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Monaghan confirmed that incidents are effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA Statutory Notification of Incidents and Deaths. Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

The dental team was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

Arrangements were in place to share information with the dental team about complaints and incidents including any learning outcomes, and also compliments received.

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 Monaghan confirmed that he undertakes several clinical sessions at the practice each week and when he is not present, Ms Allen the registered manager, is the nominated individual responsible for managing the practice.

As a result of the matters identified on the day of inspection, RQIA had concerns regarding oversight and governance arrangements within Gentle Dentistry Fintona, specifically relating to responsibilities, roles, and systems of accountability in place at the practice. These concerns were discussed at the serious concerns meeting on 24 October 2025.

Based on the discussions held and actions agreed, RQIA considered the matter and confirmed that no further enforcement action will be taken at present.

Unannounced quality monitoring visits by the registered provider have not been required to date, in line with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. An area for improvement has been made to strengthen governance structures within the practice by initiating regular unannounced visits to the practice by Mr Monaghan and that the subsequent reports will be made available to RQIA.

Addressing the area for improvement in relation to the unannounced monitoring visits will provide Mr Mongahan with assurances that the service will complies with regulations, minimum standards and best practice guidance.

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 Monaghan.

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
Total number of Areas for Improvement	2	3

Areas for improvement and details of the QIP were discussed with Mr Monaghan, 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 18 **Stated:** First time **To be completed by:** 2 October 2025	The registered person shall have systems in place to ensure that all staff working within Gentle Dentistry Fintona have completed training in accordance with their role and in keeping with RQIA training guidance and continuing professional development. A record of the training should be maintained. Ref 5.2.2
	Response by registered person detailing the actions taken: We have set up a training matrix to help keep track of all relevant training completed by staff and when updates are required. Each staff member also has their own CPD/Training folder. Recommended/essential training is currently up to date. MJM
Area for improvement 2 **Ref:** 13 (1) **Stated:** First time **To be completed by:** 2 October 2025	The registered person shall establish clear and robust governance structures and arrangements to ensure compliance with regulations, minimum standards and best practice guidance. Ref: 5.2.9
	Response by registered person detailing the actions taken: An annual diary is now kept at reception where all relevant dates are recorded.This includes expiry dates,training dates,servicing dates survey dates and audit dates etc. all this information is also kept on our computer apt book. The diary is to be reviewed and actioned each week. MJM
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1	The registered person shall ensure the radiation protection file is reviewed at least annually by the RPS and that the radiation

Ref: Standard 8.3 **Stated:** First time **To be completed by:** 2 October 2025	safety documentation within is kept up to date and made available for inspection Ref 5.2.6
	Response by registered person detailing the actions taken: The annual review date of the radiation protection file is recorded in the diary and will be actioned by the RPS at the relevant time.The file will be kept at reception for further regular review. MJM
Area for improvement 2 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 2 October 2025	The registered person shall ensure that all periodic tests in respect of the washer disinfector and steriliser are recorded on a daily basis in keeping with the Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices Ref: 5.2.6
	Response by registered person detailing the actions taken: Periodic testing in the decontamination room has always been carried out but we now have a more robust means of checking that all the tests are recorded by carrying out a monthlyreview. The date of this monthly review is recorded in the diary. MJM
Area for improvement 3 **Ref:** Standard 13.1 **Stated:** First time **To be completed by:** 2 October 2025	The registered person shall ensure that an audit of compliance with HTM 01-05, using the IPS audit tool, is undertaken every six months. The result of each audit and action plans to address any deficits, where necessary, are to be documented. Ref 5.2.5
	Response by registered person detailing the actions taken: The HTM 01-05 audit date is recorded in the diary and will be actioned that week.Any actions identified will be documented and dealt with as required. MJM

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

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