Inspection Report

17 December 2025

DentaMed Dental Care

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

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: DentaMed Newry Ltd **Responsible Individual:** Miss Zivile Kviklyte	**Registered Manager:** Miss Zivile Kviklyte **Date registered:** 2 November 2017
Person in charge at the time of inspection: Miss Zivile Kviklyte	**Number of registered places:** One
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: DentaMed Dental Care is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has one registered dental surgery and provides general dental services, private and health service treatment and does not offer conscious sedation.	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 17 December 2025 from 10.00 am to 1.00 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.

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; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

One area for improvement was identified against the standards in relation to x-ray image quality grading, justification and evaluation being completed for each x ray exposure.

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.

Sixteen patients submitted responses. Patient responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The majority of patients indicated that they were satisfied or very satisfied with each of these areas of their care. One respondent indicated they were neither satisfied nor dissatisfied with each of these areas of their care and one respondent indicated that they were very dissatisfied with regards to being treated with compassion, the service being well led and their care being effective. A number of patient responses had comments including that staff are nice and the service provided is very good.

Three staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

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 12 September 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 10.1 **Stated:** First time	The responsible individual shall ensure that clinical records are consistently completed in accordance with principles of good record keeping as outlined by the General Dental Council.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See section 5.4	
Area for improvement 2 **Ref:** Standard 8.3 **Stated:** First time	The responsible individual shall ensure that a monthly audit of x-ray image quality grading and of the clinical recording of the justification and evaluation of x-ray images are completed with the results of the audits retained for inspection.	**Met**
	Action taken as confirmed during the inspection: Monthly x-ray audit is being completed that indicates x-rays are being consistently graded, reported and evaluated. This area for improvement has been assessed as met. Whilst the information was recorded in the audit this was not reflected in the sample of clinical records reviewed at the inspection. A new area for improvement has been made around this. Further detail is provided in section 5.4	

5.2 Inspection findings

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

There was a recruitment and selection policy and procedure in place that adhered to legislation and best practice guidance.

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

A review of the staff register evidenced that three new staff had been recruited since the previous inspection. A review of the three new staff member's personnel files 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.

Discussion with Miss Kviklyte 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.

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.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Miss Kviklyte, to ensure that the dental team is suitably skilled and qualified.

A review of a sample of staff training records identified that the recently recruited staff members were in the process of completing the programme of induction. Miss Kviklyte confirmed that these staff members would complete mandatory training in due course in keeping with the RQIA training guidance. Miss Kviklyte is aware that evidence of completed training should be retained and available for inspection in respect of each staff member.

It is determined that arrangements are in place to ensure 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. Advice and guidance was provided regarding updating the medical emergency policy and the protocols for managing a medical emergency. Following the inspection, RQIA received assurances that the policy and protocols had been reviewed and updated appropriately to reflect legislation and current standards and guidelines.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

Miss Kviklyte 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.

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.

Miss Kviklyte confirmed that conscious sedation is not offered in DentaMed Dental Care.

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 Miss Kviklyte. 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.

Miss Kviklyte 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. Miss Kviklyte 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. It was noted that a dental stool upholstery had a small tear, and was in need of repair to provide an intact surface enabling effective cleaning. This was discussed with Miss Kviklyte. Following the inspection RQIA received confirmation that this matter has 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 the results 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 Miss Kviklyte confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with Miss Kviklyte confirmed that members of the dental team 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 Miss Kviklyte confirmed that members of the dental team had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. Miss Kviklyte advised that members of the dental team 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.

The practice has one surgery which has an intra-oral x-ray machine and the equipment inventory reflected this. A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

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.

Miss Kviklyte 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.

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 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.

Following the inspection, Miss Kviklyte confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Miss Kviklyte 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.

Miss Kviklyte advised 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.

Miss Kviklyte 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 Miss Kviklyte.

5.4 Record Keeping Review

A review of a sample of clinical records was carried out for dental treatment completed since January 2025.

Miss Kviklyte confirmed written patient medical histories were being recorded for each new course of treatment. These are reviewed and updated on the computer at each subsequent visit.

In the main, it was determined that the clinical records reviewed included sufficient details about the dental treatment provided during each appointment.

Clinical records for routine examination appointments contained appropriate detail in respect of the outcome of the intra-oral and extra-oral examination, including soft tissue assessment, tooth examination and periodontal examination.

There was evidence of a treatment plan being documented in the clinical records where appropriate. Miss Kviklyte advised treatment options are discussed with patients when required and recorded in the patient's clinical record. There was no evidence of written treatment plans being provided. Most courses of treatment reviewed in the sample of records were for routine treatment appointments and not complex treatments. Advice was provided to Miss Kviklyte that a written treatment plan should be provided for all courses of treatment as per best practice guidance.

The majority of clinical records evidenced that appropriate consent to treatment was obtained. Advice and guidance was provided to Miss Kviklyte on further detail regarding consent to treatment to include in clinical records, in line with General Dental Council (GDC) 'Standards for the Dental Team' and other best practice guidance. Miss Kviklyte confirmed this area will be reviewed and appropriate detail recorded going forward.

The area for improvement identified at the previous inspection in relation to clinical records has been assessed as met. However, the standard of record keeping could be further strengthened and advice was provided to Miss Kviklyte on further detail to include as per General Dental Council (GDC) 'Standards for the Dental Team' and other best practice guidance.

The area for improvement identified at the last inspection, in relation to carrying out a monthly audit to ensure completion of x ray image quality grading, justification and evaluation, has been assessed as met. A monthly audit has been completed and this indicates that radiographs are being justified, graded and evaluated appropriately. However, this was not reflected in the review of clinical records at the inspection.

The Ionising Radiation (Medical Exposure) Regulations 2018 (IR(ME)R) states that all radiographic exposures must be justified with the subsequent radiograph evaluated and the findings recorded. Whilst some improvement was evidenced in this area some of the radiographs reviewed had no grading, justification or evaluation of radiographs recorded. Advice was provided around developing a system to ensure that justification, grading and evaluation is recorded for each individual radiograph. An area for improvement has been identified to ensure that image quality grading, justification and evaluation is completed for each x-ray exposure.

RQIA will undertake a review of clinical records at future inspections to ensure continued compliance with GDC standards and best practice guidance.

Miss Kviklyte was advised to consider incorporating record keeping and radiology into her personal development plan going forward.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the **Minimum Standards for Dental Care and Treatment (March 2011)**

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the QIP were discussed with Ms Kviklyte, 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 Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 17 December 2025	The responsible individual shall ensure that image quality grading, justification and evaluation are completed and recorded for each x-ray exposure. Ref: 5.4
	Response by registered person detailing the actions taken: Radiographs:Grade ,evaluation and justification are recored for every x-ray is taken following GDC and FGDP(UK) Selection Criteria for Dental Radiography standards and guidelines . Radiographs Templates are used for taken radiogaphs for quility purpose and efficient record keeping following current quidelines .

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

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