Inspection Report

14 January 2026

John Gilleece at 438

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 438 Lisburn Road, Belfast, BT9 6GR
Telephone number:028 9066 1688

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) 2005and the Minimum Standards for Dental Care and Treatment (March 2011)

1.0 Service information

Registered Provider: MrJohn Gilleece **Responsible Person:** Mr John Gilleece	**Registered Manager:** MrJohn Gilleece **Date registered:** 6 February 2020
Person in charge at the time of inspection: MrJohn Gilleece	**Number of registered places:** Three
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: John Gilleece at 438is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has threeregistered dental surgeries and provides general dental services, privateand health service treatment and offers conscious sedation, if clinically indicated. One of the dental surgeries is currently not in use and will require a replacement dental chair if being brought into use again.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 14 January 2026 from 10.00 am to2.30 pm.

It focused on the themes for the 2025/26 inspection year.

There was evidence ofgood practice in relation to the recruitment and selection of staff; staff training; infection prevention and control (IPC); decontamination of reusable dental instruments; radiology and radiation safety; management of complaintsand incidents;and governance arrangements.

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation tothe provision of conscious sedation and standard of clinical record keeping.

A serious concerns meeting was held on 29 January 2026 with Mr Gilleece, Responsible Person to discuss the issues identified during the inspection.

During the meeting Mr Gilleece provided a full account of the actions taken/to be taken in order to drive improvement and ensure that the concerns identified at the inspection were addressed. Prior to this meeting Mr Gilleece submitted a robust action plan.

Based on the discussions held and actions agreed, RQIA accepted the action plan and no further enforcement action will be taken. RQIA will continue to monitor and review the quality of care and treatment provided inJohn Gilleece at 438. It should be noted that continued non-compliance may lead to further enforcement action.

As a result of the inspection findings, three areas for improvement have been identified. Details of the areas for improvement can be found in section 5.2.4 of the report andin the quality improvement plan (QIP). Mr Gilleece is aware that a follow-up inspection will be undertaken within 12 months to assess that the areas for improvement made have been embedded into practice.

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 Gilleece and the practice manager.

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.

Five 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. All patients indicated that they were very satisfied with each of the areas of their care. A number of patient responses had comments including that the dentist is experienced and professional, and that exceptional patient care is provided. Another patient commented that staff are caring and attentive.

No staff submitted questionnaire responses.

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 John Gilleece at 438 was undertaken on 24 August 2023; no areas for improvement were identified.

5.2 Inspection findings

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

There were recruitment and selection policies and procedures in place.A discussion took place with MrGilleece to ensure the recruitment and selection policy reflects legislation and best practice guidance. Following the inspection RQIA received assurance that the policy had been further developed in keeping with legislation and best practice guidance.

Mr Gilleeceoversees the recruitment and selection of the dental teamand approves all staff appointmentswith the support of the practice manager. Discussion withMr Gilleececonfirmed that he had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that no new staff had been recruited since the previous inspection. Mr Gilleececonfirmed 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.

Mr Gilleece confirmed there are job descriptions and induction checklists for the different staffroles and that if a professional qualification is a requirement of the post, a registration checkis made with the appropriate professional regulatory body.

Mr Gilleece confirmed that members of the dental teamhave 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 guidanceto ensure suitably skilled and qualified staff work in the practice.

5.2.2 Is the dental team appropriately trainedto 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 Gilleece,to ensure that the dental team is suitably skilled and qualified.A review of a sample of staff training records identified some training records were not available for review. This was discussed with MrGilleece and following the inspection, RQIA received confirmation that these records were in place.

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 and equipment are immediately available as specified and do not exceed their expiry dates.

A review of the medical emergency equipment and emergency medicines identified that additional items were required. This was discussed withMrGilleece and following the inspection, RQIA received confirmation that the required medicines and equipment were now in place.

It was noted the practice had arrangements with a neighbouring medical practice to use their automated external defibrillator (AED) if required in a medical emergency. Following the inspection Mr Gilleece confirmed he has now acquired an AED for use in the practice.

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 andrefresher training is undertaken annually.

Members of the dental teamwere 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.

As a result of the actions taken following the inspection it is determined that sufficient emergency medicines and equipment are in place and the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines.

5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

Mr Gilleece confirmed that conscious sedation is offered if clinically indicated, using intravenous (IV) sedationor inhalation sedation (IH). IV sedation is only offered to patients over the age of 18 and IH sedation is offered to adults and children.

There was a conscious sedation policy and procedure in place.Advice and guidance was provided to further develop the sedation policy and procedure in line with the legislation and best practice guidance.On review of the environment and equipment,it was evident that not all areas of conscious sedation are being managedin keeping with the Conscious Sedation in Dentistry, Dental Clinic Guidance, (Third Edition); Scottish Dental Clinical Effectiveness Programme (SDCEP).This was discussed with Mr Gilleece at a serious concerns meeting on 29 January 2026. Assurance was provided that the necessary changes had been implemented.An overarching area for improvement (AFI)was identified to ensure that conscious sedation is provided and managed in keeping with this guidance.

Mr Gilleece confirmed that the IH equipment has been serviced and thata risk assessment has been completed regarding the use, risks and control measures for the management of waste medical gases.

Mr Gilleececonfirmed that an assessment of the patient to confirm the dental treatment required and the need for sedation is undertaken by the dentist providing the sedation.Mr Gilleece confirmed that valid written consent is sought for provision of dental care using sedation in accordance with the above best practice guidance and this was evident in the clinical records.

A review of clinical recordsof patients who had treatment under conscious sedation demonstrated that these were not maintained in line with SDCEP Conscious Sedation in Dentistry, Dental Clinic Guidance. The detail of what was being recorded with respect to undertaking a pre-sedation assessment, patient monitoring whilst under sedation, the treatment procedure and the recovery of each patient was not in line with current best practice guidance.

A record was not maintained to evidence that pre and post-operative instructions were given and explained to the patient and their escort, as appropriate.This was discussed with Mr Gilleeceduring the inspection and at the serious concerns meeting held. An area for improvement has been identified to ensureclinical records for patients undergoing conscious sedation are completed in accordance with the SDCEP Conscious Sedation in Dentistry: Dental Clinical Guidance.

The clinical record review evidenced that a contemporaneous record of dental treatment provided had been consistently recorded. However, the records did not contain sufficient information in keeping with current best practice guidance. It was noted that clinical records did not consistently evidence that medical histories had been updated and sufficient detail of examinations or treatment provided was not always recorded.Advice and guidance was provided to review the principles of good record keeping as outlined by the General Dental Council(GDC) and other best practice guidance.

The standard and level of detail in clinical records is not in line with current best practice guidance. This was discussed with Mr Gilleece and an area for improvement has been identified to ensure record keeping complies with GDC 'Standards for the Dental Team'and other best practice guidance.

SDCEPConscious Sedation in Dentistry, Dental Clinic Guidance states that a log of all sedation cases should be maintained to demonstrate clinical practice. Following the inspection RQIA received assurance that this had been implemented.

The dental team involved in the provision of conscious sedation must receiveappropriate practical and clinical training. A review of training records evidenced that there is oversight of all relevant members of the dental team to ensure they complete 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 managing patients having sedation. Immediate Life Support (ILS) training as laid down by the Resuscitation Council (UK) must be undertaken. Mr Gilleece confirmed that the content of the medical emergency refresher training undertaken in May 2025demonstrated that all 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.It was confirmed that all clinical staff are undergoing appropriate ILS refresher training in March 2026.

The medicines used during IV sedation are classified as controlled drugs (CDs). The arrangements for the management of the CDs were reviewed. It was demonstrated that CDs are securely stored at all times and systems were in place for the ordering, administration, reconciliation (stock check) and disposal of these medicines. It was noted that arrangements for record keeping and stock checks around midazolam used for IV sedation could be strengthened. Advice and guidance was provided in this regard. Following the inspection RQIA received assurance that the process for stock checkingcontrolled drugs and the controlled drugs log book had been reviewed, developed and was in line with current best practice.

It was identified that a standard operating procedure (SOP) for handling CDs was not in place. This was discussed with MrGilleece and advice and guidance was provided on developing this in line with current guidance. Following the inspection RQIA received confirmation that the SOP for CDs in the practice had been developed and was in line with current best practice guidance.

Addressing the areas for improvement will ensure there are 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 infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with Mr Gilleece.

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 Gilleececonfirmed arrangements are in place to checkDepartment of Health (DoH) websites for further advisory information, guidance and alerts in this regard.

There was an overarching IPCpolicy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance.Mr Gilleececonfirmed there was a nominated leaddental 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.Surgery three is currently not being used and will require a new dental chair before any future use.

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 Gilleececonfirmed that vaccination history is checked during the recruitment processand vaccination records are retained in personnel files.

Discussion withMrGilleececonfirmed 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 proceduresand 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 wasa range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standardsand 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.

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

The practice hasthreesurgeries. Two of the surgeries have an intra-oral x-ray machine.In addition, there is dual modality orthopan tomogram (OPG) and cone beam computed tomography (CBCT) machine, which is located in surgery one. The equipment inventory reflected all the radiography equipment in place.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.

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/OPG machine.

A review of the files 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 however it was noted that the annual review of the radiation protection file for the intra oral units had not been completed by the RPS. Following the inspection RQIA received assurances that the radiation protection file had been reviewed by the RPS to ensure it is accurate and up to date, with any necessary action taken.

The appointed RPA must undertake a critical examination and acceptance testof all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

A critical examination and acceptance test (CEAT) report for the new intra-oral x-ray in surgery onewas undertaken during September 2025. The recommendations made in this report had not been signed off as actioned. Following the inspection RQIA received assurances that the recommendations within this CEAT report had been reviewed and signed to verify that these have been actioned.

The most recent reportsgenerated by the RPA during August 2023 for the CBCT/OPG machine and during May2025 for theintra-oral x-ray machines,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 the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register.Advice and guidance was provided to further develop the complaints register to contain 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. Following the inspection RQIA received confirmation that this matter had been addressed.

A review of records confirmed that no complaints had been received since the previous inspection.

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

Mr Gilleece confirmed 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 Gilleecewas 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 Mr Gilleece.

5.4 Fire risk assessment

A fire risk assessment (FRA) for the practice was in place but there was no evidence of this being reviewed annually and there was no action plan evident. Assurances were provided by Mr Gilleece following the inspection that a new FRA had been undertaken and no actions were required as a result of this refreshed FRA. It was agreed the FRA would be reviewed annually.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the QIP were discussed with Mr Gilleece,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 theMinimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 8.6 **Stated:**Firsttime **To be completed by:** 14 January 2026	The registered person shall ensure that conscious sedation is provided in keeping in with the Scottish Dental Clinical Effectiveness Programme (SDCEP), Conscious Sedation in Dentistry: Dental Clinical Guidance (Third Edition).
	Response by registered person detailing the actions taken: We have completed an ILS course on the 05.03.26. Our equpment is now completely compliant and was rated the best ever seen by the event orgainser. We have revised our protocols and procedures and our conscious sedation is now compliant with the SDCEP.
Area for improvement 2 **Ref:** Standard 10.1 **Stated:**Firsttime **To be completed by:** 14 January 2026	The registered personshallensure shall ensure that clinical records are consistently completed as outlined by the General Dental Council ‘Standards for the Dental Team’ and other best practice guidance Ref: 5.2.4
	Response by registered person detailing the actions taken: We are now compliant and have more comprehensive notes following further study of the above guidance.

Area for improvement 3 **Ref:** Standard 8.6 **Stated:**First **To be completed by:** 14 January 2026	The registered person shall ensure that all clinical records for patients undergoing conscious sedation are retained in accordance with the Scottish Dental Clinical Effectiveness Programme (SDCEP) Conscious Sedation in Dentistry: Dental Clinical Guidance (Third Edition). Ref: 5.2.4
	Response by registered person detailing the actions taken: We have new recording systems in place and are now compliant. New consent forms and other written records with new protocols are now in place.

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

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