Inspection Report

4 February 2026

OneByOne Dental

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 1A Lockview Road, Belfast, BT9 5FH
Telephone number: 028 9038 1445

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: OBO Dental Practice Limited **Responsible Individual:** Mr Christopher Gardiner	**Registered Manager:** Miss Rebecca Hooks **Date registered:** 28 April 2021
Person in charge at the time of inspection: Miss Rebecca Hooks	**Number of registered places:** Three
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: OneByOne Dental is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has three 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 4 February 2026 from 10.00 am to 14.20 pm.

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

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; management of complaints and incidents.

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation to the provision of governance and oversight arrangements with respects to decontamination of reusable dental instruments and radiology and radiation safety.

A serious concerns meetings was held on 27 February 2026 with Mr Gardiner, Responsible Person and Miss Hooks, Responsible Manager to discuss the issues identified during the inspection.

During the meeting Mr Gardiner 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 Gardiner had 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 in OneByOne Dental. It should be noted that continued non-compliance may lead to further enforcement action.

As a result of inspection findings, four areas of improvement have been identified. Details of the areas for improvement can be found in sections 5.26, 5.27 and 5.29 of the report and in the quality improvement plan (QIP). Mr Gardiner 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 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.

Ten 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 these areas of their care. Six of the ten respondents included positive comments in relation to the care provided.

Four 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?

The last inspection to OneByOne Dental was undertaken on 1 March 2024 no areas for improvement were identified.

5.2 Inspection findings

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

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

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

A review of the staff register evidenced that four new staff had been recruited since the previous inspection. A review of two personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required with the exception of a signed contract for a member of staff. This was discussed with Miss Hooks who provided assurances that this matter would be addressed.

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.

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.

Miss Hooks confirmed 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 Miss Hooks to ensure that the dental team is suitably skilled and qualified.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

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

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

Systems were in place to ensure that emergency medicines are immediately available as specified and do not exceed their expiry dates. A review of emergency equipment identified that an item was required to be ordered and some items required replacing. These matters were discussed with Miss Hooks and following the inspection RQIA received evidence these matters had been addressed.

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.

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

Miss Hooks confirmed members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

As a result of 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.

Miss Hooks confirmed that conscious sedation is not currently offered in OneByOne Dental, however there are plans in place to introduce intravenous (IV) sedation in the near future. Miss Hooks confirmed that arrangements for the provision of conscious sedation will be managed and undertaken in keeping with Conscious Sedation in Dentistry, Dental Clinic Guidance, (Third Edition); Scottish Dental Clinical Effectiveness Programme (SDCEP).

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 Hooks. Miss Hooks confirmed that arrangements are in place in keeping with the Health and Social Care Public Health Agency guidance Infection Prevention and Control Manual for Northern Ireland and that arrangements are in place to check the 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. Miss Hooks 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. Discussions with Miss Hooks confirmed that the surgeries are cleaned daily, however cleaning schedules were not retained. Advice and guidance was provided to Miss Hooks that documented evidence of cleaning should be retained and following the inspection RQIA received confirmation that this matter had been addressed.

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

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of these audits is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required. Advice and guidance was provided to Miss Hooks to ensure that the IPS audits are reviewed to ensure that they are meaningful and accurately reflect the arrangements in place in OneByOne Dental. Miss Hooks 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. Discussions with Miss Hooks and review of a sample of personal files confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with Miss Hooks confirmed staff had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

As a result of actions taken following the inspection, it is determined that the dental team is adhering 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. 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 required tests to check the efficiency of the machines had been undertaken in relation to two of the machines. However, a review of equipment logbooks of the DAC Universal demonstrated that record keeping was not in keeping with best practice. This was discussed with Miss Hooks during the inspection and with Mr Gardiner at the serious concerns meeting. Assurance was provided that the necessary changes had been implemented.

Staff confirmed dental hand pieces are not always decontaminated using a validated and automated process in keeping with HTM 01-05. An area for improvement against the standards has been made in this regard. The processing of hand pieces was discussed and with Miss Hooks during the inspection and with Mr Gardiner at the serious concerns meeting. Assurance was provided that the necessary changes had been implemented.

In addition, it was observed that wrapped instruments were not stored with expiry dates, and the processes in place to clearly identify the date of reprocessing of wrapped instruments were not in keeping with HTM 01-05. An area for improvement against the standards has been made in this regard. This was discussed with Miss Hooks during the inspection and with Mr Gardiner at the serious concerns meeting. Assurance was provided that the necessary changes had been implemented.

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

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

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

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

The practice has three surgeries each of which has an intra-oral x-ray machine. In addition, there is a combined cone beam computed tomography machine / orthopan tomogram (CBCT/OPG) machine, which is located in a separate room. The equipment inventory available on the day of inspection did not reflect all the radiography equipment in place. This matter was discussed with Miss Hooks and following the inspection, RQIA received evidence this matter had been addressed. 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. The most recent RPA appointment was not available on the day of inspection. This matter was discussed with Miss Hooks and following the inspection, RQIA received evidence this matter had been addressed.

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.

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. Advice and guidance was provided to Miss Hooks to ensure that the radiation protection file is reviewed at least annually by the RPS to ensure that it is accurate and up to date. Following the inspection, RQIA received confirmation that this matter had been addressed.

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

Critical examination and acceptance test reports were available for review for the three intra-oral x-ray machines which evidence that the machines had been examined by the RPA. A RPA report for the CBCT/OPG was also available for review which demonstrated the equipment had been examined. It was noted that the recommendations made by the RPA had not been signed as actioned by the RPS. This was brought to the attention of Miss Hooks who confirmed following the inspection that this matter had been addressed.

A copy of the local rules was on display near each x-ray machine observed, however not all appropriate staff had signed to confirm that they had read and understood these. In addition, it was identified that x-ray warning signs were not displayed at the entrance to the surgery observed. This matter was discussed with Miss Hooks and following the inspection, RQIA received confirmation that these matters had been addressed.

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.

As a result of the issues identified above regarding radiology and radiation safety, an overarching area for improvement has been made against the standards to ensure that the oversight of radiation safety within the practice is reviewed in line with best practice guidance and legislation. This was discussed with Miss Hooks during the inspection and at the serious concerns meeting. Assurance was provided that the necessary changes had been implemented.

Addressing the area for improvement will strengthen the radiology and radiation safety arrangements 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 Miss Hooks confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Miss Hooks 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 Hooks 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 Gardiner was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

As discussed in section 5.2.6 it was noted that the decontamination of dental hand pieces and the processes in place to clearly identify the date of reprocessing of wrapped instruments were not in keeping with HTM 01-05. Furthermore in section 5.2.7 it was noted that radiology arrangements were not in keeping with best practice and legislation.

RQIA is concerned that these areas were not identified internally by current governance arrangements and therefore RQIA are concerned about the oversight and governance arrangements with respect to the day to day operation of the practice. In light of these findings an area for improvement has been made against the regulations for Mr Gardiner to review the effectiveness of the current governance and oversight arrangements. This was discussed with Mr Gardiner and Miss Hooks at the serious concerns meeting. Assurance was provided that the necessary changes had been implemented.

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 Hooks.

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	1	3

Areas for improvement and details of the QIP were discussed with Mr Gardiner, Responsible Individual and Miss Hooks, Registered Manager, 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 13 (1) **Stated:** First time **To be completed by:** 4 February 2026	The registered person shall review the effectiveness of the current governance arrangements and oversight arrangements Ref: 5.2.9
	Response by registered person detailing the actions taken: Several points had been overlooked or miscommunicated, however we acknowledge our shortcomings in oversight. We have rectified many already, will implement improvements and ensure we continue to provide exceptional safe care for our patients.

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 4 February 2026	The registered person shall ensure that all reusable dental instruments are decontaminated using an automated validated process in keeping with Health Technical Memorandum 01-05. Decontamination in primary care dental practices, (HTM 01-05). The policy and procedure is updated to reflect this. Ref: 5.2.6
	Response by registered person detailing the actions taken: The practice had previously been using the DAC as a stand-alone unit - the records for which are available. Following renovation of the practice and move to further improve decontamination processes we incorporated a new washer disinfector and steriliser - Melag. We moved from using the DAC to washer disinfector/steriliser for which the records are available. The periodic test results were interim tests to ensure the DAC was working/turning on, even though not in use - thus no protein residue tests were incorporated at this time. Following ongoing use of the washer disinfector, there was a dramatic increase in breakage and subsequent need for repairs for our handpieces, causing them to go out of circulation. We contacted one of the handpiece manufacturers representatives who came to the practice and to show our team how to best maintain the handpieces. The advice given was to hand wash the handpieces as per SOP should the washer be out of use, followed by sterilisation. The manufacturers had been contacted again following inspection for clarification on caring for handpieces. Action: We have returned to putting the handpieces through the DAC prior to sterilisation. Ensure full compliance with HTM01-05 best practice.
Area for improvement 2 **Ref:** Standard 13.2 **Stated:** First time **To be completed by:** 4 February 2026	The registered person shall ensure that a process is in place to clearly identify the date of reprocessing of wrapped instruments. Ref: 5.2.6
	Response by registered person detailing the actions taken: Where wrapped instruments were observed without date stamps

	Our lead decontamination nurse was unavailable on the day of the inspection due to last minute absence. Our lead decontamination lead was interviewed following the inspection. She acknowledged that she was responsible the day prior for running decon and had been responsible for not stamping dates or communicating with the rest of the team that these were to be stamped. Action: More regular checklists are in place to ensure that wrapped instruments are being date stamped to indicate when they were reprocessed. Increased reviews of checklists by more senior staff.
Area for improvement 3 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 4 February 2026	The registered person shall ensure that the oversight of radiology and radiation safety within the practice is reviewed in line with best practice guidance and legislation. Ref: 5.2.7
	Response by registered person detailing the actions taken: RPA Consultation Following the recent inspection, the Radiation Protection Adviser (RPA) was contacted regarding the requirement for an updated report and appointment letter. The RPA confirmed that a new report was not necessary, as all relevant documentation had already been reviewed and updated following the critical examinations undertaken in October 2023 and March 2024. Appointment Letter A revised appointment letter, dated 5th February, was issued subsequent to the inspection. This document was duly signed and returned via email. Warning Signage Warning signage located outside the surgeries has been replaced. It has been noted that these signs are prone to detachment; therefore, the practice is currently assessing more robust and permanent fixing solutions to ensure ongoing compliance and durability. Local Rules All local rules have now been formally signed and are fully available within the practice. These documents are accessible to all relevant staff, ensuring adherence to radiation safety protocols. CBCT Documentation

	The CBCT file has been reviewed and formally signed, confirming that all associated documentation is complete and compliant.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care