Inspection Report

3 March 2026

Sliabh Mór Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment
Address: Unit 36, The Kennedy Centre, 564 - 568 Falls Road, Belfast, BT11 9AE
Telephone number: 028 9043 0110

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: Sliabh Mór Dental Care Ltd **Responsible Individual:** Miss Mary-Claire Carroll	**Registered Manager:** Mr Paul Kane **Date registered:** 21 December 2015
Person in charge at the time of inspection: Miss Mary-Claire Carroll	**Number of registered places:** Three
Category of care: Dental Treatment	
Brief description of how the service operates: Sliabh Mór 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 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 3 March 2026 from 10.50 am to 14.00 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 staff training; management of medical emergencies; infection prevention and control (IPC); decontamination of reusable dental instruments; radiology and radiation safety; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the care and treatment?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

No 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?

Areas for improvement from the last inspection on 12 March 2024		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref: Standard 13.4** **Stated: First time** **To be completed by: 23 April 2024**	The registered person shall ensure that all periodic tests are undertaken in respect of all decontamination equipment and are recorded on a daily basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Ref: 5.2.6	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met. Further detail is provided in section 5.2.6	

5.2 Inspection findings

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

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

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

A review of the staff register evidenced that five new staff had been recruited since the previous inspection. It was identified that the staff register was not fully completed. Following the inspection Mr Kane provided confirmation this matter had been addressed. A review of two personnel files evidenced that in the main, relevant recruitment records had been sought; reviewed and stored as required. Advice and guidance was provided to Mr Kane to ensure that all outstanding recruitment records are sought and stored on file. Following the inspection RQIA received confirmation that this matter had been 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.

Mr Kane confirmed members of staff 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 actions taken, 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?

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 Kane 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 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. It was noted that an automated external defibrillator (AED) is not situated on site. Mr Kane informed us that AEDs are available within very close proximity to the practice. It was confirmed that the practice has undertaken a risk assessment and conducted simulated exercises to ensure that they have timely access (within 3 minutes of collapse) to an AED in accordance with the Resuscitation Council (UK) guidance.

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

A member of the dental team was able to describe the actions they would take in the event of a medical emergency, however they were not familiar with the location the offsite AED. Advice and guidance was provided to Mr Kane to ensure that staff are up to date regarding the location of the nearest AED and that this is reflected in staff induction. Mr Kane was receptive to this advice and following the inspection RQIA received evidence this matter had been addressed.

As a result of the actions taken following the inspection, it is determined that 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.

Mr Kane confirmed that conscious sedation is not offered in Sliabh Mór 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 Mr Kane and Miss Carroll. It was 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. Mr Kane 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. Mr Kane confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The lead dental nurse had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence.

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

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

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

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 Kane and 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.

Discussion with Mr Kane 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.

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.

A review of equipment logbooks and discussions with a member of the dental team demonstrated that all required tests to check the efficiency of the machines have been undertaken. It was determined that the previous area for improvement against the standards, as outlined in section 5.1, has been met.

Discussion with a member 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.

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

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.

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

The most recent report generated by the RPA during January 2025 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

A copy of the most recent local rules was not on display near the x-ray machine observed. This matter was discussed with Mr Kane and following the inspection, RQIA received evidence that this matter had been addressed. Appropriate staff had signed to confirm that they had read and understood the local rules.

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. An amendment was required to ensure correct contact details for onward referral routes were up to date. This was discussed with Mr Kane and following the inspection, RQIA received confirmation that this matter had been addressed.

Advice and guidance was provided to Mr Kane to record any complaint received in a complaints register and to undertake a complaints audit to identify trends, drive quality improvement and to enhance service provision. Mr Kane was receptive to this advice and following the inspection RQIA received confirmation these matters had been addressed. Mr Kane had retained 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.

Discussion with Mr Kane confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Kane 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 Kane 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.

As a result of actions taken following the inspection, it is determined systems are 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 Carroll 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 Mr Kane and Miss Carroll.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Kane, Registered Manager as part of the inspection process and can be found in the main body of the report.

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