

# Inspection Report

23 June 2025



## Gransha Dental

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 89A-89B Glen Road, Belfast, BT11 8BD  
Telephone number: 028 9061 2312

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

<b>Organisation/Registered Provider:</b> Gransha Dental Limited	<b>Registered Manager:</b> Ms Debbie McVeigh
<b>Responsible Individual</b> Mrs Louise McGuigan	<b>Date registered:</b> 1 March 2021
<b>Person in charge at the time of inspection:</b> Ms Debbie McVeigh	<b>Number of registered places:</b> Three
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Gransha 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.  Gransha Dental Limited is the registered provider for two dental practices registered with RQIA. Mrs Louise McGuigan is the responsible individual for Gransha Dental Limited.	

## 2.0 Inspection summary

This was an unannounced inspection, undertaken by a two care inspector on 23 June 2025 from 10.00 am to 12.30 pm.

RQIA received information that raised concerns in relation to the following areas; poor practice in relation to infection prevention and control (IPC) and the decontamination of reusable dental instruments; alleged re-use of single-use items; management of clinical waste; management of dental unit water lines (DUWLs); management of staff; staff training and recruitment; processing of payments from patients.

This information shared with RQIA formed the main focus of the inspection.

There was evidence of good practice in relation to the decontamination of reusable dental instruments.

This inspection identified two areas for improvement against the regulations to ensure a risk assessment is completed when the use of a safer sharp device is not deemed practical and with regards the provision of staff recruitment records.

Three further areas for improvement were identified against the standards in relation to; the arrangements to revalidate decontamination equipment; oversight of staff training; managements of complaints.

A review of clinical records identified no issue with processing of patient payments for Health service or private treatment and discussion with Ms McVeigh confirmed payments are managed appropriately.

Ms McVeigh was advised that the announced inspection of the practice would be undertaken within the current inspection year and would include a review of the areas of improvement made during this inspection.

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?**

As this was an unannounced inspection posters were not issued to the practice, prior to the inspection, inviting patients and staff to complete an electronic questionnaire.

We spoke to staff on the day of inspection and no issues were raised in respect of patient care. Staff were happy with the management in place at the practice and felt supported to carry out their roles.

### **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 Gransha Dental was undertaken on 5 June 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 was a recruitment and selection policy in place. A discussion took place with Ms McVeigh to further develop the recruitment and selection policy to reflect legislation and best practice guidance.

Mrs McGuigan oversees the recruitment and selection of the dental team and approves all staff appointments with the support of Ms McVeigh. Discussion with Ms McVeigh confirmed that she had a clear understanding of the legislation and best practice guidance.

Ms McVeigh told us that the practice was in the process of moving to an online digital records system with respect to practice management records. Some records have already moved to this online digital platform, other records have yet to be uploaded to the online digital records system. A review of the staff register evidenced that this was not up to date with relevant details of all current staff members. Advice and guidance was provided to Mrs McVeigh to ensure this is updated with details of all current staff members. Following the inspection RQIA received confirmation that the staff register had been reviewed and updated.

A review of a sample of personnel files of newly recruited staff evidenced that not all recruitment records were available for inspection. An area for improvement has been identified to ensure that all relevant staff recruitment records are sought, reviewed and stored as required.

There was evidence of job descriptions 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.

Mrs McVeigh confirmed that members of the dental team are provided with a job description, contract of employment and received induction training when they commenced work in the practice.

Addressing the area for improvement will ensure 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.

Mrs McVeigh provided evidence of a staff training matrix, however this was not up to date. A record of all training and professional development activities undertaken by staff was not available for inspection.

A policy that outlines mandatory training to be undertaken, in line with any professional requirements, and the training guidance provided by RQIA, was not available for inspection. Advice and guidance was provided to develop this.

As records to evidence staff training were not available for review and RQIA was not assured about the oversight of staff training an area for improvement has been identified to ensure that mandatory staff training is undertaken and recorded, in line with any professional requirements, and the training guidance provided by RQIA.

Addressing the area for improvement will 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.

It was identified however, some of the medical emergency medicines and equipment had not been provided in line with current guidance. Evidence was presented confirming that the identified emergency medicines had been ordered. Advice and guidance was provided to ensure appropriate checks are being carried out on all emergency medicines and equipment. Following the inspection, RQIA received assurance that the required emergency medicines and equipment had been provided and a robust checking procedure had been put in place.

Protocols to guide staff in the management of medical emergencies were available. Advice and guidance was provided to review and develop these in line with best practice guidance.

Following the inspection RQIA received assurance that these protocols had been reviewed and updated.

Ms McVeigh advised 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 the actions taken following the inspection it was determined that sufficient emergency medicines and equipment were in place 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.

Ms McVeigh confirmed that conscious sedation is not offered in Gransha Dental.

#### **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.

There was an overarching IPC policy and associated procedures in place. Ms McVeigh confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice.

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. A discussion took place with Ms McVeigh around the condition of the flooring in surgery one. Ms McVeigh provided RQIA with assurance that this would be appropriately repaired.

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.

It was identified that conventional needles and syringes are used by some of the dentists when administering local anaesthetic as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable;'. Ms McVeigh confirmed that it is the responsibility of the primary user of sharps to safely dispose of them. A sharps risk assessment was not in place for the dentist to indicate the steps they take to reduce the risk of sharps injuries occurring. An area for improvement has been made against the regulations to ensure a risk assessment is completed when a safer sharp is not deemed practical this should be signed by the treating dentist. Ms McVeigh was advised that the use of safer sharps should be considered.

The management of the dental unit water lines (DUWLs) was discussed and it was evidenced that arrangements were in place for daily decontamination of the DUWLs in keeping with the manufacturer's instructions.

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 Ms McVeigh confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures.

Addressing the area for improvement will strengthen the IPC arrangements and ensure that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

### **5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?**

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the DoH.

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

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, maintained and used in line with the manufacturers' guidance were reviewed. The validation certificates for the steriliser and washer disinfectant were not available for inspection. Following the inspection RQIA received confirmation that both machines had been validated and certificates retained to evidence this.

An area for improvement has been made against the standards to establish robust arrangements to ensure machines used to decontaminate reusable dental instruments are revalidated in keeping with HTM 01-05.

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.

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

### 5.2.7 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 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.

A complaints register was in place, however this had not been updated to record all complaints. Advice and guidance was provided to ensure the complaints register is maintained and that 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 are retained.

A review of records concerning complaints evidenced that complaints had not been recorded and managed in line with best practice guidance. An area for improvement has been identified to ensure complaints are managed effectively in accordance with legislation and best practice guidance.

Discussion with Ms McVeigh confirmed that an incident policy and procedure was in place. Ms McVeigh confirmed that incidents are effectively documented and investigated in line with legislation.

Addressing the area for improvement will ensure that complaints and incidents are being managed effectively in accordance with legislation and best practice guidance.

## 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
<b>Total number of Areas for Improvement</b>	2	3

Areas for improvement and details of the QIP were discussed with Miss McVeigh, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a></b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2025</p>	<p>The responsible individual shall ensure that recruitment records are sought, reviewed and retained in keeping with Schedule 2, as amended for all new staff.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>To address previously identified concerns regarding non-compliance with RQIA Regulation 19, Schedule 2 (regarding recruitment documentation), the practice will implement and adhere strictly to an updated recruitment protocol as part of this Quality Improvement Plan. A mandatory recruitment checklist will be completed for every new hire, covering all required documentation including AccessNI checks, full employment history with written explanations for any gaps, verified references, proof of identity, and qualification certificates. The Practice Manager will review and approve all documentation before a conditional offer of employment is made. Completed recruitment files will be securely stored in individual staff folders at the time of hiring and will be subject to regular internal audits to ensure full compliance, accuracy, and traceability. Responsibility for monitoring and auditing this process rests with the Practice Manager, with quarterly reviews scheduled as part of ongoing governance.*</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (7)</p> <p><b>Stated:</b> First time</p>	<p>The responsible individual shall ensure a risk assessment is completed when a safer sharp is not deemed practical, this should be signed by the treating clinician.</p> <p>Ref: 5.2.5</p>

**To be completed by:**  
23 June 2025

**Response by registered person detailing the actions taken:**

To address concerns regarding the use of safer sharp devices, a revised sharps protocol has been implemented to ensure that a formal risk assessment is completed whenever a safer sharp is not deemed practical. This assessment must clearly outline the rationale for using an alternative device and must be completed and signed by the treating clinician prior to use. A standardised risk assessment form has been introduced and will be securely stored for audit purposes. Staff will receive training on the updated protocol to ensure consistent application and compliance across the team. The Practice Manager and Infection Control Lead are responsible for implementation and ongoing monitoring, with quarterly audits in place to ensure adherence. The effectiveness of this improvement will be reviewed after six months, and any non-compliance will result in prompt corrective action or retraining.

<b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2025</p>	<p>The responsible individual shall ensure that mandatory staff training is undertaken and recorded, in line with any professional requirements, and the training guidance provided by RQIA.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>To ensure full compliance with RQIA training requirements, an action plan has been implemented to monitor and maintain up-to-date mandatory staff training. A centralised training matrix will be used to track completion and renewal dates for core subjects including safeguarding, infection control, fire safety, and CPR. Staff will be allocated protected time to complete training, and automated reminders will be issued ahead of expiry dates. The Practice Manager will oversee compliance, with training records reviewed as part of monthly internal audits to ensure all staff remain current and regulatory standards are met.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2025</p>	<p>The responsible individual must ensure the arrangements to revalidate all decontamination equipment is embedded into practice.</p> <p>Ref: 5.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p><b>To address this area of concern, an action plan has been developed to ensure ongoing compliance with equipment validation and servicing requirements. An annual validation and service calendar will be maintained by the Lead Decontamination Nurse, supported by a monitoring system to track due dates and expiry. This will ensure timely revalidation and servicing of all relevant equipment, preventing any lapses in compliance and supporting safe, consistent clinical practice.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2025</p>	<p>The responsible individual must ensure complaints are managed effectively in accordance with legislation and best practice guidance.</p> <p>Ref: 5.2.8</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p><b>To ensure effective complaints management in line with legislation and RQIA guidance, an action plan will be implemented, led by the Practice Manager, to strengthen policy and practice. The complaints policy will be reviewed and updated to clearly define procedures for</b></p>

	<p>receiving, acknowledging, investigating, and responding to complaints within agreed timeframes. A central complaints register will be maintained to log all cases and outcomes, allowing for monthly reviews to identify patterns and inform improvements. Staff will receive training on handling complaints professionally and sensitively, with completion targeted by end of August 2025. Regular audits, conducted quarterly by the Practice Manager, will monitor compliance and support continuous improvement. Success will be measured by ensuring all complaints are recorded and responded to within required timeframes, with any issues promptly addressed.</p>
--	---

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



The **Regulation** and  
**Quality Improvement**  
Authority

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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care