

Inspection Report

17 July 2025



Harbour Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
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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

Organisation/Registered Provider: Abbey Dental Clinic Ltd	Registered Manager: Mrs Karla Fellowes
Responsible Individual: Miss Grainne McCloskey	Date registered: 21 May 2025
Person in charge at the time of inspection: Mrs Karla Fellowes	Number of registered places: Three
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Harbour Dental Practice 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 offers conscious sedation, if clinically indicated. Abbey Dental Clinic Ltd is the registered provider for two dental practices registered with RQIA. Miss Grainne McCloskey is the responsible individual for Abbey Dental Clinic Ltd.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 21 July 2025 from 10.00 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.

Two areas for improvement against the standards have been made in relation to the decontamination of reusable dental hand pieces and the oversight of radiology and radiation safety.

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 patient questionnaires were received prior to the inspection.

Two staff submitted questionnaire responses. Both staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Both staff indicated that they were very satisfied with each of these areas of patient care. The staff responses did not include comments.

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 Harbour Dental Practice was undertaken on 16 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 were recruitment and selection policies and procedures in place. A review of these documents identified further development was required to ensure that the recruitment policy and procedures are fully reflective of legislation and best practice guidance. This matter was discussed with Mrs Fellowes and following the inspection, RQIA received evidence that the matter had been addressed.

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

A review of the staff register evidenced that two new staff had been recruited since the previous inspection. A review of the personnel files of the newly recruited staff evidenced that in the main, relevant recruitment records had been sought; reviewed and stored as required. Advice and guidance was provided to Mrs Fellowes to ensure that all outstanding recruitment records are sought and stored on file. Following the inspection RQIA received evidence 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.

Mrs Fellowes confirmed members of the dental team have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

As a result of actions taken following the inspection, 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. A review of a sample of training records identified that one staff member had not undertaken training in accordance with RQIA training guidance. This was discussed with Mrs Fellowes who gave assurances that this matter would be addressed.

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 the responsible individual to ensure that the dental team is suitably skilled and qualified.

As a result of the assurances provided 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 emergency equipment identified that some items were unavailable or required to be replaced. This was discussed with Mrs Fellowes, and following the inspection RQIA received evidence that this matter had been addressed. There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. 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.

Mrs Fellowes confirmed members of the dental team would be 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 action 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.

Mrs Fellowes confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation. The arrangements for the provision of conscious sedation were not reviewed during this inspection however, it was confirmed by Mrs Fellowes that conscious sedation is being managed and undertaken in keeping with the [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#).

By confirming that arrangements are in place in keeping with the [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#), the dental team will be able 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 Mrs Fellowes. 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](#). Mrs Fellowes confirmed arrangements are in place to check Department of Health (DoH) websites for further advisory information, guidance and alerts in this regard.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. Mrs Fellowes confirmed that two dental nurses shared the role of the decontamination lead with responsibility for IPC and decontamination in the practice. Mrs Fellowes confirmed both dental nurses 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.

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. Mrs Fellowes confirmed that an IPC audit, which includes the above criteria, had been undertaken at Harbour dental practice and where applicable, an action plan was generated to address any improvements required. Advice and guidance was provided to Mrs Fellowes that the use of the Infection Prevention Society (IPS) audit tool to carry out IPC audits is strongly recommended as outlined in the [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the DoH. Mrs Fellowes provided assurances that going forward the IPS audit tool would be used to monitor compliance with key elements of IPC at six monthly intervals.

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

Discussion with Mrs Fellowes 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.

As a result of assurances provided during 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 that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Discussion with members of the dental team identified that reusable dental hand pieces are not always decontaminated using an automated, validated process. This matter was discussed with Mrs Fellowes and an area for improvement against the standards has been made in this regard.

Addressing the area for improvement will ensure that the dental team are adhering to current best practice guidance on the decontamination of reusable 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, two of which have an intra-oral x-ray machine and the equipment inventory reflected this. A review of documentation for the intra-oral x-ray machines evidenced that the 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 was available however, it did not contain the relevant local rules and employer's procedures at the time of inspection. This matter was discussed with Mrs Fellowes and following the inspection RQIA received confirmation that all relevant radiology documentation was in place.

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 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.

Mrs Fellowes told us the practice was in the process of installing a new cone beam computed tomography (CBCT) machine, which is located in a separate room. Mrs Fellowes confirmed that there was work still ongoing in relation to installing the CBCT machine, therefore documentation in relation to the CBCT machine was not reviewed. Mrs Fellowes was advised to submit a minor variation application to RQIA in relation to the new CBCT machine.

The most recent report generated by the RPA during July 2024 for one of the X-ray machines evidenced that the equipment had been examined and any recommendations made had been actioned. The report for the second X-ray machine was not available to view on inspection. This was discussed with Mrs Fellowes and following the inspection, RQIA received the most recent report generated during October 2022 that evidenced that the 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 and had not been signed by appropriate staff to confirm that they had read and understood these. These matters were discussed with Mrs Fellowes and following the inspection, RQIA received evidence that these matters had been addressed. 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 Mrs Fellowes and following the inspection RQIA received evidence that X-ray warning signs had been sought and positioned appropriately.

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.

As a result of the issues identified above regarding radiology and radiation safety, one 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.

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 instructions for patients and staff to follow however, it was identified that further development of the policy and procedure was required. This was discussed with Mrs Fellowes and following the inspection, RQIA received confirmation that this matter had been addressed. 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 concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. Mrs Fellowes confirmed that arrangements are in place to undertake a complaints audit to identify trends, drive quality improvement and to enhance service provision.

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

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 the actions taken following the inspection, it is determined that systems are in place to ensure that complaints and incidents are 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.

Mrs Fellowes is the nominated individual with overall responsibility for the day to day management of the practice and is responsible for reporting to the registered provider. The registered provider monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits along with any identified actions were not available at the time of inspection. This was discussed with Mrs Fellowes and following the inspection the most recent and other previous reports were made available to the RQIA.

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 Mrs Fellowes.

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	2

Areas for improvement and details of the QIP were discussed with Mrs Fellowes, 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 Minimum Standards for Dental Care and Treatment (March 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First</p> <p>To be completed by: 02 July 2025</p>	<p>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).</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>We have gone through all of the dental handpieces within the practice and we have checked the maufacturers guidelines regarding processing them through the washer disinfector.</p> <p>This information has been relayed to all staff and all staff are aware of the procedure going forward if using the washer disinfector when processing dental handpieces.</p> <p>A manual cleaning policy for handpieces which cant go through the washer disinfector has also been written and displayed in the decontamination room. Again this has been discussed with all staff and written information has been passed to each staff member involved in decontaminating dental handpieces.</p>

	All processes are in keeping with the HTM 01-05 guidelines.
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<p>Area for improvement 2</p> <p>Ref: Standard 8.3</p> <p>Stated: First</p> <p>To be completed by: 09 July 2025</p>	<p>The responsible individual shall ensure that the oversight of radiology and radiation safety within the practice is reviewed in line with best practice guidance and legislation.</p> <p>Ref: 5.2.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The local rules and employers procedures are all available on our online radiatoin protection file. This online radiation protection file has been reviewed and anything that was due to be updated has been.</p> <p>Local rules have been signed by each dentist, placed beside each x-ray unit and warning signs have been placed at the entrance of each surgery also.</p> <p>The exposure guidelines for each x-ray unit have been displayed.</p> <p>There has also been measures put in place to ensure the oversight of the radiation safety is reviewed regularly by the RI to keep us in line with best practice, guidance and legislation.</p>

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