

# Inspection Report

9 September 2025



## Rathfriland Dental Centre

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 40 John Street, Rathfriland, BT34 5QL  
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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

<b>Organisation/Registered Provider:</b> O'Hagan & Murray Ltd	<b>Registered Manager:</b> Mr Seamus O'Hagan
<b>Responsible Individual:</b> Ms Jacqui Barclay	<b>Date registered:</b> 22 April 2024
<b>Person in charge at the time of inspection:</b> Mr Seamus O'Hagan	<b>Number of registered places:</b> Two
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Rathfriland Dental Centre 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 two registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.  O'Hagan & Murray Ltd is the registered provider for two dental practices registered with RQIA. Ms Jacqui Barclay is the responsible individual for O'Hagan & Murray Ltd.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 9 September 2025 from 9.50 am to 12.20 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 the recruitment and selection of staff; management of medical emergencies; infection prevention and control (IPC); radiology and radiation safety; and management of complaints and incidents.

Two areas for improvement have been identified against the regulations in relation to staff training and the governance surrounding unannounced quality monitoring visits.

One area for improvement has been identified against the standards in relation to the periodic testing of decontamination equipment.

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 patient questionnaires were received prior to the inspection.

Six 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 either satisfied or very satisfied with each of these areas of patient care. Staff commented on the friendly and well organised service.

### **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 Rathfriland Dental Centre was undertaken on 5 July 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 that adhered to legislation and best practice guidance.

The human resources (HR) department supports Mr O'Hagan during the recruitment process and is responsible for developing job descriptions, induction templates and employment contracts bespoke to roles and responsibilities; and seeking all required recruitment documentation. Mr O'Hagan confirmed that he had access to all recruitment documentation via the HR online portal and he had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that one new staff member had been recruited since the previous inspection. A review of the personnel file of this newly recruited staff member evidenced that relevant recruitment records had been sought; reviewed and stored as required.

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.

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

The recruitment of the dental team complies with the legislation and best practice 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 take part in ongoing training to update their knowledge and skills, relevant to their role.

A training policy and procedure was in place however, a review of this found that it required further development to outline all mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA. This was discussed with Mr O'Hagan who agreed to address this with the registered provider.

Whilst some training records were available for inspection, records were not available to evidence that all staff working in the practice had appropriate up to date training in IPC, decontamination, safeguarding adults and children at risk of harm and radiology and radiation safety. Mr O'Hagan was advised to ensure that all staff working in the practice have completed training in accordance with their role and in keeping with RQIA training guidance and continuing professional development (CPD). Evidence of staff training should be maintained on file and readily available for review. An area for improvement against the regulations has been made regarding this matter.

Addressing the area for improvement will ensure 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 not available. This was discussed with Mr O'Hagan and advice given in this regard. Following the inspection, RQIA received evidence that these items had been received by the practice and were stored with the rest of the emergency equipment.

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.

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 action taken following inspection, it was determined that sufficient emergency equipment is available. It was determined that emergency medicines 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 O'Hagan confirmed that conscious sedation is not offered in Rathfriland Dental Centre.

### **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 IPC measures to prevent transmission of respiratory illnesses in the practice was discussed with Mr O'Hagan.

It was confirmed that arrangements are in place in keeping with the Health and Social Care Public Health Agency guidance [Infection Prevention and Control Measures for Respiratory illnesses March 2023](#) and the [Infection Prevention and Control Manual for Northern Ireland](#). Mr O'Hagan confirmed 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. Review of these documents demonstrated that they reflected legislation and best practice guidance.

Mr O'Hagan confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. As previously discussed there was no evidence to confirm that all staff had attended IPC training in accordance with their role and in keeping with RQIA training guidance and CPD. An area for improvement against the regulations has been made in relation to staff training, as discussed in section 5.2.2.

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. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. 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.

Addressing the area for improvement in relation to staff training will 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, validated, maintained and used in line with the manufacturers' guidance were reviewed.

A review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken with the exception of the DAC Universal machine. Evidence of routine protein residue testing for the DAC Universal was not available for inspection. Advice and guidance was provided to the decontamination lead nurse regarding best practice guidance as outlined in HTM 01-05. An area for improvement against the standards has been made in this regard.

Staff were able to describe the equipment treated as single use and the equipment suitable for decontamination. As previously discussed there was no evidence to confirm that all appropriate staff had attended decontamination training in accordance with their role and in keeping with RQIA training guidance and CPD. An area for improvement against the regulations has been made in relation to staff training, as discussed in section 5.2.2.

Addressing the areas for improvement in relation to staff training and undertaking periodic testing in keeping with best practice 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 two surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. 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.

Mr O'Hagan, as the RPS, oversees radiation safety within the practice and entitles, on behalf of the employer, members of the dental team to undertake specific roles and responsibilities associated with radiology.

A review of the radiation file revealed that IR(ME)R entitlement records for two staff members were not available. Advice was provided to Mr O'Hagan regarding this matter and we received evidence following inspection that entitlement records were now completed, and retained on file. Advice and guidance was provided to Mr O'Hagan to regularly review the radiation protection file to ensure that it is accurate and up to date and to sign to evidence of the same. Mr O'Hagan was receptive to this advice and agreed to action this moving forward.

As previously discussed there was no evidence to confirm that all staff had attended radiology and radiation safety training in accordance with their role and in keeping with RQIA training guidance and CPD. An area for improvement against the regulations has been made in relation to staff training, as discussed in section 5.2.2.

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 O'Hagan confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA during June 2023 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

As a result on the action taken following inspection and addressing the area for improvement in relation to staff training, will ensure that radiology and radiation safety arrangements are in place to ensure that appropriate x-rays are taken safely.

### **5.2.8 Are complaints and incidents being effectively managed?**

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register 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 Mr O'Hagan confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr O'Hagan 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.

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.

As discussed in section 1.0, Rathfriland Dental Centre is operated by O'Hagan & Murray Ltd and Ms Jacqui Barclay is the responsible individual for O'Hagan & Murray Ltd. Mr O'Hagan confirmed that a manager, who works in the other practice operated by the provider in Northern Ireland, undertakes the unannounced quality monitoring visits on behalf of the provider.

It was identified that Ms Barclay had not signed to confirm that she had reviewed the most recent report of the unannounced visit undertaken during April 2025 and there was no evidence that unannounced visits had been undertaken prior to April 2025. This was discussed with Mr O'Hagan and following the inspection RQIA received confirmation that the matter had been referred to Ms Barclay for consideration. An area for improvement against the regulations has been made in this regard.

Addressing the area for improvement will ensure Ms Barclay has assurances of the effectiveness of the current governance and oversight arrangements at Rathfriland Dental Centre.

### 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 O'Hagan.

### 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	1

Areas for improvement and details of the QIP were discussed with Mr O'Hagan, Registered Manager, and with Ms Jacqui Barclay, Responsible Individual, 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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 18 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 9 September 2025	The responsible individual shall ensure that all staff working within Rathfriland Dental Centre have completed training in accordance with their role and in keeping with RQIA training guidance and continuing professional development.  A record of the training should be maintained.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All staff registered on Apolline practice compliance system with access to wideranging CPD online ans system for monitoring CPD which has nbeen implemented in NI sites

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 September 2025</p>	<p>The responsible individual shall ensure that six monthly unannounced monitoring visits by the responsible individual or a nominated individual, as outlined in Regulation 26 of the Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out.</p> <p>An action plan should be generated to address any recommendations within the report. The report should be made available to the responsible individual for review and sign off and evidence thereof retained for inspection.</p> <p>Ref: 5.2.9</p>
<p><b>Response by registered person detailing the actions taken:</b></p> <p>The process for carrying out these bi-annual monitoring visits in place and currently I will sign off report and any actions when completed</p>	
<p><b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 September 2025</p>	<p>The responsible individual shall ensure that all periodic tests in respect of the DAC Universal machine are undertaken and recorded on a daily basis in keeping with manufacturer's guidance and Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices.</p> <p>Ref: 5.2.6</p>
<p><b>Response by registered person detailing the actions taken:</b></p> <p>This has been actioned and recorded daily in keeping with guidance</p>	

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



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