

# Inspection Report

3 June 2025



## Aiken Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 4A Woodburn Park, Lisnagelvin, Londonderry, BT47 5PS  
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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<b>Registered Provider:</b> Mr James Aiken	<b>Registered Manager:</b> Mr James Aiken
<b>Responsible Individual:</b> Mr James Aiken	<b>Date registered:</b> 7 November 2013
<b>Person in charge at the time of inspection:</b> Mr James Aiken	<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> Aiken Dental Surgery 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 June 2025 from 10.00 am to 1.50 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.

One area of improvement has been identified against the regulations with regard to staff training. 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.

One relative or visitor response was received. The respondent indicated a level of dissatisfaction across a number of areas of care. This was discussed with Mr Aiken who was receptive to feedback and confirmed no formal complaint had been brought to his attention.

One staff questionnaire response was received. The staff member indicated that they felt patient care was safe, effective and that patients were treated with compassion.

## 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 Aiken Dental Surgery was undertaken on 8 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 that adhered to legislation and best practice guidance.

Mr Aiken oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr Aiken confirmed that he 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 staff register evidenced that two new staff had been recruited since the previous inspection. A review of both personnel files evidenced that the large majority of relevant recruitment records had been sought, reviewed and stored as required. A small number of required documents were produced on the day of the inspection to ensure each staff members personnel file contained all of the necessary recruitment records.

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 Aiken confirmed staff 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?

Mr Aiken is aware that policies and procedures are required to be in place that outline mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

A review of staff training and professional development activities undertaken by staff who work in the practice was completed during the inspection. It was identified a number of staff had not completed relevant training including fire safety, infection prevention and control, decontamination and safeguarding in keeping with RQIA training guidance. Mr Aiken was advised to maintain a record of all staff training undertaken, including dental associates and trainee dental nursing staff. An area for improvement in relation to staff training was identified.

Addressing this 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.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. A review of the emergency equipment identified that some items were required to be ordered. This matter was discussed with Mr Aiken and following the inspection RQIA received confirmation that this matter had been addressed. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Mr Aiken confirmed managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

Mr Aiken confirmed that 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 actions taken following the inspection, it is deemed 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.

Mr Aiken confirmed that conscious sedation is not offered in Aiken Dental Surgery.

#### 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 Aiken. 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](#).

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 Aiken confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. Mr Aiken is aware that the lead dental nurse is required to undertake IPC and decontamination training in line with their CPD. As discussed in Section 5.2.2, a number of training records in relation to IPC were not available for review and an area for improvement has been made in this regard.

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.

As a result of actions taken it is deemed 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 Department of Health (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. However, it was identified that the log books were not always fully completed. This was discussed with Mr Aiken and the lead dental nurse who provided assurances that the information will be recorded in the equipment log books with immediate effect.

As discussed in Section 5.2.2, training records in relation to decontamination for a number of staff were not available for review and an area for improvement has been made in this regard.

As a result of actions and assurances taken it is deemed that 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.

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

The practice has three surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. In addition, there is a cone beam computed tomography (CBCT) machine, which is located in a separate room.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation.

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained.

A review of the files confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. The RPS oversees radiation safety within the practice and regularly reviews the radiation protection files to ensure that they are 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.

A critical examination and acceptance test report for two new intra-oral x-ray machines and CBCT machine were undertaken in February 2025.

Reports generated by the RPA evidenced that the x-ray equipment had been examined and any recommendations made had been actioned, with the exception of the most recent report for the two new intra-oral x-rays which were not available on the day of inspection. Following the inspection Mr Aiken provided assurances that the relevant documentation had been sought, stored in the relevant radiation file, and signed by appropriate staff to confirm that they had read and understood the local rules staff.

A copy of the updated local rules for the two new intra-oral x-ray machines were not displayed near each x-ray machine. This matter was discussed with Mr Aiken and following the inspection, RQIA received assurances this matter had been addressed.

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 actions and assurances taken following the inspection it can be deemed that 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.

There were separate complaints policies and procedures in place, one for Health and Social Care (HSC) patients and one for private patients. A review of the policies evidenced that they required further development. This was discussed with Mr Aiken and following the inspection, RQIA received evidence that this matter had been addressed.

Mr Aiken confirmed 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.

Discussions with Mr Aiken confirmed that no formal complaints had been received since the previous inspection.

Discussion with Mr Aiken confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Aiken 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 Aiken reported that the dental team are knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

The arrangements for consulting with patients to seek their view and opinions on the quality of treatment provided by the practice was discussed. There were no routine arrangements in place for seeking the views of patients on the quality of treatment provided. This was discussed with Mr Aiken who provided assurances that measures would be implemented in order to seek the views of patients regarding the quality of treatment, and that these views are used to improve the service, where appropriate.

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.

Mr Aiken 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 Aiken.

### 6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement and details of the QIP were discussed with Mr Aiken, Registered person, as part of the inspection process. The timescale for completion commences 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  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from date of inspection	The Responsible person shall 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.  A record of the training should be maintained.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Staff training records updated and was emailed to RQIA after inspection to confirm staff training with regard to medical emergencies, safeguarding training and CPD, fire policy, IPC, and radiation

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



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