The Regulation and Quality Improvement Authority

Inspection Report

30 December 2025

Armstrong Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 74 Gilford Road, Craigavon, BT63 5EG
Telephone number: 028 3833 3659

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 Minimum Standards for Dental Care and Treatment (March 2011)

1.0 Service information

Organisation/Registered Provider: Armstrong Dental Practice **Registered Persons:** Mr John Guy and Mrs Sinead Guy	**Registered Manager:** Mr John Guy **Date registered:** 10 June 2024
Person in charge at the time of inspection: Mr John Guy	**Number of registered places:** Three increasing to four
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the service Armstrong 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 was initially registered for three registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation. A variation to registration application was submitted to RQIA prior to the inspection to increase the number of dental chairs from three to four.	

2.0 Inspection summary

This was an announced variation to registration inspection, undertaken by a care inspector on 30 December 2025 from 10.00 am to 11.15 am.

The inspection sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the number of dental chairs from three to four.

The variation to registration application to increase the number of registered dental chairs was approved from a care perspective following this inspection.

A desktop review of the premises sections of the variation to registration application was also undertaken by an RQIA estates inspector and they will inform Mr Guy, Registered Person and Registered Manager of the outcome in due course.

There was evidence of good practice in relation to the recruitment and selection of staff; infection prevention and control; decontamination of reusable dental instruments; and 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.

Before the inspection a range of information relevant to the registration application was reviewed. This included the following records:

- the variation to registration application
- the proposed statement of purpose
- the proposed patient guide
- the floor plans of premises

During the inspection a tour of the premises was undertaken and the inspector met with Mr Guy.

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 The inspection

4.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Armstrong Dental Practice was undertaken on 5 June 2024; no areas for improvement were identified.

4.2 Inspection findings

4.2.1 Is the statement of purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A review of the proposed statement of purpose identified that it fully reflected the key areas and themes specified in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Guy is aware that the statement of purpose should be reviewed and updated as and when necessary.

4.2.2 Is the patient guide in keeping with Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A review of the proposed patient guide identified that it fully reflected the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Guy is aware that the patient guide should be reviewed and updated as and when necessary.

4.2.3 Have any new staff been recruited to work in the additional dental surgery in accordance with relevant legislation?

Dental practices are required to maintain a staff register. A staff register was in place which was noted to be up to date and included all the required information.

A review of the staff register evidenced that two new staff had been recruited since the previous inspection. A review of both staff members' personnel files evidenced that relevant recruitment records had been sought; reviewed and stored as required under Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.

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

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.

4.2.4 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed in relation to the new dental surgery to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The new surgery was tidy, uncluttered and easy to clean work surfaces were in place. The flooring was impervious and coved where it meets the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Mr Guy confirmed that the newly installed dental chair had an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed in keeping with manufacturer's instructions.

Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, and clinical waste bins were provided in keeping with best practice guidance.

A dedicated hand washing basin was in place however, hand hygiene signage was not on display and this was brought to the attention of Mr Guy who agreed to address this matter.

It was identified that liquid hand soap, disposable hand towel dispensers and a sharps bin were available however, it was noted that a number of these items required to be wall mounted and this was discussed with Mr Guy. Following the inspection, RQIA received evidence from Mr Guy that these issues had been addressed.

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.

Mr Guy informed us that a frosted window was to be installed in the new surgery to maintain patient dignity and negate the need for blinds in keeping with IPC best practice. Following the inspection, RQIA received evidence that this matter had been addressed.

All other areas of the practice observed were equipped to meet the needs of patients.

As a result of the action taken following the inspection, it was determined that the dental team is adhering to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

4.2.5 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

There was a designated decontamination area separate from patient treatment areas and dedicated to the decontamination process.

The design and layout of this room complied with best practice guidance. Equipment and instruments provided were sufficient to meet the requirements of the practice and the additional dental surgery.

Mr Guy confirmed that a new steriliser had been installed since the previous inspection. The records showed the equipment for cleaning and sterilising instruments had been inspected, validated, maintained and used in line with the manufacturers' guidance. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

4.2.6 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements concerning radiology and radiation safety for any new equipment obtained since the last inspection were reviewed to ensure that appropriate safeguards were in place to protect patients; visitors and staff from the ionising radiation produced by taking an x-ray.

The 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 Guy confirmed that new intra-oral equipment had been installed in the new surgery.

The critical examination and acceptance test report generated by the RPA on 9 September 2025 evidenced that the intra-oral x-ray equipment had been examined and any recommendations made had been actioned.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained.

A review of the file confirmed that the Employer had entitled the newly recruited dental staff to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training.

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

The radiology and radiation safety arrangements evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

5.0 Quality Improvement Plan/Areas for Improvement

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

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