Inspection Report

8 May 2026

Ballymena Dental Care Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 125 Broughshane Street, Ballymena, BT43 6EE
Telephone number: 028 2565 6444

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: Ballymena Dental Care Ltd **Responsible Individual:** Miss Linda McVey	**Registered Manager:** Miss Linda McVey **Date registered:** 21 April 2022
Person in charge at the time of inspection: Miss Linda McVey	**Number of registered places:** Two
Category of care: Dental Treatment	
Brief description of how the service operates: Ballymena Dental Care Ltd 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.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 8 May 2026 from 10.15 am to 1.15 pm.

It focused on the themes for the 2026/27 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 decontamination of reusable dental instruments; radiology and radiation safety; and governance arrangements.

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 staff or patient questionnaires were received prior to the inspection.

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 Ballymena Dental Care Ltd was undertaken on 8 May 2024;

Areas for improvement from the last inspection on 8 May 2024		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref: Regulation 19 (1) (d)** **Stated: First time** **To be completed by:** **8 May 2024**	The responsible individual shall ensure two written references are in place for any new staff member prior to commencement of employment at the practice.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.1	

Area for improvement 2 **Ref: Regulation 15 (2)** **Stated: First time** **To be completed by:** **8 July 2024**	The responsible individual shall ensure that following areas noted in an identified dental surgery are addressed; • the dental chair is re-upholstered to provide an intact surface; • the missing cabinetry door is replaced and • the drawer front is repaired	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.5	
Area for improvement 3 **Ref: Regulation 15 (7)** **Stated: First time** **To be completed by:** **8 May 2024**	The responsible individual shall ensure that where a clinical staff member has not completed the Hepatitis B vaccination programme or may be a Hepatitis B vaccine "non-responder", a risk assessment is in place to reduce the risks from exposure prone procedures from commencement of employment in the practice and appropriate measures implemented to protect the individual.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.5	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref: Standard 8.5** **Stated: First time** **To be completed by:** **30 May 2024**	The responsible individual shall ensure a risk assessment is undertaken and documented by any dentist who does not use safer sharps; any areas for improvement within the risk assessment should be addressed.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.5	

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.

Miss McVey oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Miss McVey confirmed that she had a clear understanding of the legislation and best practice guidance. A review of the staff register evidenced that no new staff had been recruited since the previous inspection. Miss McVey confirmed that should staff be recruited in the future all recruitment documentation, including two written references, as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

It was determined that area for improvement 1, made against the regulation, as outlined in 5.1, have been met.

Miss McVey confirmed that job descriptions and induction checklists for the different staff roles were available. 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.

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.

Miss McVey confirmed 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.

A review of a sample of staff training records identified that some training requirements needed to be addressed. Advice and guidance was provided to Miss McVey regarding these matters and following the inspection, RQIA received evidence these matters had been addressed.

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 are immediately available as specified and do not exceed their expiry dates. A review of the emergency equipment identified that some items were required to be replaced and further equipment was also required. These matters were discussed with Miss McVey and following the inspection RQIA received assurances that these matters had been addressed.

There was a medical emergency policy and procedure in place. 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.

Miss McVey confirmed 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.

The dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines. As a result of action taken following the inspection, it is determined that sufficient emergency equipment are in place.

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.

Miss McVey confirmed that conscious sedation is not offered in Ballymena Dental Care Ltd.

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 were discussed with Miss McVey. It was confirmed that arrangements are in place in keeping with the Health and Social Care Public Health Agency guidance Infection Prevention and Control Manual for Northern Ireland. Miss McVey 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. Miss McVey confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. It was identified that the lead dental nurse had not undertaken recent IPC and decontamination training in line with their continuing professional development. Following the inspection it was confirmed this matter had been addressed.

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. During the previous inspection, it was identified that some remedial works were required to be completed in a surgery to ensure adherence to standards as outlined in Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05). During the inspection it was identified that these matters had been addressed.

It was determined that area for improvement 2, made against the regulation, as outlined in 5.1, has been met.

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.

During the previous inspection, it was identified that a sharps risk assessment was not in place for a dentist who does not use safer sharps. A review of records evidenced that the risk assessment is now in place.

It was determined that area for improvement 1, made against the standards, as outlined in 5.1, has been met.

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. Miss McVey confirmed these audits 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. Discussion with Miss McVey confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files. Miss McVey confirmed that if a clinical staff member has not completed the Hepatitis B vaccination programme or maybe a Hepatitis B vaccine “non-responder", a risk assessment is in place to reduce the risks from exposure prone procedures. Evidence of this risk assessment was available for review.

It was determined that area for improvement 3, made against the regulation, as outlined in 5.1, have been met.

Review of IPC arrangements evidenced 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.

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.

A discussion with a member of the dental team confirmed that they demonstrated good knowledge and understanding of the decontamination process.

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 two surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. The equipment inventory reflected all the radiography equipment in place. 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.

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 file to ensure that it is 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.

Miss McVey confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA during April 2024 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.

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.

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. Advice and guidance was provided to Miss McVey to ensure that the current complaints policy is in keeping with the recent NIPSO Model Complaints Handling Procedure (MCHP). Miss McVey was receptive to this advice.

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. Advice was provided to Miss McVey to ensure that any NHS complaints are handled in keeping with the MCHP guidelines. Miss McVey was receptive to this advice. Miss McVey confirmed that arrangements are in place to undertaken a complaints audit to identify trends, drive quality improvement and to enhance service provision.

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

Miss McVey 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 Miss McVey.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss McVey, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

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