

Inspection Report

26 May 2026



Bradbury Dental Centre

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

Address: 46 Bradbury Place, Belfast, BT7 1RU

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www.rqia.org.uk

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: Dental World 1 Limited Responsible Individual: Mrs Monica Shah	Acting Registered Manager: Mrs Lesley Ann Montgomery
Person in charge at the time of inspection: Mrs Lesley Ann Montgomery	Number of registered places: Three
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Bradbury 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 three registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation. Dental World 1 Limited is the registered provider for nine dental practices registered with RQIA. Mrs Monica Shah is the responsible individual for Dental World 1 Limited.	

2.0 Inspection summary

An announced inspection took place on 26 May 2026 from 10.00 am to 2.20 pm. The inspection was conducted by two care inspectors and an estates inspector.

The inspection was facilitated by Mrs Montgomery, the acting registered manager, the operations manager and the compliance lead for Dental World 1 Limited.

The inspection was undertaken to assess the level of compliance with the Failure to Comply notices FTC000253 and FTC000254 issued on 30 March 2026. The inspection also assessed progress with areas for improvement identified during the previous inspection and a review of the management of radiology and radiation safety.

As a result of this inspection all of the actions within FTC000253 notice were assessed as met, and no new areas for improvement have been identified. However, there was insufficient evidence available to validate compliance with the FTC000254 Failure to Comply Notice. RQIA considered the inspection findings and decided to extend the compliance date of this FTC Notice (Ref: FTC000254E1) to 17 June 2026.

RQIA will conduct an inspection of the practice either on, or as soon after the date by which compliance must be achieved.

Following the inspection RQIA held a virtual meeting with Mrs Montgomery and the compliance lead for Dental World 1 Limited to offer advice and guidance in relation to the issues identified and to outline the actions required to comply with FTC Notice.

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 service

As this was an enforcement monitoring inspection, posters were not issued to the practice 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?

Areas for improvement from the last inspection on 5 March 2026		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19 (2), Schedule 2, as amended Stated: First time	The responsible individual shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (NI) 2005, as amended is sought and retained for all staff.	Met
	Action taken as confirmed during the inspection: A review of two of newly recruited staff personnel files evidenced that relevant recruitment records had been sought,	

	reviewed and stored as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	
Area for Improvement 2 Ref: Regulation 25 (2) (c) Stated: First time	The responsible individual shall ensure that Infection Prevention Society (IPS) audits are undertaken in a meaningful manner in accordance with best practice guidance.	Met
	Action taken as confirmed during the inspection: It was confirmed that the most recent IPS audit was undertaken during March 2026. A review of this audit and discussion with staff confirmed that the audit had been undertaken in a meaningful manner, it had identified issues to be addressed and an action plan had been completed accordingly.	
Area for Improvement 3 Ref: Regulation 15 (5) Stated: First time	The responsible individual shall ensure that the decontamination of reusable dental instruments is undertaken in keeping with best practice guidance and manufacturer's guidance.	Met
	Action taken as confirmed during the inspection: It was confirmed that a new washer disinfector had been installed since the previous inspection. Observation, discussion with staff and a review of records confirmed that the decontamination of reusable dental instruments has been undertaken in keeping with best practice guidance and manufacturer's guidance.	
Area for Improvement 4 Ref: Regulation 23 Stated: First time	The responsible individual shall ensure that the management of complaints is in accordance with legislation and best practice.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of documentation confirmed that the management of complaints is in accordance with legislation and best practice.	

Area for Improvement 5 Ref: Regulation 28 Stated: First time	The responsible individual shall ensure that the management of incidents is in accordance with legislation and best practice.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of documentation confirmed that the management of incidents is in accordance with legislation and best practice.	
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)		
Area for Improvement 1 Ref: Standard 12.4 Stated: First time	The responsible individual shall ensure that the storage of medication is in accordance with manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of the management of emergency medicines confirmed that the storage of medication is in accordance with manufacturer's instructions.	

5.2 Inspection findings

5.2.1 Review of FTC Notice FTC000253

The Independent Health Care Regulations (Northern Ireland) 2005

Registered Person: general requirements **Regulation 13.—**

(1) The registered provider and the registered manager shall, having regard to the size of the establishment or agency, the statement of purpose and the number and needs of the patients, carry on or (as the case may be) manage the establishment or agency with sufficient care, competence and skill.

(2) If the registered person provider is –

- (a) an individual, he shall undertake;*
- (b) an organisation, it shall ensure that the responsible individual undertakes;*
- (c) a partnership, it shall ensure that one of the partners undertakes, from time to time such training as is appropriate to ensure that he has the skills necessary for carrying on the establishment or agency.*

In relation to this notice the following actions were required to comply with this regulation:

- an appropriately skilled and supported manager is appointed and is onsite during operational hours until such times as a registered manager application for Bradbury Dental Centre has been approved by RQIA
- a full and complete registered manager application must be submitted to RQIA no later than 5 May 2026
- the registered manager has allocated days on site each week to meet the needs of Bradbury Dental Centre
- the responsible individual must undertake a Regulation 26 unannounced visit to Bradbury Dental Centre and generate a report
- the responsible individual must review and sign off the most recent Regulation 26 report dated 18 September 2025 and ensure any actions have been addressed
- the responsible individual must establish and maintain a robust system for reviewing in a timely manner records pertaining to the operation of the practice, to include; staffing, policy development and reports from external agencies
- a robust system must be developed and implemented to ensure that policies and procedures are developed in accordance with legislation and minimum standards. This should include arrangements for the dissemination of these documents
- the responsible individual must ensure that a staff register is maintained and includes all relevant information

Findings

During the inspection Mrs Montgomery confirmed that she had commenced employment as the acting registered manager in Bradbury Dental Centre on 18 May 2026. She confirmed that she had previously worked as a lead dental nurse in another dental practice for over 16 years. Mrs Montgomery had commenced her induction which includes weekly meetings with senior management and daily support from the compliance lead for Dental World 1 Limited. The operations manager for Dental World 1 Limited confirmed that Mrs Montgomery will be based on site at Bradbury Dental Centre five days per week from Monday to Friday from 8.30am to 5.30 pm.

RQIA received a registered manager application via the web portal on 19 May 2026 in respect of Mrs Montgomery. A review of this application confirmed that all the required supporting documentation and fees had been submitted.

Discussion with Mrs Montgomery confirmed that she will be working allocated set days based in Bradbury Dental Centre working Monday to Friday and will not be working in any other dental practice. During the inspection staff spoken with confirmed that they were aware that Mrs Montgomery had commenced employment as the acting registered manager and that she was onsite in the practice on a daily basis.

A review of the previous Regulation 26 visit report dated 18 September 2025 evidenced that Mrs Shah, Responsible Individual, had signed and dated the report as having been reviewed and dates of actions completed were included within the report.

During the inspection it was confirmed that Mrs Shah, had undertaken an unannounced Regulation 26 visit to Bradbury Dental Centre on 7 May 2025. The report from this visit had been reviewed and signed by Mrs Shah.

Following the inspection RQIA received an email to confirm the process regarding reviewing records pertaining to the operation of the practice that included staffing, policy development and reports from external agencies. The process includes six monthly Regulation 26 unannounced inspections that will be conducted by the compliance lead for Dental World 1 Limited. The reports, along with action plans, will be overseen by Mrs Shah.

The operations manager and the compliance lead confirmed that policies and procedures are reviewed in line with legislation and best practice at least three yearly. A review of a selection of policies and procedures on the day of the inspection evidenced that the policies included the date implemented, the date reviewed and clearly recorded dates when changes had been made. The policies reviewed were, in general, in line with legislation and minimum standards. A few minor amendments were made during and following the inspection to address any issues identified.

During the inspection staff spoken with, confirmed that they had read specific policies and procedures and were aware how to access these.

An electronic version of the staff register was in place for all current staff and this was reviewed on inspection. The staff register included all information specified in Schedule 3 Part II (6) of The Independent Health Care Regulations (Northern Ireland) 2005. The staff register was noted to include the most recent members of staff recruited and also the recent dates of staff that had left the practice. Mrs Montgomery is aware that this is a live document.

It was determined that necessary improvements have been to comply with the regulations set out in the FTC000253 notice.

As all of the actions have been assessed as met, compliance has been achieved with this FTC notice.

5.2.2 Review of FTC Notice FTC000254

The Independent Health Care Regulations (Northern Ireland) 2005

Quality of treatment and other service provision **Regulation 15.—**

(7) The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff (including medical practitioners with practising privileges).

In relation to this notice the following actions were required to comply with this regulation:

- a robust system must be established and maintained to ensure that a regular environmental cleanliness and building maintenance and repair audit is completed with timebound action plans developed
- that all areas of the practice are deep cleaned. A robust system must be established to ensure that a high standard of cleanliness is maintained
- all areas that require repainting must be identified and a timebound action plan for the completion of same developed

- all areas of staining noted on ceiling tiles and walls, must be investigated and a timebound action plan for corrective remedial works developed
- all areas of damaged flooring and skirting boards must be identified and a timebound action plan for corrective remedial works developed
- all clinical areas should be reviewed to ensure they can be effectively cleaned. Gaps between surfaces must be sealed
- all defective or damaged equipment must be identified and a timebound action plan for the equipment to be replaced or decommissioned
- the policies and procedure for the decontamination of dental unit water lines should be shared with staff; refresher training provided and competency assessed
- the policies and procedure for the safe storage and control of substances hazardous to health (COSHH) should be shared with staff; refresher training provided and competency assessed

Findings

A review of records and discussion with the operations lead, identified that an environmental cleanliness and building maintenance and repair audit had not been fully completed and timebound action plans were not evidenced.

On the day of the inspection the female staff toilet area was observed to be in a state of disrepair and needed to be deep cleaned. Whilst cleaning records had been developed since the previous inspection, a review of these identified that they did not include all areas of the practice. Advice and guidance was provided during the inspection regarding developing a robust system to ensure that a high standard of cleanliness is maintained throughout the practice.

We were informed that some areas of the practice had been repainted while other areas required to be repainted. However, not all of the areas identified had been included in an action plan submitted to RQIA following the inspection.

We were informed that some areas of staining noted on ceiling tiles and walls had been investigated however, evidence had not been retained regarding the cause of the staining and the remedial action taken regarding this. There was evidence of staining observed on some ceiling tiles that had not been investigated or included in an action plan submitted to RQIA following the inspection.

Several areas of damaged flooring and skirting boards were observed and some areas of flooring and worktops had not been effectively sealed to enable effective cleaning. Not all of the areas identified had been included in an action plan submitted to RQIA following the inspection.

Deficiencies were also noted in relation to an operators chair covering, and an overhead light bracket/arm and the action to repair or replace these items were not included in an action plan submitted RQIA following the inspection. An orthopan tomogram (OPG) machine was not in use and we were informed it was not operational and needed repaired. This was discussed and we advised that a timebound action plan should be in place for the OPG to either be repaired, replaced or decommissioned.

We were informed that the policies and procedure for the decontamination of dental unit water lines and COSHH had been shared with staff and refresher training had been provided. Staff spoken with confirmed that they had attended training and a review of records evidenced that

training had been provided. We advised that staff competency should be assessed to ensure that training undertaken has been embedded into practice and that staff are adhering to policies and procedures in line with legislation and best practice guidance.

Based on these findings, RQIA were not assured that processes in relation to IPC in Bradbury Dental Centre comply with best practice guidance. As a result, RQIA has decided to extend the compliance date for the FTC000254E1 Failure to Comply Notice to 17 June 2026 to allow Bradbury Dental Centre to achieve full compliance with the regulations.

Not all of the actions have been assessed as met, compliance has not been achieved with this FTC notice.

5.2.3 Additional areas discussed

A review of the arrangements regarding radiology and radiation safety had not been reviewed during the previous inspection, and as a result were reviewed during this inspection 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. As discussed the OPG machine was not in use and needed repaired. We advised that a timebound action plan should be in place for the OPG to either be repaired, replaced or decommissioned.

A review of documentation evidenced that the intra-oral 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 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 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.

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

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

A copy of the local rules was on display near each intra-oral 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 x-ray audits and digital x-ray processing. It was identified that a rectangular collimator was in not use in one of the intra-oral x-ray machines and an explanation was given regarding this. This was discussed and advice was given to consult with the RPA regarding this issue.

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

6.0 Conclusion

As a result of this inspection all of the actions within FTC000253 notice were assessed as met, and no new areas for improvement have been identified. However, there was insufficient evidence available to validate compliance with the FTC000254 Failure to Comply Notice. RQIA considered the inspection findings and decided to extend the compliance date of this FTC Notice (Ref: FTC000254E1). Compliance must be achieved by 17 June 2026.

Findings of the inspection were discussed with Mrs Lesley Ann Montgomery, Acting Registered Manager, the operations manager and the compliance lead for Dental World 1 Limited as part of the inspection process and can be found in the main body of the report.



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