

# Inspection Report

12 June 2026



## Maine Dental Practice

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

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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 [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

## 1.0 Service information

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| <b>Registered Provider:</b><br>Mr Jonathon McKeown<br>Mr Mark Connaughty                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Registered Manager:</b><br>Mr Jonathon McKeown<br><br><b>Date registered:</b><br>28 February 2019 |
| <b>Person in charge at the time of inspection:</b><br>Mr Jonathon McKeown                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Number of registered places:</b><br>Four                                                          |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |
| <b>Brief description of the service</b><br><br>Maine 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 has four registered dental surgeries providing private dental care and treatment without conscious sedation.<br><br>A variation to registration application was submitted to RQIA prior to inspection for the relocation of the practice to new premises. |                                                                                                      |

## 2.0 Inspection summary

This was an announced variation to registration inspection, undertaken by two care inspectors on 12 June 2026 from 10.00 am to 11.30 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 relocate premises and the registration of four dental chairs.

A desktop review of the premise's sections of the variation to the registration application was also undertaken by the RQIA estates inspector. They will inform Mr McKeown of the outcome in due course.

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 inspectors met with Mr McKeown.

There was evidence of good practice in relation to infection prevention and control (IPC); decontamination of reusable dental instruments; and radiology and radiation safety.

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 Maine Dental Practice was undertaken on 29 August 2025; 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 required further development to fully reflect the key areas and themes specified in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr McKeown agreed to address this matter and 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 required further development to fully reflect the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr McKeown agreed to address this matter and 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?**

Staffing was discussed with Mr McKeown who confirmed that no new staff had been recruited since the previous inspection. Mr McKeown confirmed that, should staff be recruited in the future, all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

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?**

A tour of the premises was undertaken by both inspectors, and facilitated by Mr McKeown.

The IPC arrangements were reviewed throughout the practice, to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The four new dental surgeries were found to be 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. Minor upholstery damage was observed on one dentist stool and advice was provided to re-upholster to ensure effective cleaning in line with IPC best practice guidance. Following the inspection, Mr McKeown informed RQIA that this matter was being addressed.

Discussion with two dental nurses confirmed that the dental chairs had an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed in keeping with manufacturer's instructions.

Waste management arrangements were discussed with Mr McKeown. Guidance was provided to further develop the healthcare waste disposal policy in line with best practice guidance. Following the inspection, both the healthcare waste policy and accompanying risk assessment were shared with RQIA.

Appropriate arrangements were in place in the practice for the secure storage and collection of general and clinical waste, including sharps waste.

All four surgeries had a dedicated hand washing basin. Hand hygiene signage was found to be in all but one surgery. Wall-mounted disposable hand towel dispensers were available however, it was noted that liquid soap dispensers required wall mounting above or adjacent to the handwashing sink. These matters were brought to the attention of Mr McKeown and following the inspection, confirmation was submitted to RQIA that these matters 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 McKeown confirmed that an IPC audit will be completed on a six-monthly basis, using the Infection Prevention Society (IPS) audit tool. 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. Mr McKeown confirmed that, where applicable, an action plan will be generated to address any improvements required. Mr McKeown was advised to undertake a baseline IPC audit to self-assess compliance with best practice guidance. Following the inspection, RQIA received confirmation that this matter had been addressed.

As a result of the actions 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?**

A tour of the premises confirmed there was a designated decontamination area, separate from patient treatment areas and dedicated to the decontamination process.

The decontamination equipment in place was enough to meet the requirements of the practice however, an illuminated magnification light was not in place for the inspection of instruments. This matter was discussed with Mr McKeown and following the inspection, it was confirmed that this matter had been addressed.

Records were reviewed, evidencing that 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, except for a washer disinfectant soil test during May 2026. This finding was brought to the attention of Mr McKeown and following the inspection, RQIA received confirmation that action had been taken to address this matter.

Regarding the design and layout of the decontamination area, it was noted that a door had not been fitted to the designated decontamination area to separate it from an adjacent general storage area. In addition, a waste receptacle in the decontamination area was accessed via an opening in an area of worktop and therefore was not a fully enclosed container. Following discussion with Mr McKeown it was agreed to seek expert advice from an authorised decontamination engineer regarding these matters.

An on-site visit was undertaken by an authorised decontamination engineer who advised Mr McKeown; that the decontamination area must be physically separated from adjacent areas; to ensure waste receptacle arrangements are fully enclosed; and to erect an extended partition to differentiate the handwash basin from the wash and rinse sinks in line with HTM-01-05 guidelines. Mr McKeown was receptive to this advice and following the inspection, RQIA received confirmation that arrangements had been put in place to address these matters.

As a result of the actions taken following the inspection, it is determined that the dental team will be 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 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). Mr McKeown provided assurances that the practice's registration with the HSENI would be updated following the relocation to new premises.

The practice has four surgeries, each of which has an intra-oral x-ray machine. Mr McKeown confirmed that three intra-oral x-ray machines had been relocated to the new premises, and a brand new intra-oral x-ray had been installed in one surgery.

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

The appointed RPA must undertake a critical examination and acceptance test of all newly installed or relocated x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation. Mr McKeown informed us that critical examination and acceptance testing (CEAT) had been undertaken on 11 June 2026 for all x-ray equipment installed in the new premises. The corresponding RPA report had not been received by Mr McKeown at the time of the inspection.

The radiation protection file, containing the most up to date local rules, employer's procedures and other additional information, was not available to RQIA on the day of inspection.

Following the inspection, Mr McKeown submitted a copy of the CEAT RPA report to RQIA. Mr McKeown was advised to ensure that the recommendations made in the report had been acknowledged as actioned. Mr McKeown gave assurances that these matters would be actioned as priority.

As a result of the assurances given, it was determined that radiology and radiation safety 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 McKeown, Responsible Person, as part of the inspection process and can be found in the main body of the report.



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