The Regulation and Quality Improvement Authority

# Inspection Report

## 12 August 2026



# Galgorm Dental

Type of service: Independent Hospital (IH) – Dental Treatment
Address: The Courtyard, Galgorm Castle, Ballymena, BT42 1HL
Telephone number: 028 2563 1122

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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| **Organisation/Registered Provider:**<br>Galgorm Dental<br><br>**Responsible Persons:**<br>Mr Alan Crockett<br>Mr Christopher Gocher<br>Mr Douglas Thom | **Registered Manager:**<br>Mr Alan Crockett<br><br>**Date registered:**<br>3 December 2015 |
| **Person in charge at the time of inspection:**<br>Mr Alan Crockett | **Number of registered places:**<br>Six |
| **Category of care:**<br>Dental Treatment | |
| **Brief description of how the service operates:**<br>Galgorm Dental 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 six registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.<br><br>A variation to registration application was submitted to RQIA to increase the number of dental chairs from six to eight. This is discussed further in section 5.2.11 of this report. | |

## 2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 12 August 2026 from 10am to 1pm.

It focused on the themes for the 2026/27 inspection year and assessed progress with any areas for improvement identified during and since the last care inspection. This inspection also 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 dental chairs from six to eight.

The variation to registration application remains under consideration in relation to the matters concerning the premises. The Responsible Person will be advised of the outcome of the Estates review in due course.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; radiology and radiation safety; management of complaints and incidents; 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 inspection was facilitated by the clinical manager.

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 patient questionnaires were received prior to the inspection.

Five staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were satisfied with each of these areas of patient care.

## 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 22 August 2024 | | |
|---|---|---|
| **Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)** | | **Validation of compliance** |
| **Area for Improvement 1**<br><br>**Ref:** Standard 8 (3)<br><br>**Stated:** First time | The responsible persons shall ensure robust arrangements are in place to review the results of x-ray audits and develop an action plan for any deficits identified if keeping with best practice guidance. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>This area for improvement has been assessed as met and further detail is provided in section 5.2.7. | |

## 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 Crockett oversees the recruitment and selection of the dental team approving all staff appointments and is supported by the clinical manager and the practice manager. Discussion with the clinical manager confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that six new members of staff had been recruited since the previous inspection. A sample of personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required. 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.

Discussion with members of the dental team confirmed they 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?

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

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 clinical manager and practice manager, to ensure that the dental team is suitably skilled and qualified.

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. A review of the medical emergency equipment identified that some additional items were required. This matter was discussed with the clinical manager and advice was given in this regard. Following the inspection, RQIA received confirmation that these items had been ordered.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. 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.

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.

As a result of the actions taken following the inspection, it is determined that sufficient emergency medicines and equipment were in place and the dental team are 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. The clinical manager confirmed that conscious sedation is not offered in Galgorm Dental.

### 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 IPC measures in the practice were discussed with the clinical manager. It was confirmed that IPC measures in place were in keeping with the Health and Social Care Public Health Agency guidance and Infection Prevention and Control Manual for Northern Ireland. Arrangement were in place to regularly checks DoH websites for further advisory information, guidance and alerts in this regard.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. The clinical manager confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The lead dental nurse had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence.

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.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

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 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.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

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.

Prior to the submission of the variation to registration application the practice had six surgeries, five of which have an intra-oral x-ray machine. Each of the two new surgeries associated with the variation to registration application have an intra-oral x-ray machine. In addition, there is a cone beam computed tomography (CBCT) machine which is located in a separate room. The equipment inventory reflected all the radiography equipment in place.

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. One file included information relating to the intra-oral x-ray machines and the second file included information relating to the CBCT.

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.

The critical examination and acceptance test for the two new intra-oral x-ray machines was undertaken during September 2025 and October 2025.

The most recent reports generated by the RPA during May 2024, evidenced that the x-ray and CBCT equipment in the other existing six surgeries 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. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

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 inspectors confirmed that arrangements were in place to review the x-ray audits and that action plans are developed in response to any deficits identified. It was determined that the previous are for improvement 1 made against the standards, as outlined in section 5.1, has been met.

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.

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.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance.

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

Mr Crockett, Mr Gocher and Mr Thom, are in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

### 5.2.10 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 the clinical manager.

### 5.2.11 Are the new dental surgeries fully equipped to provide private dental care and treatment?

A review of the two new surgeries evidenced that they were clean, tidy, uncluttered and work surfaces were intact and easy to clean.

The flooring in the surgeries were impervious and coved where it met the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste. Sharps boxes were safely positioned to prevent unauthorised accessed and had been signed and dated on assembly.

Dedicated hand washing basins were available with hand hygiene signage displayed. It was noted that liquid hand soap, disposable hand towel dispensers and clinical waste bins were provided in keeping with best practice guidance. As the liquid hand soap dispensers were not wall mounted, advice and guidance was provided in relation to best practice standards. The clinical manager provided assurance that this matter would be addressed.

The arrangements for PPE were reviewed and it was noted that PPE was readily available for the dental team in accordance with treatments provided.

It was confirmed that the newly installed dental chairs had independent bottled water systems and that the dental unit water lines (DWULs) are appropriately managed in keeping with manufacturer's instructions.

It was confirmed that the equipment in the decontamination room is sufficient to meet the demands of the new surgeries, and there is a sufficient supply of reusable dental instruments to meet the demands associated with the additional surgeries.

It was determined that the new dental surgeries were finished to a high standard. The variation to registration application was approved from a care perspective following the inspection.

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

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Crockett is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

### 5.2.13 Is the patient guide in keeping with Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005?

A patient guide was prepared in a recognised format which covered the key areas and themes outlined in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Crockett is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

## 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 the clinical manager, as part of the inspection process and can be found in the main body of the report.






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