The Regulation and Quality Improvement Authority

Inspection Report

2 September 2026



Kennedy Orthodontics

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 1st Floor, 40 Ballyronan Road, Magherafelt, BT45 6EN
Telephone number: 028 7930 0700

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: D Kennedy & Co (UK) Ltd **Responsible Person:** Mr David Kennedy	**Registered Manager:** Mr Stephen Boyd **Date registered:** 30 October 2025
Person in charge at the time of inspection: Mr Stephen Boyd	**Number of registered places:** Four
Category of care: Dental Treatment	
Brief description of how the service operates: Kennedy Orthodontics Magherafelt 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 and provides general dental services, private and health service treatment. It does not offer conscious sedation. D Kennedy & Co (UK) Ltd is the registered provider for four dental practices registered with RQIA. Mr David Kennedy is the responsible individual for D Kennedy & Co (UK) Ltd.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 September 2026 from 10.00 am to 12.00 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 recruitment and selection of staff; staff training; management of medical emergencies; infection prevention and control (IPC); 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 Mr Boyd and the practice 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.

Seventeen patients submitted responses. Patient responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All but one patient indicated that they were very satisfied with each of these areas of their care. Patients commented that staff were professional, thorough and knowledgeable. One patient indicated that they were very dissatisfied with each area of care surveyed however, this patient commented that they were delighted with the treatment they received.

Two relatives of patients submitted responses and indicated that they felt the care provided was safe and effective, that their relatives were treated with compassion and that the service was well led. They indicated that they were very satisfied with each of these areas of care No responses included comments.

Fourteen 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 either satisfied or very satisfied with each of these areas of patient care. One staff member commented on the good teamwork at the practice.

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 Kennedy Orthodontics was undertaken on 14 August 2024; no areas for improvement were identified.

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.

The practice manager oversees the recruitment and selection of the dental team and approves all staff appointments with the help of the registered manager. Discussion with the practice manager confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that five new staff had been recruited since the previous inspection. A review of 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 practice manager to ensure that the dental team is suitably skilled and qualified. A certificate of training was not available in respect of one staff member and this was discussed with the practice manager. RQIA were given assurances that this matter would be addressed following the inspection.

As a result of the assurances given, it is determined that 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 and equipment are immediately available as specified and do not exceed their expiry dates.

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.

Sufficient emergency medicines and equipment were in place and the dental team is 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 practice manager confirmed that conscious sedation is not offered in Kennedy Orthodontics Magherafelt.

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 practice 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. The practice manager 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. Review of these documents demonstrated that they reflected legislation and best practice guidance.

The practice 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. Discussion with the practice manager and a review personnel files confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Members of the dental team who we spoke to during the inspection, demonstrated good knowledge and understanding of IPC procedures. As discussed, 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 DoH.

It was confirmed that arrangements are in place for reusable dental instruments to be decontaminated at a dedicated central decontamination unit at Kennedy Orthodontics Ballymena. The central decontamination unit serves all three of the four practices operated by D Kennedy & Co (UK) Ltd.

Discussion with staff and review of the facilities and equipment provided demonstrated that robust procedures are followed to ensure the transportation of instruments outside the dental practice, complies with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 and the Health and Safety at Work Act 1974.

A review of the policy and procedure and discussion with staff confirmed that a system has been established for the collection and delivery of dental instruments which meet the needs of the practice.

A review of documentation evidenced that an itemised consignment record was maintained of all instruments being transported in and out of Kennedy Orthodontics. This is signed and dated by a staff member on departure and secured to a colour coded, heavy duty lidded container. Staff told us the containers are cleaned and disinfected after each journey. D Kennedy and Co (UK) Ltd provides a dedicated vehicle for the transportation of equipment for decontamination.

This recording process is repeated when the re-processed instruments are dispatched back to Kennedy Orthodontics Magherafelt. During the inspection a dedicated room used to store the transportation containers and a separate store room used for the storage of processed instruments were viewed.

The practice manager informed us that, since the last inspection, a local service review had been undertaken, resulting in the acquisition of a DAC Universal machine. The arrangements in respect of the DAC Universal will be reviewed by RQIA following the inspection and further advice and guidance will be given to the provider in due course.

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 an intra-oral x-ray machine and an orthopan tomogram (OPG) machine, which are located together in a separate room. 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 file confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology with the exception of one staff member. This was discussed with the RPS and practice manager, and assurances were provided to RQIA that this matter would be addressed. Records confirmed that 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.

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

The most recent report, generated by the RPA during June 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.

As a result of the assurances given, it is determined 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. The practice manager confirmed that arrangements are in place to undertaken a complaints audit to identify trends, drive quality improvement and to enhance service provision.

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

The practice manager has overall responsibility for the day to day management of the practice. As discussed in section 1, Kennedy Orthodontics is operated by D Kennedy & Co (UK) Ltd and Mr David Kennedy is the responsible individual. It was confirmed that Mr Kennedy undertakes a visit to the premises at least every six months in accordance with legislation. A report of his most recent unannounced monitoring visit, dated January 2026, was available for inspection.

The practice manager confirmed that should these unannounced visits identify issues; an action plan is developed to address any deficits; including timescales and persons responsible for completing the actions.

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 the practice manager.

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 Mr Boyd, Registered Manager, and the practice manager as part of the inspection process and can be found in the main body of the report.



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