The Regulation and Quality Improvement Authority

Inspection Report

9 September 2026



Kennedy Orthodontics

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 2 Floor, Bedeck Building, 465 Lisburn Road, Belfast
Telephone number: 028 9066 0550

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:** Mrs Gemma Roddy **Date registered:** 9 December 2022
Person in charge at the time of inspection: Mrs Gemma Roddy	**Number of registered places:** Four
Category of care: Dental Treatment	
Brief description of how the service operates: Kennedy Orthodontics-Belfast 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. The practice offers conscious sedation to paediatric patients if clinically indicated. 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 two care inspectors on 9 September 2026 from 10.00 am to 1.30 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; management of conscious sedation; 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 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.

Fifteen 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 patients indicated that they were either satisfied or very satisfied with each of these areas of their care. Eight patient responses included comments indicating staff were professional, gentle and reassuring.

Two relatives of patients submitted responses. Their responses indicated that they felt the care provided was safe and effective, that patients were treated with compassion and that the service was well led. Relatives indicated that they were either satisfied or very satisfied with each of the areas of care provided. One relative commented that the service was professional, friendly and accommodating.

Eleven 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. Three staff members included positive comments regarding the quality of patient care, and that the workplace was well organised and supportive.

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 19 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.

Mr Kennedy oversees the recruitment and selection of the dental team and approves all staff appointments with the support of Mrs Roddy. Discussion with Mrs Roddy 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 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 Mrs Roddy, to ensure that the dental team is suitably skilled and qualified. A safeguarding training record for the practice safeguarding lead was not available for review during the inspection. This matter was discussed with Mrs Roddy and following the inspection, RQIA received evidence that this matter had been addressed.

As a result of the action taken following the inspection, it was 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.

Mrs Roddy confirmed that conscious sedation is offered if clinically indicated using inhalation sedation (IH). IH sedation is only offered to paediatric patients and is undertaken by a specialist in paediatric dentistry assisted by a sedation trained dental nurse.

There was a conscious sedation policy and procedure in place. Advice was provided to Mrs Roddy to further develop the policy to ensure it is fully reflective of the legislation and best practice guidance. Following the inspection, RQIA received evidence that this matter had been addressed. Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with the Conscious Sedation in Dentistry, Dental Clinic Guidance, (Third Edition); Scottish Dental Clinical Effectiveness Programme (SDCEP).

Examination of records confirmed that the IH equipment has been serviced and a risk assessment has been completed regarding the use, risks and control measures for the management of waste medical gases.

A review of records and discussion with Mrs Roddy demonstrated that a full assessment of the patient to confirm the dental treatment required and the need for sedation is undertaken by the dentist providing the sedation.

Mrs Roddy confirmed that valid written consent is sought for provision of dental care with sedation in accordance with the above best practice guidance.

It was demonstrated that clinical records of patients who had treatment using sedation includes a detailed record of the pre-sedation assessment, the patient's written consent, the patient's visit for sedation including monitoring, the treatment procedure and the recovery of each patient.

Information was available for patients in respect of the treatment provided and aftercare arrangements and a record is maintained to verify that post-treatment instructions were given and explained to the patient and their escort, as appropriate.

The dental team involved in the provision of conscious sedation must receive appropriate practical and clinical training. A review of training records evidenced that all relevant members of the dental team had completed 12 hours of sedation related verifiable continuing professional development (CPD) training in each five year CPD cycle.

A discussion took place regarding the life support training to be undertaken by all clinical team members involved in managing patients having sedation.

Immediate Life Support (ILS) training as laid down by the Resuscitation Council (UK) must be undertaken. A review of the content of the medical emergency refresher training undertaken during May 2026 demonstrated that all the main elements of ILS training as outlined in Appendix 2 of Conscious Sedation in Dentistry, Dental Clinic Guidance, (Third Edition); Scottish Dental Clinical Effectiveness Programme (SDCEP) were included.

As a result of the action taken following inspection, it is determined that arrangements are in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

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 Mrs Roddy. 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. Mrs Roddy 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. Mrs Roddy 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 areas were clean, tidy and uncluttered. A small tear was identified in the dental chair in one surgery.

This was discussed with Mrs Roddy who provided assurance that the tear would be repaired. All other 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.

Mrs Roddy confirmed that members of the dental team they had received IPC training relevant to their roles and responsibilities and staff spoken to 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.

As a result of the assurances provided by Mrs Roddy, 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.

Kennedy Orthodontics has a central decontamination unit (CDU) in Ballymena that serves three of the four orthodontic practices owned 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 &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 Belfast. 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.

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 four surgeries, one surgery has an intra-oral x-ray machine, with a further intra-oral x-ray machine and an orthopan tomogram (OPG) located 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 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.

A critical examination and acceptance test report for a new intra-oral x-ray machine was undertaken during April 2025.

The most recent report generated by the RPA during November 2025 evidenced that the existing intra-oral and OPG 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.

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. Mrs Roddy confirmed that arrangements are in place to undertaken a complaints audit to identify trends, drive quality improvement and to enhance service provision.

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

Mrs Roddy 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 11 June 2026, was available for inspection. Mrs Roddy 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.

It was determined that suitable arrangements are in place to enable Mr Kennedy to assure himself of the quality of the services provided.

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 Mrs Roddy.

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 Mrs Roddy, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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