# Inspection Report

## 18 November 2025

# Cassidy & McCreesh Orthodontic Practice

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 45a Irvinestown Road, Enniskillen, BT74 6GU
Telephone number: 028 6632 5545

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>Cassidy & McCreesh Orthodontic Practice Ltd<br><br>**Responsible Individual:**<br>Mr Mark McCreesh | **Registered Manager:**<br>Mrs Lorraine Brownlee<br><br>**Date registered:**<br>9 February 2021 |
| **Person in charge at the time of inspection:**<br>Mr Mark McCreesh | **Number of registered places:**<br>Four increasing to six following this inspection |
| **Categories of care:**<br>Independent Hospital (IH) – Dental Treatment | |
| **Brief description of the service**<br>Cassidy & McCreesh Orthodontic 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 chairs providing private dental care and treatment without conscious sedation.<br><br>A variation to registration application was submitted prior to the inspection to RQIA to increase the number of dental chairs from four to six. | |

## 2.0 Inspection summary

This was an announced variation to registration inspection undertaken by a care inspector on 18 November 2025 from 11.00 am to 12.30 pm.

An RQIA estates inspector reviewed the variation to registration application in regards to matters relating to the premises and will inform Mr McCreesh, applicant responsible individual, of the outcome in due course.

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 increase the number of dental chairs from four to six.

No areas for improvement were identified.

The variation to registration application to increase the number of registered dental chairs from four to six was approved from a care perspective following this inspection. Mr McCreesh is aware that separate approval has yet to be confirmed by the RQIA estates inspector.

## 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 inspector met with Mr McCreesh, Mrs Brownlee and members of the dental team.

There were examples of good practice found in relation to infection prevention and control (IPC) and decontamination, maintenance of the environment and staff recruitment.

## 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 Cassidy & McCreesh Orthodontic Practice was undertaken on 25 September 2024; 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 fully reflected the key areas and themes specified in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr McCreesh 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 fully reflected the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr McCreesh 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?

Dental practices are required to maintain a staff register. A staff register was in place which was noted to be up to date and included all the required information.

A review of the staff register evidenced that two new staff had been recruited since the previous inspection. A review of the personnel files of the newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required under Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.

Mr McCreesh oversees the recruitment and selection of the dental team, and approves all staff appointments with the support of Mrs Brownlee. Discussion with Mrs Brownlee confirmed that she had a clear understanding of the legislation and best practice guidance.

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?

The IPC arrangements were reviewed in relation to the two new dental surgeries to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The new surgeries were 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. All areas of the practice observed were equipped to meet the needs of patients.

Mrs Brownlee confirmed that the newly installed 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.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste. A dedicated hand washing basin was in place with hand hygiene signage displayed.

It was noted that liquid hand soap, wall mounted disposable hand towel dispensers and clinical waste bins were provided in keeping with best practice guidance.

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.

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?

There was a designated decontamination area separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance. Equipment and instruments provided were sufficient to meet the requirements of the practice and the additional dental surgeries.

The records showed the equipment for cleaning and sterilising instruments was 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.

Discussion with the decontamination lead nurse identified that some matters in regard to the decontamination of new dental hand pieces required further attention. Advice and guidance was provided and following the inspection, RQIA received confirmation that these matters had been addressed and all staff had been updated in this regard.

As a result of the action taken following the inspection, it is determined that the dental team are 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 not reviewed during this inspection as no new radiology equipment had been installed since the previous inspection in September 2024.

## 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 McCreesh, Responsible Individual and Mrs Brownlee, Registered Manager as part of the inspection process and can be found in the main body of the report.


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