Inspection Report

19 November 2025

Lisburn Dental Clinic

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 33 Bachelor's Walk, Lisburn, BT28 1XN
Telephone number: 028 9266 3893

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 the Minimum Standards for Dental Care and Treatment (March 2011)

1.0 Service information

Organisation/Registered Provider: Mr David Hanna **Responsible Person:** Mr David Hanna	**Registered Manager:** Mr David Hanna **Date registered:** 13 September 2011
Person in charge at the time of inspection: Mr David Hanna	**Number of registered places:** Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Lisburn Dental Clinic 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 two registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation. Lisburn Dental Clinic is in the process of developing a third dental surgery on the first floor. Mr Hanna is aware that a variation to registration application must be submitted to RQIA for approval prior to any new surgery becoming operational.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 19 November 2025 from 10.00 am to 1.15 pm.

It focused on the themes for the 2025/26 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 decontamination of reusable dental instruments and the management of complaints and incidents.

Four areas for improvement identified at the previous inspection were reviewed at this inspection. One of the areas for improvement was assessed as met. However three areas for improvement were assessed as not met and have therefore been restated for the second time.

The restated areas for improvement identified against the regulations are to; ensure that all required recruitment records are sought and are in place for new staff members prior to the commencement of their employment; and to ensure that all staff working in the practice undertake training in accordance with the RQIA training guidance and that all staff training records are retained. One area for improvement identified against the standards is restated for a second time to ensure that Buccolam medication is provided in sufficient doses.

Two further areas of improvement were identified on this inspection. One area of improvement was identified against the regulations to ensure that Access NI enhanced disclosure checks are completed prior to the staff member commencing employment. A second area for improvement was identified against the standards to ensure that Hepatitis B vaccination records are retained for all clinical staff in the practice.

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.

No completed staff or patient questionnaires were received prior to the inspection.

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 Lisburn Dental Clinic was undertaken on 14 November 2023;

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 14 November 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 19 (2) (d)

Stated: First time</td><td>The registered person shall ensure that all required recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended; are in place for any person intended to work in the practice prior to commencement of their employment and these records should be retained for inspection.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement was assessed as not met and has therefore been stated for a second time. Further detail is provided in section 5.2.1</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 18 (2) (a)

Stated: First time</td><td>The registered person shall ensure that all staff complete training in accordance with the RQIA training guidance and that training records are retained and are available for inspection.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement was assessed as not met and has therefore been stated for a second time. Further detail is provided in section 5.2.2</td></tr>
<tr><th colspan="2">Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 12.4

Stated: First time</td><td>The registered person shall ensure that Buccolam medication is provided in sufficient doses and quantity to enable two doses to be administered to the age groups as specified in the British National Formulary (BNF) in the event of a medical emergency occurring.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement was assessed as not met and has therefore been stated for a second time. Further detail is provided in section 5.2.3</td></tr>
</table>

Area for improvement 2 **Ref: Standard 12.2** **Stated: First time**	The registered person shall provide RQIA with evidence that all staff have completed medical emergency training scheduled to take place in January 2024.	**Met**
	Action taken as confirmed during the inspection: Following the last inspection this area for improvement was assessed as met.	

5.2 Inspection findings

5.2.1 Do recruitment and selection procedures comply with all relevant legislation?

The arrangements in respect of recruitment and selection of staff were reviewed. There were recruitment and selection policies and procedures in place that outlines all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.

Mr Hanna oversees the recruitment and selection of the dental team and approves all staff appointments. Discussions with Mr Hanna confirmed that two staff members had been appointed since the previous inspection. A review of the two new staff member's recruitment records identified that not all of the required recruitment records had been sought and retained. The missing records were discussed with Mr Hanna who was advised to seek these documents retrospectively. An area for improvement has been made against the regulations for a second time to ensure that all required recruitment records are sought and in place for any new future staff member prior to the commencement of their working in the practice.

It was also identified that the Access NI enhanced disclosure check for one newly recruited member of staff had been completed after the start date of employment. An area for improvement against the regulations has been made in this regard.

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.

Mr Hanna confirmed members of the dental team have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

Addressing the areas for improvement will ensure that 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 arrangements in respect of staff training were reviewed. Mr Hanna confirmed that the dental team takes part in ongoing training to update their knowledge and skills relevant to their role.

During the previous inspection, Mr Hanna was advised that training records should be in place for each staff member in relation to the following areas: fire safety, infection prevention and control (IPC) and decontamination, dealing with medical emergencies and resuscitation, safeguarding of adults, children and young people and radiology and radiation protection, as outlined in the RQIA training guidance. In the main, appropriate training had been undertaken, however some training records were not available and some training had not been undertaken in keeping with expected frequency. An area for improvement has been made against the regulations for a second time to ensure that all staff undertake training in accordance with the RQIA training guidance and that training records are retained and available for inspection.

Mr Hanna was advised to review the staff training policy and procedures in place to ensure they include the areas of mandatory training to be completed within the appropriate time frames and that the training records are retained and available for inspection.

Addressing the area for improvement will ensure 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.

There was a medical emergency policy and procedure in place. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

A review of the emergency equipment identified that some items were required to be replaced or were unavailable. This was discussed with Mr Hanna and following the inspection, RQIA received confirmation that this matter had been addressed. A review of the emergency medication identified that there was not sufficient supply of Buccolam medication required. An area for improvement has been made against the standards for a second time to ensure that Buccolam medication is provided in sufficient doses and quantity to enable two doses to be administered to the specified age groups in the event of a medical emergency occurring.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually in-house for all staff to attend. A review of records demonstrated the most recent medical emergency refresher training took place on 14 May 2025, however not all training certificates were retained. As discussed previously Mr Hanna was advised to ensure evidence of all training certificates are retained.

Mr Hanna confirmed 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.

Addressing the area for improvement will ensure that emergency medicines and equipment are available and ready for use and that all members of 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.

Mr Hanna confirmed that conscious sedation is not offered in Lisburn Dental Clinic.

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 infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with Mr Hanna. It was confirmed that arrangements are in place in keeping with the Health and Social Care Public Health Agency guidance Infection Prevention and Control Measures for Respiratory illnesses March 2023 and the Infection Prevention and Control Manual for Northern Ireland. Mr Hanna 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. Mr Hanna 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. As previously discussed, training records should be retained and available for inspection.

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.

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 this audit evidenced that they were not completed on a six monthly basis.

Advice and guidance was provided to Mr Hanna to complete these on a six monthly basis and, where applicable, an action plan is generated to address any improvements required. Assurances were given by Mr Hanna during the inspection that this matter would be addressed.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A review of a sample of personnel files identified that a Hepatitis B vaccination record for a member of staff was not available for review during the inspection. This was discussed with Mr Hanna and an area for improvement against the standards has been made in this regard.

Discussion with Mr Hanna confirmed that members of the dental team had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures.

Addressing the area for improvement will ensure that IPC arrangements adhere 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.

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 required tests to check the efficiency of the machines had been undertaken.

Mr Hanna confirmed members of the dental team had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities and that they demonstrated good knowledge and understanding of the decontamination process.

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 two surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. 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, with the exception of one staff member, had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. This matter was discussed with Mr Hanna and following the inspection the RQIA received evidence that the staff member had been entitled. 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.

Mr Hanna told us that the practice was in the process of developing a third surgery. Observations and discussions with Mr Hanna confirmed that the third surgery requires ongoing work and is not yet operational. A new x-ray machine was already installed in the new surgery. Mr Hanna was aware that x-ray machine should not be used until a critical examination and acceptance test report has been undertaken and any recommendations actioned. Mr Hanna was also advised to submit a variation application to RQIA in relation to the third surgery and that the surgery cannot be used to provide private dental care until such time as the variation to registration application is approved.

The most recent report generated by the RPA during February 2025 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 however, it was identified that not all appropriate staff had signed to confirm that they had read and understood theses. This matter was discussed with Mr Hanna and following the inspection the RQIA received evidence that the local rules had been signed by all appropriate staff.

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 some measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and digital x-ray processing. It was observed however, that a number of x-ray audits had not been fully completed and this was brought to the attention of Mr Hanna. Following inspection, Mr Hanna provided evidence of completed x-ray audits and provide assurances that going forward all audits for radiology equipment would be completed and at the appropriate frequency and by all appropriate staff members.

As a result of actions taken following the inspection, it was determined that 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 confirmed that no complaints had been received since the previous inspection.

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

Mr Hanna confirmed that 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 Hanna was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

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 Mr Hanna.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

*the total number of areas for improvement includes three that have been stated for a second time.

Areas for improvement and details of the QIP were discussed with Mr Hanna, Responsible Person and Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 19 (2) (d) **Stated:** Second time **To be completed by:** 19 November 2025	The registered person shall ensure that all required recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended; are in place for any person intended to work in the practice prior to commencement of their employment and these records should be retained for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: References and Hep B have been sought from nurse identified at practice inspection. All other staff were up to date
Area for improvement 2 **Ref:** Regulation 19 (2) schedule 2 **Stated:** First time **To be completed by:** 19 November 2025	The registered person shall ensure that an AccessNI enhanced disclosure check is sought and reviewed with the outcome recorded prior to any member of staff commencing employment in the future. Ref: 5.2.1
	Response by registered person detailing the actions taken: All future staff will have Access NI in place prior to commencement of employment with date and referemce number recorded in personnel files
Area for improvement 3 **Ref:** Regulation 18 (2) (a) **Stated:** Second time **To be completed by:** 19 November 2025	The registered person shall ensure that all staff complete training in accordance with the RQIA training guidance and that training records are retained and are available for inspection. Ref: 5.2.2
	Response by registered person detailing the actions taken: Fire safety has been carried out for all staff since inspection. My safeguarding Level 2 has been completed to include vulnerable adults since inspection. All other areas of staff training were in place. Annual staff training has been scheduled in work diary

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** Second time **To be completed by:** 19 November 2025	The registered person shall ensure that Buccolam medication is provided in sufficient doses and quantity to enable two doses to be administered to the age groups as specified in the British National Formulary (BNF) in the event of a medical emergency occurring. Ref: 5.2.3
	Response by registered person detailing the actions taken: 2.5mg tubes Buccolam have been purchased- evidence of requisition form previously sent to inspector. Physical evidence available if required.
Area for improvement 2 **Ref:** Standard 11.2 **Stated:** First time **To be completed by:** 19 November 2025	The registered person shall ensure that Hepatitis B vaccination records have been retained for all clinical staff in the practice. Ref: 5.2.5
	Response by registered person detailing the actions taken: All but one staff member on day of inspection had Hep B vaccination record. This has been updated and will be retained for all future staff recruits.

Please ensure this document is completed in full and returned via Web Portal

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