The Regulation and Quality Improvement Authority

Inspection Report

17 December 2025

Dobbin Street Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 36 Dobbin Street, Armagh, BT61 7QQ
Telephone number: 028 3752 2580

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: Dobbin Street Dental Surgery **Responsible Person:** Mr Enda McGrane	**Registered Manager:** Mr Enda McGrane **Date registered:** 30 April 2012
Person in charge at the time of inspection: Mr Enda McGrane	**Number of registered places:** Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Dobbin Street Dental Surgery 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.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 17 December 2025 from 10.30 am to 1.30 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 staff training; management of medical emergencies; management of complaints and incidents; and governance arrangements.

Three areas for improvement have been identified against the regulations. One in relation to AccessNI enhanced disclosure checks and two in relation to the renovation work undertaken in the decontamination room.

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.

Mr McGrane was treating patients on the day of the inspection and the inspection was facilitated by one of the dental nurses.

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 Dobbin Street Dental Surgery was undertaken on 22 March 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 was a recruitment and selection policy in place. A minor amendment was made to the policy during the inspection to ensure that it was in keeping with legislation and best practice guidance.

Mr McGrane oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with the dental nurse confirmed that Mr McGrane had an understanding of the legislation and best practice guidance.

A review of the staff register evidenced that one new staff member had been recruited since the previous inspection. A review of the newly recruited staff member's personnel file evidenced that not all of the relevant recruitment records had been sought; reviewed and stored as required. This was discussed and advice was given to ensure that should staff be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

An AccessNI enhanced disclosure check in the personnel file reviewed was dated after the staff member had commenced employment. This was discussed and it was confirmed that an AccessNI enhanced disclosure check had been undertaken prior to this member of staff commencing employment however, the evidence had not been retained and a second AccessNI enhanced disclosure check had been undertaken. Advice and guidance was given to ensure that all relevant information in relation to AccessNI enhanced disclosure checks is retained and stored in keeping with the AccessNI code of practice. 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.

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.

Addressing the area 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 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 Mr McGrane, 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. 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. A minor amendment was made to the policy following the inspection to ensure that it was up to date and in keeping with 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.

It was confirmed that conscious sedation is not offered in Dobbin Street Dental Surgery.

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 staff. Staff confirmed arrangements are in place to check the 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 some of these documents demonstrated that they reflected legislation and best practice guidance.

The dental nurse confirmed that she had responsibility for IPC and decontamination in the practice and 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, clinical areas were observed to be clean, tidy and uncluttered. In the surgeries some matters were identified as not in keeping with best practice. These were discussed and following the inspection RQIA received confirmation that the issues were being addressed.

Other issues were identified in the decontamination not in keeping with best practice and this is discussed further in the following section of this report.

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. The dental nurse confirmed that relevant members of the dental team have received this vaccination however, evidence of vaccination history was not in place for one of the dental nurses. Assurances were given that this issue would be addressed following the inspection and the vaccination record would be sought and retained in staff member's personnel file.

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.

As a result of the actions taken following the inspection it is determined that the dental team is adhering 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 identified that renovation work had been undertaken to reduce the size of the decontamination room in order to create an additional surgery for use in the future. Mr McGrane was advised that RQIA should have been notified regarding the renovation work undertaken and as a result a minor variation to registration application was to be submitted to RQIA retrospectively. Following the inspection RQIA received a minor variation to registration application via the web portal however, the application submitted was incomplete. An area for improvement against the regulations has been made in this regard.

It was confirmed that the additional surgery would not be completed and ready for use until later in 2026. It was advised that a separate variation to registration application should be submitted in relation to the additional dental surgery. Advice was given that until such times as the variation to registration application in relation to the additional surgery has been approved the surgery cannot be used to provide private dental care and treatment.

On the day of the inspection issues were identified regarding the decontamination room that did not fully comply with best practice guidance. Following the inspection RQIA received confirmation that some of the issues identified had been addressed and the remaining issues would be addressed during the first two weeks in January 2026. Mr McGrane agreed to provide RQIA with an update when the work in the decontamination room had been completed. An area for improvement against the regulations has been made in this regard.

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.

It was confirmed that 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.

Addressing the areas for improvement will ensure that the decontamination of dental instruments is undertaken in keeping with current best practice guidance.

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. 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. Mr McGrane as the RPS oversees radiation safety within the practice and the dental nurse confirmed that he 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.

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

The most recent report generated by the RPA during August 2025 evidenced that the x-ray equipment had been examined however, it was noted that the recommendations made had not been signed as actioned. This was discussed and following the inspection RQIA received evidence that the recommendations had been addressed.

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 x-ray audits and digital x-ray processing.

A review of a sample of the six monthly x-ray quality audits identified that the two-point grading scale was not being used in keeping with best practice guidance and a rectangular collimator was not in place for one of the intra-oral x-ray machines. Advice and guidance was provided and it was confirmed that these issues would be addressed following the inspection.

As a result of the action taken following the inspection it was 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 instructions for patients and staff to follow. Advice and guidance was given to further develop the policy to include the contact details for onward referral routes if a local resolution cannot be resolved. Assurances were given that this would be addressed following the inspection.

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.

The dental nurse confirmed that 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.

The dental nurse confirmed that no complaints had been received since the previous inspection.

Discussion with the dental nurse confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. It was 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 McGrane 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 staff.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	3	0

Areas for improvement and details of the QIP were discussed with the dental nurse 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), Schedule 2, as amended **Stated:** First time **To be completed by:** 17 December 2025	The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any new staff member commencing employment in the future. Ref: 5.2.1
	Response by registered person detailing the actions taken: This will be completed in the future
Area for improvement 2 **Ref:** Regulation 30 (h) **Stated:** First time **To be completed by:** 17 January 2026	The registered person shall submit a full and complete minor variation to registration application to RQIA in relation to the renovation work undertaken to reduce the size of the decontamination room. Ref: 5.2.6
	Response by registered person detailing the actions taken: variation to registration application sent

Area for improvement 3 **Ref:** Regulation 25 (2) (b) **Stated:** First time	The registered person shall address the issues identified in the decontamination room to ensure it is fit for purpose in keeping with legislation and best practice guidance. Ref: 5.2.6
To be completed by: 17 January 2026	**Response by registered person detailing the actions taken**: Issues addressed sealed floor/cabnet/wall lighting fixed door fitted photos of above sent to RQIA inspector awaiting date for PAT test for new electrics

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

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