

Inspection Report

27 January 2026



Ballymena Specialist Dental Clinic

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 19 George Street, Ballymena, BT43 5AP

Telephone number: 028 2565 2044

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Assurance, Challenge and Improvement in Health and Social Care

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: Fortwilliam and Ballymena Specialist Dental Clinics Limited Responsible Individual: Mr Peter Crockard	Registered Manager: Ms Davina Clark Date registered: 3 March 2022
Person in charge at the time of inspection: Ms Clark	Number of registered places: Two increasing to three following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the service Ballymena Specialist 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 currently has two registered dental surgeries and provides general dental services, private and health service treatment and offers conscious sedation, if clinically indicated. A variation to the registration application was submitted to RQIA prior to the inspection to increase the number of dental chairs from two to three.	

2.0 Inspection summary

This was an announced variation to registration inspection, undertaken by a care inspector on 27 January 2026 from 9.00 am to 10.00 am.

A desktop review of the premises sections of the variation to the registration application was also undertaken by the RQIA estates inspector, who has confirmed approval of the application from an estate's perspective.

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 two to three. Surgery two was refurbished and the recovery room in the practice was relocated as part of the work to add an additional surgery.

No areas for improvement were identified.

The variation to registration application to increase the number of registered dental chairs from two to three was approved from a care perspective following this inspection.

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 Ms Clark 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, radiology 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 Ballymena Specialist Dental Clinic was undertaken on 12 November 2025; 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. Ms Clark 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. Ms Clark 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 no new staff had been recruited since the previous inspection.

Bupa Dental Care human resources (HR) department supports registered managers during the recruitment process and are responsible for developing job descriptions, induction templates and employment contracts bespoke to roles and responsibilities; and seeking all required recruitment documentation. Discussion with Ms Clark confirmed that she had access to all recruitment documentation and 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 new dental surgery and the refurbished dental surgery to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

Both 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.

Ms Clark confirmed that the newly installed dental chairs in surgery two and three 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 are 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 in each surgery 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 surgery.

Decontamination arrangements demonstrated 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 for any new equipment obtained since the last inspection 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.

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.

Ms Clark confirmed that a new intra-oral x-ray unit had been installed in surgeries two and three. A critical examination and acceptance test report for the new intra-oral x-ray units was undertaken during January 2026.

The critical examination and acceptance test report generated by the RPA during January 2026 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation.

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. One file included information regarding the intra-oral x-ray machines and the second file included information regarding the dual modality CBCT/OPG machine.

A copy of the local rules was on display near each new x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these.

The radiology and radiation safety arrangements evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews