The Regulation and Quality Improvement Authority

Inspection Report

5 December 2025

Joan Mangan and Associates Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 13 Belfast Road, Antrim, BT41 1NY
Telephone number: 028 9446 2335

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: Ms Joan Mangan	**Registered Manager:** Ms Joan Mangan **Date registered:** 11 March 2013
Person in charge at the time of inspection: Ms Joan Mangan	**Number of registered places:** Four
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Joan Mangan and Associates Dental 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 surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.	

2.0 Inspection summary

This was an unannounced follow-up inspection undertaken by a care inspector on 5 December 2025 from 10.00am to 12.45pm.

The focus of this inspection was to review the progress on the areas of improvement identified as a result of a primary announced inspection undertaken on 4 April 2025 to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Minimum Care Standards for Independent Healthcare Establishments (2014).

A detailed review of the arrangements of staffing training, management of a medical emergency; radiology and radiation safety and staffing arrangements identified issues of concern in relation to each of these areas.

As a result of the inspection findings and following consultation with senior management at RQIA, Ms Mangan, Registered Person, Joan Mangan & Associates Dental Practice, was invited to attend a Failure to Comply meeting. The meeting was then held on 19 December 2025 at RQIA head office.

Ahead of the meeting an action plan was submitted to RQIA by Ms Mangan. The action plan outlined the actions that had been undertaken in the interim to address the issues identified and to ensure the improvements necessary to achieve compliance with the regulations.

During the meeting, Ms Mangan provided an account of the actions taken and those planned to address the matters identified.

Based on the discussions held and actions agreed, RQIA accepted the action plan and no further enforcement action will be taken at this point. RQIA will continue to monitor and review the quality of service provided in Joan Mangan & Associates Dental Practice. It should be noted that continued non-compliance may lead to further enforcement action.

As a result of this inspection process 12 areas for improvement have been identified. Three previous areas for improvement made against the standards have been stated for a second time. These relate to the replacement of waste receptacles in clinical areas; three yearly quality assurance testing of intra- oral x-ray equipment and the provision of the critical examination and acceptance test report for the orthopan tomogram (OPG) machine. One previous area for improvement in relation to the further development of the complaints policy has been carried forward for review at the next inspection

Four areas for improvement have been made against the regulations in respect of staff training, retention of staff training records, provision of a staff rota and the recruitment of staff.

Four areas for improvement have been made against the standards to ensure; emergency medicines and equipment are provided in accordance with best practice guidance; up to date local rules are in place for all x-ray equipment; a dedicated radiation protection file is maintained with robust oversight arrangements in place and staffing arrangements in the practice are in accordance with best practice guidance at all times.

Details of the areas for improvement can be found in the quality improvement plan (QIP) contained in section 6.0 of this report.

Addressing these areas for improvement will enhance the safe delivery of patient care.

RQIA will undertake an inspection of Joan Mangan and Associates Dental Practice within one year to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Minimum Care Standards for Independent Healthcare Establishments (2014).

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?

As this was an unannounced inspection posters were not issued to the practice, prior to the inspection, inviting patients and staff to complete an electronic questionnaire.

A small number of staff were working on the day of inspection each of whom spoke with the inspector and no issues were raised in respect of patient care.

5.0 The inspection

5.1 Review of areas for improvement from the most recent inspection dated 5 April 2025

Areas for improvement from the last care inspection dated 5 April 2025		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 18 (2) (a) **Stated:** First time	The registered person shall ensure all staff undertake mandatory training in keeping with best practice guidance. Evidence of outstanding staff training should be provided to RQIA on submission of the QIP.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.1	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall ensure emergency equipment as outlined by the Resuscitation Council (UK) is provided and ready for immediate use.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.2.	

Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time	The registered person shall ensure the waste receptacles in the identified clinical areas are replaced and are in keeping with HTM 01-05 best practice guidance.	**Not met**
	Action taken as confirmed during the inspection: A review of clinical areas confirmed the clinical waste bins in the four dental surgeries were pedal operated in keeping with best practice guidance. The pedal operated clinical waste bin in the decontamination room was broken and should be repaired. It was noted that all non-clinical waste bins did not have a lid and were not pedal or sensor operated. This area for improvement has been assessed as not met and has been stated for a second time.	
Area for improvement 3 **Ref**: Standard 8.3 **Stated:** First time	The registered person shall ensure a new radiation protection advisor (RPA) and medical physics expert (MPE) is appointed at the earliest opportunity and RQIA is informed of the appointment.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.3.	
Area for improvement 4 **Ref**: Standard 8.3 **Stated:** Second time	The registered person shall ensure three yearly quality assurance testing is undertaken for all x-ray equipment in place. Evidence of the new quality assurance tests for the x-ray equipment in place should be provided to RQIA on submission of this QIP.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as not met and has been stated for a second time. Further detail is provided in section 5.2.3.	

Area for improvement 5 **Ref**: Standard 8.3 **Stated:** Second time	The registered person shall provide RQIA with evidence that a radiation protection advisor (RPA) has undertaken a critical examination and acceptance test of the orthopan tomogram (OPG) machine and that any areas for action outlined in the associated report have been addressed.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as not met and has been stated for a second time. Further detail is provided in section 5.2.3.	
Area for improvement 6 **Ref**: Standard 9.3 **Stated:** First time	The registered person shall further develop the complaints policy and procedure to provide clear instructions for health and social care patients and private patients should they wish to make a complaint and/or should they remain dissatisfied with the outcome of a complaint.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Is the dental team appropriately trained to fulfil the duties of their role?

The arrangements for staff training was discussed with Ms Mangan who advised that the previously identified outstanding staff training had been undertaken however, records of training were not available on site. Ms Mangan stated these records would be provided to RQIA by email.

Following the inspection RQIA received copies of staff training records. A review of the records received did not evidence that all staff members had completed training in accordance with the training guidance as outlined by RQIA.

As a result of the matters identified during our inspections undertaken on 9 April and 5 December 2025, RQIA were concerned that robust systems were not in place to ensure staff undertake training in line with the RQIA training guidance and that evidence of such training is retained and available for inspection at all times.

Prior to the failure to comply meeting on 19 December 2025, Ms Mangan provided further evidence of completed staff training and of the planned training date for all practice staff to undertake management of medical emergency refresher training on 22 January 2026.

Concerns in respect of staff training arrangements were discussed at the failure to comply meeting on 19 December 2025. Based on these discussions and taking into account the actions taken by Ms Mangan to address staff training, RQIA considered the matter and confirmed that no further enforcement action will be taken at present.

It was determined that previous area of improvement 1, made against the regulations, as outlined in section 5.1, has now been met.

However, an area for improvement has been made against the regulations to implement robust oversight arrangements to ensure staff complete training in accordance with best practice. A further area for improvement has been made against the regulations to ensure training records of all staff training and continuing professional development activities are retained and available for inspection at all times.

Addressing the areas 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.

5.2.2 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.

A review of emergency equipment identified that previous matters identified in respect of emergency equipment had not been addressed. It was also identified that the oropharyngeal airway in size 2 with expiry date August 2025 had not been replaced. A review of emergency medicines also found that Adrenaline 1:1000 ampoules and Midazolam in pre-filled syringe 2.5mg dose had both exceeded their expiry dates.

In addition refresher training in the management of a medical emergency, due for renewal in April 2025, had not been completed. Ms Mangan confirmed that this training had not yet been provided for staff working in the practice.

As a result of the matters identified, RQIA were concerned that robust systems were not in place to ensure that arrangements were in place to enable staff to manage a medical emergency in accordance with best practice guidance.

Prior to the failure to comply meeting on 19 December 2025, Ms Mangan provided evidence that the identified emergency equipment and medication was now in place. As previously discussed, RQIA received evidence that arrangements had been made for all staff to undertake management of medical emergency refresher training on 22 January 2026.

The arrangements to ensure that emergency medicines and medical emergency equipment are readily available were discussed at the serious concerns meeting on 19 December 2025. Ms Mangan stated that a robust checking procedure would be implemented to ensure emergency medicines and equipment items are in place and are readily available at all times.

Based on these discussions and taking into account the actions taken by Ms Mangan to address staff training, RQIA considered the matter and confirmed that no further enforcement action will be taken at present.

It was determined that the previous area of improvement 1, made against the standards, as outlined in section 5.1, has now been met.

An area for improvement has been made against the standards to ensure robust arrangements are established that will ensure emergency medicines and equipment are provided in accordance with best practice guidance and are available for inspection at all times.

Addressing the area for improvement will ensure that sufficient emergency medicines and equipment are in place, and the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines.

5.2.3 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The practice has four surgeries each of which has an intra-oral x-ray machine and an orthopan tomogram (OPG) machine which is located in a separate room.

Ms Mangan confirmed that since the previous inspection, a radiation protection advisor (RPA) and medical physics expert (MPE) had been appointed and that she had notified RQIA of this by email. Following this inspection RQIA confirmed that email correspondence had been provided to RQIA confirming that a RPA and MPE had been appointed on 2 December 2025. It was therefore determined that previous area of improvement 3, made against the standards, as outlined in section 5.1, had been met.

In keeping with best practice guidance the appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment and thereafter the RPA must complete a quality assurance test every three years as specified within the legislation. Ms Mangan confirmed that the three yearly quality assurance tests had not yet been completed. Ms Mangan stated that arrangements had been made for the newly appointed RPA to undertake the quality assurance tests and these would be provided to RQIA upon receipt. It was determined that the previous area of improvement 4, made against the standards, as outlined in section 5.1, had not yet been met and has been stated for a second time.

Discussion with Ms Mangan also confirmed that the critical examination and acceptance test (CEAT) report for the new OPG machine was not available for inspection. Ms Mangan stated that arrangements had been made for the newly appointed RPA to undertake the CEAT and the report would be provided to RQIA upon receipt It was determined that previous area of improvement 5, made against the standards, as outlined in section 5.1, had not yet been met and has been stated for a second time.

During this inspection it was noted that a copies of the local rules displayed at intra-oral x-ray machines were out of date. It was also confirmed that local rules for the OPG machine were not available. An area for improvement has been identified against the standards to provide up to date local rules for all x-ray equipment. All relevant staff members should sign to confirm that they had read and understood the local rules. An area for improvement has been identified in this regard.

It was also noted that a dedicated radiation protection file containing employer's procedures, copies of local rules and other additional information was not in place. An area for improvement has been made against the standards to ensure a dedicated radiation protection file is in place that is regularly reviewed by the radiation protection supervisor to ensure all required documentation is in place and is up to date.

Quality assurance systems and processes should be in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was identified that six monthly x-ray image quality grading audits due to be completed in June 2025 were not available. This matter was discussed with Ms Mangan. On 17 December 2025 RQIA received email correspondence from Ms Mangan which demonstrated that the x-ray image quality audit for each dentist had been completed in June 2025 and December 2025.

Prior to the failure to comply meeting on 19 December 2025, Ms Mangan provided evidence of actions taken to address the previous areas for improvement, relating to radiology, as outlined above.

As a result of the matters identified, RQIA were concerned that robust systems were not in place to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray. These concerns were discussed at the failure to comply meeting on 19 December 2025. Based on the discussions held and actions agreed, RQIA considered the matter and confirmed that no further enforcement action will be taken at present.

Two areas for improvement have been stated for a second time and two additional areas for improvement had been made to strengthen the arrangements for radiology and radiation safety within the practice.

Addressing the areas for improvement will ensure that procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.4 Does the complaints policy provide clear instructions for patients and staff to follow?

As outlined in section 5.1, a previous area for improvement had been made against the standards to develop the complaints policy and procedure to provide clear instructions for all patients to make a complaint should they remain dissatisfied with the outcome of a complaint.

This matter was not reviewed. This area for improvement will be carried forward to the next care inspection.

5.2.5 Additional area examined

Staffing arrangements

On 5 December 2025 it was identified Ms Mangan was the only dentist working and was treating patients without chairside support. This is not in keeping with General Dental Council (GDC) standards for the dental team or The Minimum Care Standards for Independent Healthcare Establishments (2014). An area for improvement has been identified to ensure staffing arrangements are in accordance with best practice guidance at all times.

A staff rota was not available for review. An area for improvement has been identified to ensure a staff rota is maintained to show the hours of worked for each staff member.

It was also identified that a staff member who had retired a number of years previously was assisting in the practice. Ms Mangan confirmed that this individual was not included in the staff register and that recruitment and training records for this individual were not retained in the practice and therefore were not available for inspection.

Ms Mangan was advised that any person working in the practice must have all required recruitment records in place in accordance with legislation, retained and available for inspection, have completed mandatory training, be included on the staff register and staff rota documents. An area for improvement has been made against the regulations to ensure all required recruitment records are in place prior to the commencement of any person working in the practice.

As a result of the matters identified, RQIA were concerned that this lack of governance and oversight of the recruitment process has the potential to place patients at risk.

Prior to the failure to comply meeting on 19 December 2025, Ms Mangan provided an explanation of the circumstances that led to the staff shortage on 5 December 2025 and the presence of a previous employee.

These concerns were discussed at the failure to comply meeting on 19 December 2025. Based on the discussions held and actions agreed, RQIA considered the matter and confirmed that no further enforcement action will be taken at present.

Addressing the areas for improvement will ensure safe staffing arrangements are in place to safeguard patients and meet the needs of the practice.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Independent Health Care Regulations (Northern Ireland) 2005** and **Minimum Care Standards for Independent Healthcare Establishments (July 2014)**

	Regulations	Standards
Total number of Areas for Improvement	4	8*

*the total number of areas for improvement includes three that have been stated for a second time and one which is carried forward for review at the next inspection.

Areas for improvement and details of the QIP were discussed with Ms Mangan, Registered Person, 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 18 (2) (a) **Stated:** First time **To be completed by:** 19 December 2025	The registered person shall implement robust oversight arrangements to ensure staff complete training in accordance with best practice. Ref: 5.2.1
	Response by registered person detailing the actions taken: All staff completed medical emergency refresher training on 22nd January 2026. In addition, all staff have now completed training in accordance with training guidance. CPD records have been updated and retained.
Area for improvement 2 **Ref:** Regulation 21 (1) (3) Schedule 3 Part 11 (9) **Stated:** First time **To be completed by:** 19 December 2025	The registered person shall ensure a record of all training and continuing professional development activities are retained and available for inspection at all times. Ref: 5.2.1
	Response by registered person detailing the actions taken: A record of staff training and CPD has been retained and is available for inspection.
Area for improvement 3 **Ref:** Regulation 18 (5) **Stated:** First time	The registered person shall ensure a staff rota is maintained to show the hours worked for each staff member. Ref: 5.2.5

To be completed by: 19 December 2025	**Response by registered person detailing the actions taken:** A staff rota has been created and maintained to show weekly hours worked by each staff member.
Area for improvement 4 **Ref:** Regulation 19 (2) (d) as amended **Stated:** First Time **To be completed by:** 19 December 2025	The registered person shall ensure that all required recruitment records are in place prior to the commencement of any person working in the practice. Ref: 5.2.5
	Response by registered person detailing the actions taken: Recruitment records are in place for each new staff member before commencement of employment.
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 13.4 **Stated:** Second time **To be completed by:** 9 July 2025	The registered person shall ensure the waste receptacles in the identified clinical areas are replaced and are in keeping with HTM 01-05 best practice guidance. Ref: 5.1
	Response by registered person detailing the actions taken: Three new non-clinical pedal-operated waste bins have been ordered and the clinical waste bin in the decontamination room has been replaced.
Area for improvement 2 **Ref:** Standard 8.3 **Stated:** Second time **To be completed by:** 9 July 2025	The registered person shall ensure three yearly quality assurance testing is undertaken for all x-ray equipment in place. Evidence of the new quality assurance tests for the x-ray equipment in place should be provided to RQIA on submission of this QIP. Ref: 5.2.3
	Response by registered person detailing the actions taken: Quality Assurance tests for the four intra- oral x-ray machines have been completed.
Area for improvement 3 **Ref:** Standard 8.3 **Stated:** Second time **To be completed by:**	The registered person shall provide RQIA with evidence that a radiation protection advisor (RPA) has undertaken a critical examination and acceptance test of the orthopan tomogram (OPG) machine and that any areas for action outlined in the associated report have been addressed. Ref: 5.2.3

9 July 2025	
	Response by registered person detailing the actions taken: The Equipment performance for the OPG machine has been carried out.
Area for improvement 4 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 19 December 2025	The registered person shall establish robust arrangements that will ensure emergency medicines and equipment are provided in accordance with best practice guidance and are available at all times. Ref: 5.2.2
	Response by registered person detailing the actions taken: The emergency medicines and equipment are maintained and replaced in accordance with best practice.
Area for improvement 5 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 19 December 20225	The registered person shall ensure up to date local rules are in place for all x-ray equipment. All relevant staff members should sign to confirm that they had read and understood the local rules Ref: 5.2.3
	Response by registered person detailing the actions taken: Local Rules are in place for all x-ray equipment. The staff have confirmed they have read and understood the rules.
Area for improvement 6 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 19 December 2025	The registered person shall ensure a dedicated radiation protection file is in place. The radiation protection supervisor should regularly review this file to ensure all required documentation is in place and is up to date. Ref: 5.2.3
	Response by registered person detailing the actions taken: The radiation protection file is in place and is reviewed regularly.
Area for improvement 7 **Ref:** Standard 9.3 **Stated:** First time	The registered person shall ensure staffing arrangements are in accordance with best practice guidance at all times. Ref: 5.2.5

To be completed by: 9 July 2025	**Response by registered person detailing the actions taken:** Staffing arrangements are in accordance with best practice.

Area for improvement 8 **Ref:** Standard 9.3 **Stated:** First time **To be completed by:** 9 July 2025	The registered person shall further develop the complaints policy and procedure to provide clear instructions for health and social care patients and private patients should they wish to make a complaint and/or should they remain dissatisfied with the outcome of a complaint. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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

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
@RQIANews