The Regulation and Quality Improvement Authority

Inspection Report

23 February 2026

Rosconnor Clinic Derry

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 1 Waterside Centre, Glendermott Road, Derry, BT47 6BG
Telephone number: 028 7187 6177

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: Portman Healthcare Limited **Responsible Person:** Mrs Rebecca Sadler	**Registered Manager:** Mrs Sharon Sweeney **Date registered:** 25 November 2021
Person in charge at the time of inspection: Mrs Sharon Sweeney	**Number of registered places:** Four increasing to five following this inspection.
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Rosconnor Clinic Derry 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 offers conscious sedation, if clinically indicated. A variation to registration application was submitted to RQIA prior to the inspection to increase the number of dental chairs from four to five. Portman Healthcare Limited is the registered provider for eleven dental practices registered with RQIA. Mrs Rebecca Sadler is the responsible individual for Portman Healthcare Limited	

2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken by a care inspector on 23 February 2026 from 2.30 pm to 4.30 pm.

An RQIA estates inspector reviewed the variation to registration application on matters relating to the premises.

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 five. This variation involved the re-purposing of a room and no structural changes were required.

The variation to registration application has been approved from a care and estates perspective.

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.

The inspection was facilitated by Mrs Sweeney, Registered Manager, the practice manager and the safety and quality specialist for Portman Healthcare Limited.

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
- health and safety documentation

During this inspection the room in which the new dental surgery was located and other areas associated with the variation to registration application were reviewed.

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 The inspection

4.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

The last inspection to Rosconnor Clinic Derry was undertaken on 17 January 2025; no areas for improvement were identified.

4.2 Inspection findings

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

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Portman Healthcare Limited 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 Mrs Sweeney confirmed that she had access to all recruitment documentation and that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that four new staff had been recruited since the previous inspection. A review of a sample of personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required.

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.

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.

4.2.2 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.

Ms Sweeney confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation to patients over the age of 12 years.

There was a conscious sedation policy and procedure in place that was comprehensive and reflected the legislation and best practice guidance. Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with the Conscious Sedation in Dentistry, Dental Clinic Guidance, (Third Edition); Scottish Dental Clinical Effectiveness Programme (SDCEP).

A review of records and discussion with Ms Sweeney demonstrated that a full assessment of the patient to confirm the dental treatment required and the need for sedation is undertaken by the dentist providing the sedation.

Ms Sweeney confirmed that valid written consent is sought for provision of dental care with sedation in accordance with the above best practice guidance.

It was demonstrated that clinical records of patients who had treatment using sedation includes a detailed record of the pre-sedation assessment, the patient's written consent, the patient's visit for sedation including monitoring, the treatment procedure and the recovery of each patient.

Information was available for patients in respect of the treatment provided and aftercare arrangements and a record is maintained to verify that post-treatment instructions were given and explained to the patient and their escort, as appropriate.

The dental team involved in the provision of conscious sedation must receive appropriate practical and clinical training. A review of training records evidenced that all relevant members of the dental team had completed 12 hours of sedation related verifiable continuing professional development (CPD) training in each five year CPD cycle.

A discussion took place regarding the life support training to be undertaken by all clinical team members involved in managing patients having sedation. Immediate Life Support (ILS) training as laid down by the Resuscitation Council (UK) must be undertaken. A review of the content of the medical emergency refresher training demonstrated that all the main elements of ILS training as outlined in Appendix 2 of Conscious Sedation in Dentistry, Dental Clinic Guidance, (Third Edition); Scottish Dental Clinical Effectiveness Programme (SDCEP) were included.

The medicines used during IV sedation are classified as controlled drugs (CDs). The arrangements for the management of the CDs were reviewed. It was demonstrated that CDs are securely stored at all times and systems were in place for the ordering, administration, reconciliation (stock check) and disposal of these medicines. It was identified that a standard operating procedure (SOP) for CDs was in place and had been signed by all relevant clinical staff.

There are arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

4.2.3 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

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

During a tour 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.

The new was tidy, uncluttered and easy to clean work surfaces were in place. The flooring was impervious and coved where it meets the walls and kicker boards of cabinetry and was seen to be finished to a high standard.

Sharps containers were safely positioned to prevent unauthorised access and had been signed and dated on assembly.

A dedicated hand washing basin provided 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 in keeping with best practice guidance, were provided.

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.

Dental chairs with an independent bottled-water system were in place and discussion with staff demonstrated that the dental unit water lines are managed in keeping with the manufacturer's instructions.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

Review of IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

4.2.4 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 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.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

4.2.5 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.

It was identified that the practice has five intra-oral x-ray machines, one of which has been newly installed. In addition, there is a cone beam computed tomography (CBCT) machine, which is located in a separate room. The equipment inventory reflected all the radiography equipment in place.

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

The appointed RPA must undertake a critical examination and acceptance test (CEAT) of all new x-ray equipment and also when an x-ray unit is moved to a different location; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

A CEAT report for the new intra-oral x-ray machine, dated 11 December 2025, was available for review.

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. One file included information relating to the intra-oral x-ray machines and the second file included information relating to the new CBCT.

The RPS oversees radiation safety within the practice and regularly reviews the radiation protection files to ensure that they are accurate and up to date.

A review of the files 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.

A copy of the local rules was on display near each x-ray machine observed. All appropriate staff members 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 rectangular collimation, x-ray audits and digital x-ray processing.

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

4.3 Are the new dental surgeries fully equipped to provide private dental care and treatment?

A review of the new surgery evidenced that it was clean, tidy, uncluttered and work surfaces were intact and easy to clean.

The flooring was impervious and coved where it met the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste. Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly.

A dedicated hand washing basin was available with hand hygiene signage displayed. Liquid hand soap, wall mounted disposable hand towel dispensers and clinical waste bins were provided in keeping with best practice guidance.

The arrangements for PPE were reviewed and it was noted that PPE was readily available for the dental team in accordance with treatments provided.

The dental unit water lines (DWULs) were discussed with Mrs Sweeney and it was confirmed that they are appropriately managed in keeping with manufacturers' instructions.

As previously discussed in section 4.2.5, critical examination and acceptance testing had been undertaken for the new intra-oral x-ray machine.

It was confirmed that the equipment in the decontamination room is sufficient to meet the demands of the new surgery and there is a sufficient supply of reusable dental instruments to meet the demands associated with the additional surgery.

It was determined that the new dental surgery was finished to a high standard. The variation to registration application was approved following the inspection.

4.4 Is the statement of purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Sweeney is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

4.5 Is the patient guide in keeping with Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005?

A patient guide was prepared in a recognised format which covered the key areas and themes outlined in Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Sweeney is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

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 Sweeney, Registered Manager, the practice manager and the safety and quality specialist, as part of the inspection process and can be found in the main body of the report.

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