Inspection Report

24 February 2026

Kelly Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 8 Clarendon Street, Londonderry, BT48 7ET
Telephone number: 028 7126 4451

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

Registered Provider: Ms Catherine Kelly	**Registered Manager:** Ms Catherine Kelly **Date registered:** 14 December 2016
Person in charge at the time of inspection: Ms Catherine Kelly	**Number of registered places:** Three increasing to four
Category of care: Dental Treatment	
Brief description of the service Kelly Dental Care 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 three registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation. A variation to registration application was submitted to RQIA prior to the inspection to increase the number of dental chairs from three to four. This is discussed further in section 5.4 of this report.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 24 February 2026 from 9.30 am to 12.30 pm.

It focused on the themes for the 2025/2026 inspection year and assessed progress with any areas for improvement identified during the last care inspection. This inspection also 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 three to four.

An RQIA estates officer reviewed the variation to registration application in regards to matters relating to the premises and will inform Ms Kelly, Responsible Person, of the outcome of their review in due course.

There was evidence of good practice in relation to staff training; management of medical emergencies; infection prevention and control (IPC); radiology and radiation safety; management of complaints and incidents; and governance arrangements.

One area for improvement was identified against the regulations to ensure that references are in place for any new staff member prior to commencement of employment.

One area of improvement was identified against the standards to ensure that all periodic tests in relation to the decontamination equipment have been completed and recorded.

Scrutiny of this information means that this variation to registration application is approved from a care perspective. However, Ms Kelly is aware that separate approval has yet to be confirmed by the RQIA estates inspector and the additional surgery cannot be used to provide private dental care and treatment until such time as the variation to registration application is approved. Further information in relation to this is included in Section 5.4 of this report.

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.

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

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 has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Kelly Dental Care was undertaken on 6 March 2024; no areas for improvement were identified.

5.2 The inspection findings

5.2.1 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 Kelly is aware that the statement of purpose should be reviewed and updated as and when necessary.

5.2.2 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 required further development to fully reflect the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. This was discussed with Ms Kelly who provided evidence this matter had been addressed. Ms Kelly is aware that the patient guide should be reviewed and updated as and when necessary.

5.2.3 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.

Ms Kelly oversees the recruitment and selection of the dental team and approves all staff appointments.

It was identified that a staff register was not in place. Advice and guidance was provided to Ms Kelly in this regard and following the inspection RQIA received evidence that this matter had been addressed. Ms Kelly confirmed that three new staff had been recruited since the previous inspection. A review of two personnel files of newly recruited staff evidenced that, in the main, relevant recruitment records had been sought; reviewed and stored as required. It was identified two references for one member of staff had not been sought. An area for improvement has been made against the regulations to ensure that references are sought, reviewed and retained prior to commencement of employment in the practice.

Ms Kelly confirmed there was job descriptions and contracts of employment/agreements in place for all staff members however these were kept off site. Ms Kelly was provided with advice and guidance to ensure that these records are available for inspection. There was evidence of 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.

Addressing the area for improvement will ensure that recruitment of the dental team complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

5.2.4 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.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Ms Kelly to ensure that the dental team is suitably skilled and qualified. A review of a sample of staff training records identified that some training requirements needed addressing for one staff member. Advice and guidance was provided to Ms Kelly regarding the matters that required further attention and following the inspection, RQIA received evidence these matters had been addressed. Ms Kelly was also advised to develop a policy and procedure that outlines mandatory training to be undertaken, in line with any professional requirements, and the training guidance provided by RQIA. Ms Kelly was receptive to this advice and following the inspection RQIA received evidence that this matter had been addressed.

As a result of actions taken following the inspection it is determined that the dental team that is appropriately trained to carry out their duties.

5.2.5 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. 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.

Ms Kelly confirmed that 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.

5.2.6 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 Kelly confirmed that conscious sedation is not offered in Kelly Dental Care.

5.2.7 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 Ms Kelly. It was confirmed that arrangements are in place in keeping with the Health and Social Care Public Health Agency guidance Infection Prevention and Control Manual for Northern Ireland. Ms Kelly 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. Ms Kelly 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 and had retained the necessary training certificates as evidence.

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. Discussion with Ms Kelly confirmed that all clinical areas are cleaned daily, however cleaning schedules were not retained. Advice and guidance was provided to Ms Kelly in this regard and following the inspection RQIA received confirmation that this matter had been addressed.

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. A system was in place to ensure that relevant members of the dental team have received this vaccination. Ms Kelly confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with Ms Kelly 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. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

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.

5.2.8 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.

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. A review of equipment logbooks demonstrated that periodic tests were not undertaken and recorded in keeping with HTM 01-05. This was discussed with Ms Kelly and an area for improvement against the standards has been made in this regard.

Ms Kelly confirmed members of the dental team had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities.

Addressing the area for improvement will ensure that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.9 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 three existing surgeries that are currently registered with RQIA, each have an intra-oral x-ray machine. The additional surgery also has an intra-oral x-ray machine. The equipment inventory reflected all of the x-ray equipment in the practice. 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. 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.

The most recent report generated by the RPA during October 2024 evidenced that the x-ray equipment had been examined. It was noted that the recommendations made in the report had not all been actioned by the RPS. Following the inspection RQIA received confirmation that the recommendations made had been reviewed and actioned.

The radiology arrangements for the additional surgery are discussed in section 5.4.

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 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.

5.2.10 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. Some minor amendments were required to ensure correct contact details for onward referral routes were up to date. This was discussed with Ms Kelly and following the inspection, RQIA received confirmation that this matter had been addressed.

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.

Ms Kelly confirmed that no complaints had been received since the previous inspection.

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

Ms Kelly confirmed 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.

5.2.11 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.

Ms Kelly 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 Ms Kelly.

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

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

The flooring in the surgery was impervious and coved where it met the walls. All fittings 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. Brackets for sharp boxes were safely positioned to prevent unauthorised accessed. Ms Kelly confirmed sharp boxes would be signed and dated on assembly.

Dedicated hand washing basins were available with hand hygiene signage displayed. Wall mounted hand wash dispensers, 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.

It was confirmed that the newly installed dental chairs had independent bottled water systems and that the dental unit water lines (DWULs) are appropriately managed in keeping with manufacturer's instructions. Assurances were provided by Ms Kelly that a commissioning certificate was in place for the newly installed dental chairs.

The surgery has an intra-oral x-ray machine. As previously discussed the appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment. It was confirmed that critical examination and acceptance testing had been undertaken. As discussed in section 5.2.9 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 confirmed that the equipment in the decontamination room is sufficient to meet the demands of the new additional surgery and there is a sufficient supply of reusable dental instruments.

It was determined that the new surgery was finished to a high standard. The variation to registration application was approved from a care perspective following the inspection. As discussed previously, separate approval has yet to be confirmed by the RQIA estates inspector.

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

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the QIP were discussed with Ms Kelly, Responsible 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 19 (2) (d) as amended **Stated:** First **To be completed by:** 24 February 2026	The registered person shall ensure references are in place prior to commencement of employment for all members of staff. Ref: 5.2.3
	Response by registered person detailing the actions taken: This will be actioned with all future employees
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:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that all periodic tests are completed and recorded in keeping with Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05). Ref: 5.2.8
	Response by registered person detailing the actions taken: This is currently being carried out, with new recording charts in place for all approproate tests.

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

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