The Regulation and Quality Improvement Authority

Inspection Report

9 April 2025

Joan Mangan and Associates Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 13 Belfast Road, Antrim, BT41 1NY
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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 announced inspection, undertaken by a care inspector on 9 April 2025 from 10.00am to 12.45pm.

It focused on the themes for the 2025/26 inspection year and assessed progress with any areas for improvement identified since the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; infection prevention and control; decontamination of reusable dental instruments; and the management of incidents.

Seven areas for improvement have been identified as a result of this inspection. One area for improvement has been identified against the regulations in respect of staff training. Six areas for improvement have been identified against the standards relating to; the provision of medical emergency equipment; the replacement of waste receptacles in clinical areas; the appointment a new radiation protection advisor (RPA) and medical physics expert (MPE); three yearly quality assurance testing of x-ray equipment; the provision of the critical examination and acceptance test report for the orthopan tomogram (OPG) machine and the further development of the complaints policy and procedure.

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

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 Joan Mangan and Associates Dental Practice was undertaken on 1 September 2022; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 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.

Ms Mangan oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Ms Mangan confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that no new staff had been recruited since the previous inspection. Ms Mangan confirmed 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.

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.

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.

A training policy was in place, however, it was identified that not all staff members had completed training in accordance with the training guidance as outlined by RQIA. This matter had also been identified during the previous inspection on 1 September 2022 at which time advice and guidance was provided to Ms Mangan. An area for improvement has been made against the regulations to 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.

Addressing the area 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.

5.2.3 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. A review of emergency equipment identified that some items required replacement and some items had not been provided. This matter was discussed with Ms Mangan who provided assurance that the items identified would be provided immediately after this inspection. RQIA has not yet received confirmation that this matter has been addressed. An area for improvement has been made against the standards in this regard.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and 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. It was noted that this refresher training was due to take place in April 2025, Ms Mangan provided assurance that arrangements were in place to provide this refresher training for all staff members.

Ms Mangan and a member 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.

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.

5.2.4 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.

Ms Mangan confirmed that conscious sedation is not offered in Joan Mangan and Associates Dental Practice.

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. It was confirmed that arrangements are in place in keeping with the Health and Social Care Public Health Agency guidance Infection Prevention and Control Measures for Respiratory illnesses March 2023 and the Infection Prevention and Control Manual for Northern Ireland. Ms Mangan confirmed arrangements are in place to check 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 these documents demonstrated that they reflected legislation and best practice guidance. Ms Mangan 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. It was identified that the waste receptacles in two dental surgeries were in need of replacement.

Ms Mangan stated this matter would be addressed following the inspection however, RQIA has not yet received confirmation that this matter has been addressed. An area for improvement has been made against the standards to ensure waste receptacles in clinical areas are provided in keeping with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05) (HTM 01-05).

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. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with 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.

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. Addressing the area for improvement will ensure compliance with these arrangements.

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 HTM01-05, 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 a staff member 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.

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 four surgeries each of which has an intra-oral x-ray machine and an OPG machine which is located in a separate room. The equipment inventory was reflective of the equipment in place.

Discussion with Ms Mangan confirmed that a RPA and MPE had previously been appointed in line with legislation. However, at the time of this inspection this appointment was no longer in place. Ms Mangan stated that she was in the process of sourcing a new RPA and MPE and this appointment had not yet been completed. An area for improvement has been made against the standards to ensure a new RPA and MPE is appointed at the earliest opportunity and that RQIA is informed of the appointment.

A dedicated radiation protection file concerning the intra-oral x-ray machines and OPG machine was available and contained the relevant local rules, employer's procedures and other additional information.

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.

Mrs Mangan as the radiation protection supervisor (RPS) oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date.

In keeping with best practice guidance 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. It was identified that the three yearly RPA quality assurance testing for the four intra-oral x-ray machines was overdue. Ms Mangan stated that the three yearly quality assurance test would be completed by the new RPA when appointed. An area for improvement has been made against the standards to ensure three yearly quality assurance testing is undertaken for each piece of x-ray equipment in place. Evidence of the new quality assurance tests for four intra-oral x-ray machines should be provided to RQIA on submission of this QIP.

Ms Mangan confirmed that the OPG machine had been installed in June 2023 and that the critical examination and acceptance test had been completed by the previous RPA. However, the critical and examination acceptance test report in respect of the OPG machine was not available for inspection. An area for improvement has been made against the standards in this regard.

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. Ms Mangan demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

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.

Addressing the areas for improvement will ensure that radiology and radiation safety 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 in place was made up of several pages providing different information on what steps patients may take should they remain dissatisfied with the outcome of their complaint. Ms Mangan was advised to collate the information to provide a comprehensive complaints procedure that provides clear instructions for both health and social care patients and private patients to follow. This matter had also been discussed with Ms Mangan at the previous inspection. An area for improvement has been made against the standards to further develop the complaints policy and procedure as advised.

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.

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.

A review of records confirmed that no complaints had been received since the previous inspection.

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

Ms Mangan 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 Mangan. It was demonstrated that the equality data collected was managed in line with best practice.

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	6

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:** 9 July 2025	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Outstanding Staff Training Records will be send by separate email
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 9 July 2025	The registered person shall ensure emergency equipment as outlined by the Resuscitation Council (UK) is provided and ready for immediate use. Ref: 5.2.3
	Response by registered person detailing the actions taken: All emergency equipment is provided as outlined.
Area for improvement 2 **Ref:** Standard 13.4 **Stated:** First 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: 5.2.5
	Response by registered person detailing the actions taken: All waste receptacles in the identified clinical areas have been replaced.
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.

To be completed by: 9 July 2025	Ref: 5.2.7
	Response by registered person detailing the actions taken: I have requested that UKHSA be my RPA and MPE.
Area for improvement 4 **Ref:** Standard 8.3 **Stated:** First 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: 5.2.7
	Response by registered person detailing the actions taken: The new Quality assurance tests for the x-ray equipment will be forwarded when received.
Area for improvement 5 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 9 July 2025	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: 5.2.7
	Response by registered person detailing the actions taken: I have requested the report from One Photon in relation to the OPG machine and will be forwarded when received.
Area for improvement 6 **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: 5.2.8

	Response by registered person detailing the actions taken: The complaints procedure has been updated as requested.

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

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