The Regulation and Quality Improvement Authority

Inspection Report

13 October 2025

Greenpark Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 4 Greenpark Terrace, Armagh, BT61 7ER
Telephone number: 028 3752 8089

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: Greenpark Dental Surgery **Responsible Person:** Dr Carmel Donnelly	**Registered Manager:** Dr Carmel Donnelly **Date registered:** 5 November 2012
Person in charge at the time of inspection: Dr Carmel Donnelly	**Number of registered places:** One
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Greenpark Dental Surgery 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 one registered dental surgery and provides general dental services, private and health service treatment and does not offer conscious sedation. The practice has a second surgery that Dr Donnelly confirmed is used only for health service dental care and treatment.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 13 October 2025 from 10.00 am to 1.30 pm.

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

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of complaints and incidents; and governance arrangements.

As a result of the findings of this inspection, five areas for improvement were identified. Details of the areas for improvement are included in the below Quality Improvement plan (QIP) and the various sections of the report. RQIA will continue to monitor the quality of dental care and treatment in Greenpark Dental Surgery during subsequent inspections.

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 (AFI) 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.

Two patients submitted responses. Patient responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Both patient responses had comments including the dentist is very professional and the practice has a friendly environment providing an excellent service.

Two staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

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 Greenpark Dental Surgery was undertaken on 7 July 2023; 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. A discussion took place with Dr Donnelly to ensure the recruitment and selection policy reflects legislation and

best practice guidance. Following the inspection RQIA received assurance that the policy had been further developed in this regard.

Dr Donnelly oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Dr Donnelly 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. Dr Donnelly 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.

Dr Donnelly confirmed that members of the dental team are provided with a job description, contract of employment/agreement and receive induction training when they commence 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.

Policies and procedures are in place that outline mandatory training to be undertaken, in line with any professional requirements, and the training guidance provided by RQIA.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Dr Donnelly, to ensure that the dental team is suitably skilled and qualified. A review of a sample of staff training records identified some training records were not available for review. This was discussed with Dr Donnelly and following the inspection, RQIA received confirmation that these records were in place.

As a result of the actions taken following the inspection it is determined 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 are immediately available as specified and do not exceed their expiry dates.

A review of the medical emergency equipment identified that additional items were required. This was discussed with Dr Donnelly and an area for improvement against the standards has

been identified. Following the inspection, RQIA received assurances that the required equipment was now in place.

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. Advice and guidance was provided regarding updating the medical emergency policy and the protocols for managing a medical emergency.
Following the inspection, RQIA received assurances that the policy and protocols had been reviewed and updated appropriately to reflect legislation and current standards and guidelines.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

Dr Donnelly advised 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.

Addressing the AFI 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.

Dr Donnelly confirmed that conscious sedation is not offered in Greenpark Dental Surgery.

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.

The infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with Dr Donnelly . 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. Dr Donnelly 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. This was not reviewed at this inspection but Dr Donnelly confirmed that it reflected legislation and best practice guidance. Dr Donnelly confirmed that she had responsibility for IPC and decontamination in the practice. She had undertaken IPC and decontamination training in line with her 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.

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. Discussion with Dr Donnelly confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with Dr Donnelly 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.

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 Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the DoH.

Dr Donnelly confirmed there was a range of policies and procedures in place for the decontamination of reusable dental instruments. These were not available for review at the inspection. Following the inspection Dr Donnelly confirmed to RQIA that these have been reviewed and updated and they reflect legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. It was confirmed that the pressure vessel testing for the autoclave and DAC Universal was not up to date. An area for improvement has been made against the standards to establish robust arrangements to ensure pressure vessel testing is

completed for machines used to decontaminate reusable dental instruments in keeping with manufacturers advice.

Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken with the exception of the DAC Universal.

Advice and guidance was provide to Dr Donnelly to ensure that appropriate detail of the periodic tests completed for the autoclave are recorded and signed off in keeping with manufacturers instruction and Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Following the inspection RQIA received assurance that the process for recording these tests had been reviewed and further developed accordingly.

An area for improvement against the standards has been made to ensure that all periodic tests in respect of the DAC Universal are completed and recorded in keeping with manufacturers instruction and HTM 01-05 Decontamination in primary care dental practices.

The arrangements for the processing of reusable dental instruments was reviewed. Dr Donnelly advised that the majority of reusable dental instruments are cleaned and sterilised in a DAC Universal autoclave. Empty instrument trays are being manually cleaned prior to sterilisation. Advice and guidance was provided to review this process in line with current best practice guidance from DoH and HTM01-05. An area for improvement has been identified to ensure that all reusable dental instruments are decontaminated in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health (DoH). This will ensure that all reusable dental instruments are cleaned using an automated validated process prior to sterilisation in line with this guidance.

Dr Donnelly confirmed that members of the dental team have received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. Dr Donnelly advised that staff were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Addressing the areas for improvement identified will ensure the dental team meet current best practice guidance for the decontamination of reusable 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 two surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. During the inspection it was noted that the radiology equipment had not been serviced in accordance with manufacturers' instructions. Following the inspection RQIA received assurance that this would be addressed.

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.

Dr Donnelly confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA during July 2024 evidenced that the x-ray equipment had been examined. There was no evidence that the recommendations made in the report had been actioned. Following the inspection RQIA received assurances that the recommendations within in the RPA report had all been reviewed, actioned and signed off.

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.

As a result of the issues identified above regarding radiology and radiation safety an area for improvement has been made against the standards to ensure that the oversight of radiation safety within the practice is reviewed in line with best practice guidance and legislation.

Addressing the area for improvement will strengthen the radiology and radiation safety arrangements and procedures 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 provided clear instructions for patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the practice reception and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register. Advice and guidance was provided to further develop the complaints register to contain 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. Following the inspection RQIA received confirmation that this matter had been addressed.

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

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

Dr Donnelly advised the dental team are 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.

Dr Donnelly 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 Dr Donnelly.

5.4 Fire risk assessment

A fire risk assessment (FRA) for the practice was in place but there was no evidence of this being reviewed annually and there was no action plan evident. Assurances were provided by Dr Donnelly following the inspection that a new FRA had been undertaken and any

recommendations had been suitably actioned. It was agreed the FRA would be reviewed annually.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **Minimum Standards for Dental Care and Treatment (March 2011)**

	Regulations	Standards
Total number of Areas for Improvement	0	5

Areas for improvement and details of the QIP were discussed with Dr Donnelly, 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 Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 13 October 2025	The registered person shall ensure that all medical emergency equipment is available in keeping with the Resuscitation Council (UK) 2020 guidance. Ref: 5.2.3
	Response by registered person detailing the actions taken: All the medical emergency equipment is available in keeping with the Resusitation Council guidance.
Area for improvement 2 **Ref:** Standard 14.4 **Stated:** First time **To be completed by:** 13 October 2025	The registered person shall establish robust arrangements to ensure that pressure vessel testing is completed for decontamination equipment in keeping with manufacturers instruction. Ref: 5.2.4
	Response by registered person detailing the actions taken: Pressure vessel testing was undertaken on 14/11/25 and henceforth will be completed annually.
Area for improvement 3 **Ref:** Standard 13.4	The registered person shall ensure that all periodic tests in respect of the DAC Universal are completed and recorded as required in keeping with manufacturers instruction and Health

Stated: First **To be completed by:** 13 October 2025	Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices Ref: 5.2.6
	Response by registered person detailing the actions taken: All periodic tests in respect of the DAC are being completed as they have always been carried out and are now recorded in more detail.
Area for improvement 4 **Ref:** Standard 13.4 **Stated:** First **To be completed by:** 13 October 2025	The registered person shall ensure that all reusable dental instruments are decontaminated in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health (DoH). Ref: 5.2.4
	Response by registered person detailing the actions taken: All reusable instruments are decontaminated in line with HTM 01-05.
Area for improvement 5 **Ref:** Standard 8.3 **Stated:** First **To be completed by:** 13 October 2025	The registered person shall ensure that the oversight of radiology and radiation safety within the practice is reviewed in line with best practice guidance and legislation. Ref: 5.2.7
	Response by registered person detailing the actions taken: I have now signed off each individual point in relation to radiology and radiation safety.

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

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