

Inspection Report

24 October 2023



Springfield Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 74 Springfield Road, Belfast, BT12 7AH

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Registered Provider: Mr Eamonn Anthony Toner	Registered Manager: Mr Eamonn Toner Date registered: 11 June 2012
Person in charge at the time of inspection: Mr Eamonn Toner	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Springfield 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 two registered dental surgeries and provides general dental services, private and health service treatment and offers conscious sedation, if clinically indicated.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 24 October 2023 from 09.45 am to 1.50 pm.

It focused on the themes for the 2023/24 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to staff training; infection prevention and control; adherence to best practice guidance in relation to COVID-19; management of complaints and incidents; and governance arrangements.

Two areas for improvement have been made against the regulations; to ensure that enhanced Access NI disclosure checks are completed prior to a staff member taking up position in the dental team and to ensure that all staff involved in sedation have completed training in keeping with best practice guidance.

Five areas for improvement have been made against the standards; to ensure that all medical emergency equipment is available; to ensure all required conscious sedation relation records are completed in keeping with best practice guidance; to ensure that all periodic tests in relation to the decontamination equipment have been recorded; to establish arrangements for the annual review of the radiation protection file to ensure that it includes relevant, up to date information and to ensure that the radiology equipment is subject to regular servicing and maintenance.

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.

Eight 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. A number of patient responses included positive comments pertaining to the professionalism of the service provided and also the caring and friendly attitude of staff.

No completed staff 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 Springfield Dental Surgery was undertaken on 24 March 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.

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

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information, with the exception of the leaving date, the professional registration number and the details in relation to Mr Toner. This was brought to the attention of Mr Toner and following the inspection, RQIA received confirmation that this matter had been addressed.

A review of the staff register evidenced that one new staff member had been recruited since the previous inspection. A review of the personnel file of the newly recruited staff member evidenced that all relevant recruitment records had not been sought, reviewed or stored as required. This was discussed with Mr Toner and advice and guidance was provided. Subsequently RQIA received confirmation by way of email, that all the required recruitment records were now in place. It was identified that the outcome of the enhanced AccessNI disclosure check had been received after the staff member had commenced employment in the practice. This was brought to the attention of Mr Toner and an area for improvement against the regulations has been made in this regard.

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.

Addressing the area for improvement will ensure that 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 review of the training and professional development activities undertaken by staff could not confirm that all members of the dental team had completed medical emergency training or infection prevention and control/ decontamination training. This was discussed with Mr Toner who confirmed that a date had been arranged to facilitate all staff to complete medical emergency training. Following the inspection RQIA received confirmation that the identified staff members had completed infection prevention and control/ decontamination training.

Mr Toner was provided with advice on the benefits of implementing a training matrix to facilitate an overview of staff training.

As a result of the action taken following the inspection 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 a mask for the self-inflating bag with reservoir suitable for use on a child was not in place. It was also identified that an oxygen mask with reservoir suitable for use on a child was not in place. This was brought to the attention of Mr Toner and an area for improvement against the standards has been made 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. As discussed in section 5.2.2 of this report, Mr Toner confirmed that arrangements were in place to provide medical emergency training for all staff members. Mr Toner is aware that refresher training is to be undertaken annually.

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 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.

Mr Toner confirmed that conscious sedation is offered if clinically indicated using inhalation sedation (IH). IH sedation is offered to adults and children.

There was a conscious sedation policy and procedure in place that was comprehensive and reflected the legislation and best practice guidance.

On 29 September 2022 correspondence was issued to all dental practitioners in Northern Ireland from the Department of Health to advise that Northern Ireland have endorsed the third edition of [Scottish Dental Clinical Effectiveness Programme \(SDCEP\) Conscious Sedation in Dentistry: Dental Clinical Guidance \(Third Edition\)](#). In the correspondence, dental practitioners were advised to familiarise themselves with the new guidance which came into effect from 01 November 2022.

Examination of records confirmed that the IH equipment has been serviced and a risk assessment has been completed regarding the use, risks and control measures for the management of waste medical gases.

Discussion with Mr Toner confirmed 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, however patient records were not available at the time of the inspection to evidence this.

Mr Toner confirmed that valid written consent is sought for provision of dental care with sedation in accordance with the SDCEP guidance, however patient records were not available at the time of the inspection to evidence this.

Clinical records of patients who had treatment using sedation were not available for review during the inspection. This was discussed with Mr Toner and advice was given that patient records should include 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.

Mr Toner advised that information was available for patients in respect of the treatment provided and aftercare arrangements, however as the clinical records for patients who had treatment using sedation were not available, this could not be verified. In addition to clinical records the SDCEP guidance also states that a log of all sedation cases should be maintained to demonstrate clinical practice. An area for improvement has been made against the standards to ensure all records are retained in accordance with the SDCEP guidance.

The SDCEP guidance outlines the required training requirements to be completed by all dental team members involved in the provision of conscious sedation. A review of training records identified that Mr Toner had not completed 12 hours of sedation related verifiable continuing professional development (CPD) training in the five year CPD cycle. This was discussed with Mr Toner and following the inspection RQIA received verification that Mr Toner had made arrangements to complete the required conscious sedation CPD training. It was also identified that the dental nurse involved in the provision of conscious sedation had not completed validated conscious sedation training.

This was discussed with Mr Toner and the identified dental nurse who were informed that the dental nurse must cease participating in the provision of conscious sedation with immediate effect, until such times as they have completed validated sedation training. Evidence of this training should be submitted to RQIA prior to conscious sedation being recommenced in the practice. An area for improvement against the regulations has been made in this regard.

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. As discussed in section 5.2.2 of this report, it was confirmed that medical emergency training had been arranged. Mr Toner confirmed 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 \(SDCEP\)](#) would be included in the planned training event.

Addressing the areas for improvement will ensure that there are robust arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

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.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. Mr Toner confirmed there was a nominated lead who had responsibility for IPC and decontamination in the practice. As discussed in section 5.2.2 of this report, it could not be confirmed that IPC and decontamination training had been completed by the nominated IPC lead. Following the inspection RQIA received confirmation that nominated IPC lead had completed infection prevention and control/ decontamination training.

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. However, it was noted that the waste receptacles in the surgeries were not pedal operated, the foot covering for a dental chair was in need of replacing and the work bench in the decontamination room required some minor repairs to be carried out. These areas were brought to the attention of Mr Toner and following the inspection RQIA received confirmation that these matters were being 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. 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.

As discussed in section 5.2.2 of this report, it could not be confirmed that members of the dental team had received IPC training relevant to their roles and responsibilities, however discussion with staff verified that they demonstrated good knowledge and understanding of IPC procedures. Following the inspection RQIA received confirmation that members of the dental team had completed infection prevention and control training.

As a result of the action taken following the inspection, the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

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 Department of Health (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 with the exception of the DAC Universal. This was brought to the attention of Mr Toner and an area for improvement against the standards has been made in this regard.

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.

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

5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

There were COVID-19 policies and procedures in place which were 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](#).

The management of operations was discussed with members of the dental team and included the application of best practice guidance, and focused on, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead staff member and arrangements are in place to ensure the dental team is regularly reviewing COVID-19 advisory information, guidance and alerts.

A review of the COVID-19 arrangements evidenced that procedures are in place to ensure the staff adhere to best practice guidance to minimise the risk of COVID-19 transmission.

5.2.8 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 identified that there was no evidence that the practice had registered with the HSENI. This was brought to the attention of Mr Toner and advice was given to obtain a registration certificate from the HSENI.

The practice has two surgeries each of which has an intra-oral x-ray machine however there was no equipment inventory to reflect this.

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 was retained, however it was identified that it did not contain the relevant local rules, employer's procedures or other additional information. This was brought to the attention of Mr Toner and advice given to ensure that this information will be included in the radiation protection file as a matter of urgency.

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 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. Mr Toner confirmed that a new intra-oral x-ray machine had been installed since the previous inspection. A critical examination and acceptance test report for the new intra-oral x-ray was undertaken on 17 October 2023.

The most recent report generated by the RPA on 12 January 2021 evidenced that the x-ray equipment had been examined however it was identified that the recommendations made had not been actioned. This was brought to the attention of Mr Toner and advice given to action the RPA recommendations as a matter of urgency.

A copy of the local rules was on display near each x-ray machine observed, however it was identified that these local rules were no longer valid. There was also no evidence that appropriate staff had signed to confirm that they had read and understood these. This was brought to the attention of Mr Toner and advice given to address this issue as a matter of urgency.

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 x-ray audits and digital x-ray processing, however, it was identified that rectangular collimators were not in use. This was brought to the attention of Mr Toner who gave assurances that this matter would be addressed. It was also identified that the intra-oral x-ray machines had not been serviced. This was brought to the attention of Mr Toner and an area for improvement against the standards has been made in the regard.

In view of the issues identified in relation the radiology and radiation safety arrangements in the practice, an area for improvement has been made against the standards for the RPS to regularly review the radiation protection folder to ensure all records are completed and up to date and information as specified within legislation and best practice guidance is available for staff reference and guidance.

Addressing the areas for improvement will ensure that radiology and radiation safety arrangements are in place to ensure that appropriate x-rays are taken safely.

5.2.9 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. Review of the policy evidenced further development was required to include and update relevant contact details. Advice and guidance was provided to Mr Toner in this regard and following the inspection, RQIA received confirmation that this matter had been addressed.

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 Mr Toner confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Toner 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 services 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.

As a result of the action taken following the inspection, systems are in place to ensure that complaints and incidents are being managed effectively in accordance with legislation and best practice guidance.

5.2.10 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.

Mr Toner 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 Mr Toner.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice. It was confirmed that arrangements are in place to implement the collection of equality data within Springfield Dental Surgery.

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	2	4

Areas for improvement and details of the QIP were discussed with Mr Toner, 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 19 (2) Schedule 2 Stated: First time To be completed by: 23 November 2023	<p>The registered person shall ensure that an enhanced AccessNI disclosure check is sought and reviewed with the outcome recorded prior to any member of the dental team commencing employment in the future.</p> <p>Ref: 5.2.1</p>
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 38 (a) Stated: First time To be completed by: 23 November 2023	<p>The registered person shall ensure that staff involved in the care of patients undergoing treatment using conscious sedation undertake training in accordance with of the Scottish Dental Clinical Effectiveness Programme (SDCEP) Conscious Sedation in Dentistry: Dental Clinical Guidance (Third Edition). Evidence of validated conscious sedation training in respect of the identified staff member must be submitted to RQIA prior to conscious sedation being resumed in the practice.</p> <p>Ref: 5.2.4</p>
	Response by registered person detailing the actions taken:

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: 23 November 2023	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:
Area for improvement 2 Ref: Standard 8.6 Stated: First time To be completed by: 23 November 2023	The registered person shall ensure that all records are retained in accordance with the Scottish Dental Clinical Effectiveness Programme (SDCEP) Conscious Sedation in Dentistry: Dental Clinical Guidance (Third Edition) guidance. Confirmation should be provided to RQIA that the following records are in place: <ul style="list-style-type: none"> • A full pre-sedation assessment is completed for each patient • Pre and post instructions for patients and escorts are available and records are retained to verify this information has been provided to patients/escorts • A record of written consent is available which reflects the sedation technique used • Patient treatment records are available that reflect the treatment procedure, monitoring and recovery of the patient • A record of pre-discharge assessment and time of the patient's discharge • A log of all sedation cases is maintained to facilitate regular auditing of same Ref: 5.2.4
	Response by registered person detailing the actions taken:

Area for improvement 3 Ref: Standard 13.4 Stated: First time To be completed by: 23 November 2023	The registered person shall ensure that all periodic tests in respect of the DAC Universal are completed and recorded on a daily basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices Ref: 5.2.6 Response by registered person detailing the actions taken:
Area for improvement 4 Ref: Standard 8.3 Stated: First time To be completed by: 23 November 2023	The registered person shall ensure the radiation protection supervisor undertakes a regular review of the radiation protection folder to ensure all records are completed and up to date and information as specified within legislation and best practice guidance is available for staff reference and guidance. Ref: 5.2.8 Response by registered person detailing the actions taken:
Area for improvement 5 Ref: Standard 14.4 Stated: First time To be completed by: 23 November 2023	The responsible person shall ensure that the radiology equipment is serviced and maintained in line with the manufacturer's instructions, current best practice guidelines and legislation. Ref: 5.2.8 Response by registered person detailing the actions taken:

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



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