

Inspection Report

13 January 2025



Springfield Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 74 Springfield Road, Belfast BT12 7AH
Telephone number: 028 9032 2691

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

Organisation/Registered Provider: Mr Eamonn Toner	Registered Manager: Mr Eamonn Toner
Responsible Individual: 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. As a result of this inspection RQIA issued a Notice of Proposal to impose a condition on the registration of Springfield Dental Surgery in relation to conscious sedation, see section 5.2.8 for further information.	

2.0 Inspection summary

This was an unannounced inspection, undertaken by two care inspectors on 13 January 2025 from 11.00am to 3.00pm.

RQIA received information that raised concerns in relation to the following areas; poor practice in relation to infection prevention and control (IPC); staff recruitment checks; lack of qualified and suitably skilled staff to meet the needs of the practice and patients; inadequate staff training and poor practice in relation to clinical record keeping.

This information shared with RQIA formed the main focus of the inspection along with the areas for improvement identified at the last care inspection on 23 October 2023.

The findings of this inspection evidenced the standard of clinical record keeping including conscious sedation records; radiology and radiation safety arrangements; medicines for the management of medical emergencies; the arrangements for the decontamination of reusable dental instruments and staff training and recruitment records were found to be non-complaint with the legislation and best practice guidance.

Given the seriousness of issues identified at the inspection, correspondence was issued to Mr Toner, Registered Person and Manager of Springfield Dental Surgery inviting him to a Failure to Comply (FTC) intention meeting regarding RQIA's intention to issue six FTC notices. Mr Toner informed RQIA that he would be on a period of leave for some time and that no dental care and treatment would be provided from Springfield Dental Surgery during his absence. RQIA accepted the assurances from Mr Toner and agreed to defer decision making in relation to issuing six FTC notices until Mr Toner informed RQIA of his return to practice.

Mr Toner contacted RQIA on 30 May 2025 advising of his planned return to practice on 9 June 2025. A meeting was then held on 11 June 2025 with the intention of issuing six Failure to Comply (FTC) notices under The Independent Health Care Regulations (Northern Ireland) 2005 in relation to:

- Regulation 15 (2) (a) and (b) relating to radiology and radiation safety
- Regulation 15 (3) relating to the decontamination of reusable dental instruments
- Regulation 15 (1) (b) relating to management of medical emergencies
- Regulation 19 (2) (a) relating to staff recruitment
- Regulation 21 (1) relating to clinical record keeping
- Regulation 38 (a) and (b) relating to dental treatment under sedation

The meeting was attended by Mr Toner and his representative. At the meeting, an action plan which detailed an account of the actions that had been taken to date to ensure the necessary improvements to achieve full compliance with the required regulations were discussed.

Given the concerns in relation to staff recruitment and that a period of time is required to ensure new processes are fully embedded in practice, a Failure to Comply Notice was issued on 12 June 2025 under The Independent Health Care Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000245 with respect to Regulation 19 (2)

The date of compliance to be achieved is 11 August 2025.

As a result of the actions taken by Mr Toner, and the assurances provided during the meeting, the FTC Notices relating to the other regulations outlined above were not issued. Areas for improvement in relation to these matters have been made and can be found in the below Quality Improvement Plan.

In relation to dental care and treatment provided under sedation, Mr Toner advised this would not be performed until such times as suitably qualified, trained and competent staff were recruited to assist. During the meeting on 11 June 2025, RQIA advised Mr Toner and his representative of the intention to hold a Notice of Proposal (NOP) meeting on 23 June 2025 to impose a condition on the registration of Springfield Dental Surgery to state:

'Mr Toner agrees that dental care and treatment using conscious sedation techniques cannot be undertaken in Springfield Dental Surgery without the prior written authority of the RQIA'.

The Notice of Proposal was issued to Mr Toner on 23 June 2025.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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).

5.0 The inspection

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

Areas for improvement from the last inspection on 24 October 2023		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	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. Action taken as confirmed during the inspection: This area for improvement was not met and has been subsumed into the FTC notice issued under Regulation 19 (2). See Section 5.2.1	Not met

<p>Area for Improvement 2</p> <p>Ref: Regulation 38 (a)</p> <p>Stated: First time</p>	<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).</p> <p>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>Action taken as confirmed during the inspection: This area for improvement has been carried forward for review at a future inspection following the Notice of Proposal issued to Springfield Dental Surgery as outlined in Section 2.0.</p> <p>Refer to Sections 5.2.2 & 5.2.8 for further details.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all medical emergency equipment is available in keeping with the Resuscitation Council (UK) 2020 guidance.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met.</p> <p>Refer to Section 5.2.3.</p>	<p>Met</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p>	<p>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). Confirmation should be provided to RQIA that the following records are in place:</p> <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 	<p>Carried forward to the next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been carried forward for review at a future inspection in light of the Notice of Proposal issued to Springfield Dental Surgery as outlined in Section 2.0.</p>		
<p>Area for Improvement 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>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.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has not been met and an area for improvement against the regulations has been made.</p> <p>Refer to Section 5.2.6 for more details.</p>		

Area for Improvement 4 Ref: Standard 8.3 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: This area for improvement was assessed as not met and has been stated for the second time. Refer to Section 5.2.7 for more details.	
Area for Improvement 5 Ref: Standard 14.4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This area for improvement was assessed as met. Refer to Section 5.2.7 for more details.	

5.2 Inspection findings

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

There was a recruitment and selection policy in place. A discussion took place with Mr Toner to further develop the recruitment and selection policy to reflect legislation and best practice guidance.

Mr Toner oversees the recruitment and selection of the dental team and approves all staff appointments. A review of the staff register evidenced that this was not up to date with current staff members. Advice and guidance was provided to Mr Toner to ensure this is updated with details of all current staff members.

A review of a sample of personnel files of newly recruited staff evidenced that not all relevant recruitment records had been sought; reviewed or stored as required. Mr Toner advised employment history and references were sought through an application form for each staff member but this was not retained in the staff personnel file.

There was evidence of a job description and induction checklist for the dental nurses. The induction checklist had not been completed for the most recent staff member recruited.

Mr Toner confirmed enhanced Access NI disclosure checks had not been completed for two staff members recruited since the last inspection. Following the inspection Mr Toner provided evidence that an appropriate Access NI disclosure check had been completed for the current staff member.

Significant shortcomings were identified in the recruitment process and RQIA were concerned that staff recruitment was not being undertaken in keeping with legislation. This lack of governance and oversight of the recruitment process has the potential to place patients at risk. While some assurances were provided by Mr Toner following the inspection, RQIA issued a FTC Notice (FTC000245) under Regulation 19 (2) of The Independent Health Care Regulations (Northern Ireland) 2005. The previous area for improvement identified that was evidenced as not being met has been subsumed into the FTC notice. Actions stated within this notice are required to be addressed by the compliance date.

5.2.2 Is the dental team appropriately trained to fulfil the duties of their role?

During the inspection records of all training (including induction) and professional development activities undertaken by staff were not available for review.

Medical emergency staff training had not been completed since March 2022. Other staff training records for infection prevention and control, decontamination, radiology, fire safety and safeguarding were not available for inspection or had expired. There was no evidence of any training, including induction, for one identified trainee clinical staff member. This trainee was not currently attending a recognised training course and was the only member of staff supporting Mr Toner in the surgery.

Following the inspection RQIA received evidence that updated training had been completed for Mr Toner and the trainee staff member in relation to decontamination of re-usable instruments and medical emergencies. Confirmation that Mr Toner had completed radiology training was also provided. Advice was provided to Mr Toner to ensure staff have completed fire safety and safeguarding training in line with the training guidance provided by RQIA.

A policy that outlines mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA, was not available for inspection. Advice and guidance was provided to develop this.

Concerns were identified around staff training and the oversight of this. Staff training was not being undertaken in keeping with legislation. An area for improvement has been identified to ensure that mandatory staff training is undertaken and recorded, in line with any professional requirements, and the training guidance provided by RQIA.

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.

During the inspection it was identified that the majority of the required emergency medicines had exceeded their expiry date. There was no evidence of routine checks being carried out on the emergency medicines and equipment. Advice and guidance was provided to Mr Toner on the appropriate storage of medical emergency equipment. Following the inspection RQIA received assurance that the required emergency medicines had been provided and appropriate checks are being carried out on all emergency drugs and equipment.

Due to the issues identified in the provision of emergency medicines and the procedure for checking emergency equipment and medicines two areas for improvement against the standards have been made in this regard.

There was a medical emergency policy and procedure in place.

Mr Toner advised that managing medical emergencies is included in the induction programme. A review of staff training records identified that medical emergency refresher training has not been completed on an annual basis. Following the inspection RQIA received evidence and assurance from Mr Toner that appropriate medical emergency training had been completed by all staff members.

Addressing the areas for improvement will ensure that sufficient emergency medicines are in place, equipment is regularly checked and the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines.

5.2.4 Do patient clinical records comply with legislation and best practice guidance?

It was confirmed that patient records are hand written on clinical record cards. A review of a random sample of patient's clinical records from January 2024 evidenced that a contemporaneous record of dental treatment had been consistently recorded. However, these records did not contain sufficient information in keeping with current best practice guidance.

Inspectors noted that clinical records did not consistently evidence that medical histories had been updated or that treatment plans were discussed with patients. Sufficient detail of examinations or treatment provided was not always recorded for specific appointments and consent for treatment was not always recorded.

Advice and guidance was provided to review the principles of good record keeping as outlined by the General Dental Council and other best practice guidance including the College of General Dentistry (CGD) guidance on 'Clinical Examination and Record Keeping'.

The standard and level of detail in clinical records presents a significant concern and is not in line with current best practice or guidance. An area for improvement has been identified to ensure record keeping complies with GDC principles of good record keeping and best practice guidance.

The Ionising Radiation (Medical Exposure) Regulations 2018 (IR(ME)R) state that all radiographic exposures must be justified with the subsequent radiograph reported upon and evaluated. The radiographs reviewed had no grading, justification or reporting of radiographs recorded. An area for improvement has been identified to ensure that x-ray image quality grading, justification and evaluation is completed for each x-ray exposure.

Following the inspection Mr Toner provided evidence of completing continuing professional development on record keeping and consent. A record keeping audit has been completed and a clinical record checklist that Mr Toner plans to use was also provided to RQIA. Mr Toner provided assurance that record keeping audits would be carried out going forward to ensure compliance with best practice 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. Mr Toner confirmed he had responsibility for IPC and decontamination in the practice.

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 environmental cleaning of the dental practice were reviewed and discussed with Mr Toner and staff. Colour coded cleaning equipment was provided in keeping with the National Patient Safety Agency.

Cleaning schedules and records to verify that general environmental cleaning was being undertaken were not available. Mr Toner and staff confirmed that daily, weekly and monthly cleaning tasks are undertaken but records had not been kept in this regard. Staff provided assurances that appropriate cleaning of surgeries was undertaken but a surgery cleaning checklist or record of this cleaning was not maintained. An area for improvement has been made against the standards to ensure cleaning schedules are implemented and cleaning records are completed and retained.

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 Mr Toner 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. Following the inspection RQIA received evidence of the most recent IPC audit completed in April 2025.

The Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. Arrangements should be in place to ensure that relevant members of the dental team have received this vaccination. As discussed, staff personnel files were not available for review. Mr Toner informed RQIA that one clinical staff member had not yet completed their Hepatitis B vaccination programme. A discussion took place regarding measures that should be in place for a clinical staff member who has not completed the Hepatitis B vaccination programme. Following the inspection RQIA received confirmation that the staff member had been referred to occupational health and that a risk assessment is now in place to reduce the risks from exposure prone procedures (EPPs) and includes appropriate measures to protect the individual until they complete the Hepatitis B vaccination process.

Addressing the area of improvement will strengthen the IPC arrangements and ensure 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?

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 were policies and procedures in place for the decontamination of reusable dental instruments. Mr Toner advised that these 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.

Mr Toner is solely responsible for the cleaning and sterilising of instruments in the practice.

Records should be retained to evidence that the washer disinfecter, steriliser and DAC Universal have been inspected, validated, maintained and used in line with the manufacturers' guidance. These records were not available during the inspection in respect of the decontamination equipment used. Following the inspection Mr Toner provided validation certificates for the washer disinfecter and steriliser that is currently in use.

An area for improvement has been made against the standards to ensure the arrangements for the validation of decontamination equipment is embedded into practice.

Periodic testing is required to check the efficiency of the machines and records of tests should be retained in keeping with manufacturer's instructions and best practice guidance. Testing was discussed with Mr Toner who gave RQIA assurances that the relevant tests were undertaken by himself on each machine.

A logbook had been retained in respect of the DAC universal, however a review of this identified that details of periodic testing had not been documented since 8 April 2024.

It was identified that logbooks in respect of the washer disinfecter and the steriliser were not available for inspection and this was discussed with Mr Toner. Machines used to decontaminate reusable dental instruments are capable of recording cycle parameters of periodic tests on USB pens, memory cards or printing the cycle parameters. Mr Toner advised that printouts of cycle parameters are generated however, evidence of these could not be provided for the purposes of inspection.

Following the inspection Mr Toner provided individual log books for all of the equipment used to decontaminate re-useable instruments demonstrating evidence of appropriate periodic tests being completed and recorded in keeping with HTM 01-05 and manufacturer's instructions.

The area for improvement in relation to periodic testing of the DAC Universal has not been met. An area of improvement has been made against the Regulations with respect to periodic testing to ensure periodic tests are consistently undertaken and recorded for all decontamination equipment in keeping with manufacturers guidance and HTM 01-05.

The storage of wrapped, sterilized instruments was reviewed. Inspection of instruments in storage cupboards evidenced that use by dates had been clearly stamped however, the use by dates of some wrapped instruments had exceeded the 12-month storage time. This was brought to the attention of Mr Toner and advice given to ensure that wrapped instruments are stored and reprocessed in keeping with HTM-01-05. Following the inspection Mr Toner provided assurance that this had been reviewed and actioned.

Addressing the areas for improvement 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 confirmed that no evidence could be provided that the practice had registered with the HSENI. Following the inspection RQIA received assurance that this registration is now complete.

The practice has two surgeries each of which has an intra-oral x-ray machine. The equipment inventory in place reflected 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. Relevant local rules and employer's procedures were not available for inspection. Following the inspection RQIA received assurance that these have been reviewed and updated by the RPA and Mr Toner.

Mr Toner is the only staff member that undertakes the specific roles and responsibilities associated with radiology. An entitlement form for Mr Toner was not available for inspection. Following the inspection RQIA received assurance that this had been addressed and that his roles are clearly identified and appropriate training is in place. Mr Toner as the RPS oversees radiation safety within the practice however, it was noted that the annual review of the radiation protection file had not been completed by the RPS. The area for improvement in relation to regular review of the radiation protection folder by the RPS has not been met and is stated for a second time.

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.

A critical examination and acceptance test (CEAT) report for the new intra-oral x-ray unit in surgery one was undertaken on 17 October 2023. 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 CEAT report had all been actioned.

The most recent report generated by the RPA (February 2024) evidenced that the x-ray equipment in surgery two had been examined. There was no evidence that the recommendations made in the report had been actioned. During the FTC intention meeting Mr Toner provided RQIA with assurance that the x-ray unit in surgery two would not be used until the required actions had been completed.

During the inspection it was noted that not all of the radiology equipment had been serviced in accordance with manufacturers' instructions. Following the inspection RQIA received confirmation that this servicing has now been completed.

A copy of the local rules was on display near each x-ray machine observed. Following the inspection, it was confirmed that Mr Toner had signed to confirm that he had read and understood these.

It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and digital x-ray processing.

As a result of the issues identified above regarding radiology and radiation safety one 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 Provision of conscious sedation

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 (IH) sedation. IH sedation is offered to adults and children.

A sample of five clinical records were reviewed for patients undergoing inhalational sedation. Mr Toner advised that he undertakes a full assessment of the patient to confirm the dental treatment required and the need for sedation. A basic pre sedation assessment was recorded in two of the records reviewed but was not recorded in the other records. There was no evidence of signed consent, and no record of pre or post treatment instructions being provided. Mr Toner advised these instructions are provided verbally.

There was no detail of monitoring during the sedation procedure, recovery or discharge assessment recorded in any of the records reviewed. This is not in line with Scottish Dental Clinical Effectiveness Programme (SDCEP) Conscious Sedation in Dentistry: Dental Clinical Guidance (Third Edition).

In addition to clinical records the SDCEP guidance also states that a log of all sedation cases should be maintained to demonstrate clinical practice. A sedation log was not available at the inspection.

Information was available for patients in respect of aftercare arrangements but a record is not always maintained to verify that post-treatment instructions were given and explained to the patient and their escort, as appropriate.

The dental team involved in the provision of conscious sedation must receive appropriate practical and clinical training. A review of training records evidenced that Mr Toner had completed 12 hours of sedation related verifiable continuing professional development (CPD) training in the most recent five year CPD cycle. The staff member supporting Mr Toner with patients undergoing conscious sedation was still in training and had no recognised formal training in conscious sedation or sedation related CPD.

Significant issues were identified regarding the provision of conscious sedation and the record keeping associated with this. This had also been highlighted at the last care inspection in October 2023. The issues identified around the provision of conscious sedation has the potential to place patients at risk. As stated in Section 2.0, RQIA issued a NOP to impose a condition on the registration of Springfield Dental Surgery on 23 June 2025 to state: 'Mr Toner agrees that dental care and treatment using conscious sedation techniques cannot be undertaken in Springfield Dental Surgery without the prior written authority of the RQIA'. The two areas for improvement in relation to conscious sedation have been carried forward for review until such times as conscious sedation is permitted to be undertaken in Springfield Dental Surgery.

6.0 Quality Improvement Plan/Areas for Improvement

The necessary improvements are detailed in Failure to Comply Notice FTC000145 issued on 12 June 2025.

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*	9*

*the total number of areas for improvement includes one that has been stated for a second time and two that are carried forward.

Areas for improvement and details of the QIP were discussed with the registered person Mr Toner, at the Failure to Comply meeting on 11 June 2025. 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (3)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that all periodic tests in respect of the decontamination equipment are completed and recorded on a daily basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I can confirm that all periodic tests are completed in respect of the decontamination equipment and recorded on a daily basis in log books in keeping with HTM 01-05. I have undertaken eight hours of CPD online on Infection Control and Decontamination between the 8/5/25 and 12/5/25</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 38 (a)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<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>Action to ensure compliance with this regulation will be assessed at a future inspection given the current NOP issued to Springfield Dental Surgery relating to dental care and treatment using conscious sedation techniques cannot be undertaken without the prior written authority of the RQIA.</p>
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
<p>Area for Improvement 1</p> <p>Ref: Standard 8.3</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.7</p>

	<p>Response by registered person detailing the actions taken:</p> <p>I can confirm that as RPS I undertake a regular review of the radiation protection folder to ensure all records are completed and up to date as specified within legislation and best practice guidance is available for staff reference and guidance. I have also received guidance from my RPA on how to best achieve this. I have carried out ten hours of verifiable CPD on radiography and radiation protection between 25/4/25 and 13/5/25 online, 5 hours from the BDA CPD hub and 5 hours from Future Learn courses.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11.4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that mandatory staff training is undertaken and recorded, in line with any professional requirements, and the training guidance provided by RQIA.</p> <p>Ref 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I will ensure that mandatory staff training is undertaken and recorded in line with the above requirements</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure emergency medicines are stocked in accordance with the British National Formulary (BNF) guidance Medical emergencies in dental practice</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Emergency medicines are stocked in accordance with BNF guidance re medical emergencies in dental practice</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall that appropriate checks of emergency medicines and equipment are carried out and recorded.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I can confirm that appropriate checks of emergency medicines and equipment are carried out and recorded in a dedicated logbook</p>
<p>Area for improvement 5</p> <p>Ref: Standard 10.1</p> <p>Stated: First time</p>	<p>The responsible individual shall ensure that clinical records are consistently completed in accordance with principles of good record keeping as outlined by the General Dental Council and best practice guidance</p>

<p>To be completed by: Ongoing from the date of inspection</p>	<p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken: I have undertaken CPD on record keeping in line with GDC and best practice guidance and will carry out regular audits on this topic. I will continue to carry out CPD on a regular basis to ensure that practice record keeping is in line with best practice. I will carry out an audit every 6 months in the future on record keeping.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The responsible individual shall ensure that x-ray image quality grading, justification and evaluation of images are completed for each x ray exposure</p> <p>Ref: 5.2.4</p>
<p>Area for improvement 7</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The responsible individual shall ensure cleaning schedules are implemented and cleaning records are completed and retained.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: I shall ensure that radiographic grading justification, report and evaluation of images are completed for each radiographic exposure. I will carry out this audit every three months.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The responsible individual must ensure the arrangements to revalidate all decontamination equipment is embedded into practice.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: I shall ensure cleaning schedules are implemented and cleaning records are completed and retained.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The responsible individual must ensure the arrangements to revalidate all decontamination equipment is embedded into practice.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: I shall ensure arrangements to revalidate all decontamination equipment is embedded into practice</p>

<p>Area for Improvement 9</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>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). Confirmation should be provided to RQIA that the following records are in place:</p> <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
	<p>Action to ensure compliance with this standard will be assessed at a future inspection given the current NOP issued to Springfield Dental Surgery relating to dental care and treatment using conscious sedation techniques cannot be undertaken without the prior written authority of the RQIA.</p>

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



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