Enforcement Monitoring Inspection Report

12 August 2025

Springfield Dental Surgery

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

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 **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 does not currently offer conscious sedation.	

2.0 Inspection summary

This was an announced enforcement monitoring inspection, undertaken by two care inspectors on 12 August 2025 from 10.00 am to 2.00 pm.

The purpose of the inspection was to assess compliance with the Failure to Comply (FTC) notice FTC000245 issued on 12 June 2025. The Failure to Comply notice (FTC000245) was issued under Regulation 19 (2), Schedule 2.

The inspection also reviewed the areas for improvement identified at the unannounced inspection to Springfield Dental Surgery on 13 January 2025.

As a result of this inspection all of the actions within the FTC notice were assessed as met, and compliance has been achieved with this FTC notice. Two of the areas for improvement identified at the last inspection of Springfield Dental Surgery in relation to the management of emergency medicines and image quality grading were assessed as not met and have been restated against the Regulations. Details of the areas for improvement can be found in the below Quality Improvement Plan (QIP).

RQIA will continue to monitor the quality of care and treatment provided by Springfield 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 are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 The inspection

4.1 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 13 January 2025		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 15 (3) **Stated:** First time	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	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 4.2.6.	

Area for Improvement 2 **Ref:** Regulation 38 (a) **Stated:** First time	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.	**Carried forward to the next inspection**
	Action to ensure compliance with this regulation will be assessed at a future inspection given the current Notice Of Decision to impose a condition on the registration of Springfield Dental Surgery which states, "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".	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 8.3 **Stated:** Second 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.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 4.2.7.	

Area for Improvement 2 **Ref:** Standard 11.4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 4.2.2.	
Area for Improvement 3 **Ref:** Standard 12.4 **Stated:** First time	The registered person shall ensure emergency medicines are stocked in accordance with the British National Formulary (BNF) guidance Medical emergencies in dental practice	**Not met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as not met and has been subsumed under the Regulations. See Section 4.2.6.	
Area for Improvement 4 **Ref:** Standard 12.4 **Stated:** First time	The registered person shall ensure that appropriate checks of emergency medicines and equipment are carried out and recorded.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as not met and has been subsumed under the Regulations. See Section 4.2.6.	
Area for Improvement 5 **Ref:** Standard 10.1 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: This area for improvementhas been assessed as met. See Section 4.2.8.	

Area for Improvement 6 **Ref:** Standard 8.3 **Stated:** First time	The responsible individual shall ensure that x-ray image quality grading, justification and evaluation of images are completed for each x ray exposure.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as not met and has been subsumed under the Regulations. See Section 4.2.8.	
Area for Improvement 7 **Ref:** Standard 13.2 **Stated:** First time	The responsible individual shall ensure cleaning schedules are implemented and cleaning records are completed and retained.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 4.2.5.	
Area for Improvement 8 **Ref:** Standard 14.4 **Stated:** First time	The responsible individual must ensure the arrangements to revalidate all decontamination equipment is embedded into practice.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 4.2.6.	

Area for Improvement 9 **Ref:** Standard 8.6 **Stated:** First time	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: • 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	**Carried forward to the next inspection**
	Action to ensure compliance with this standard will be assessed at a future inspection given the current Notice Of Decision to impose a condition on the registration of Springfield Dental Surgery which states, "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".	

4.2 Inspection findings

4.2.1 Review of FTC Notice FTC000245

The Independent Health Care Regulations (Northern Ireland) 2005

Fitness of workers 19 Regulation 19 (2)

A person is not fit to work in or for the purposes of an establishment, or for the purposes of an agency unless –

(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.

SCHEDULE 2

INFORMATION REQUIRED IN RESPECT OF PERSONS SEEKING TO CARRY ON, MANAGE OR WORK AT AN ESTABLISHMENT OR AGENCY

(2) Either –

(a) Where a certificate is required for a purpose relating to registration under Part 111 of the Order, or the position falls within section 115 (3) or (4) of the Police Act 1997 (a), an enhanced criminal record certificate issued under section 115 of that Act

In relation to this notice the following actions were required to comply with this regulation:

- Robust arrangements must be in place to maintain a staff register in accordance with Schedule 3 Part II (6) of The Independent Health Care Regulations (Northern Ireland) 2005.

- The registered person must ensure that at all times staff are recruited and employed in accordance with statutory legislation and mandatory requirements. This includes the receipt and review of a satisfactory AccessNI enhanced disclosure check prior to commencement of employment.

- The registered person must ensure that the staff recruitment policy and procedure contains details of all the required information as listed within Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

- The registered person must implement robust monitoring systems to ensure that the recruitment process is compliant with statutory legislation and mandatory requirements.

- The registered person must ensure that all staff involved in the recruitment process receive training or refresher training in selection and recruitment.

- Recruitment and training records must be available for inspection.

Findings

A staff register was in place which was noted to be up to date and included all the required information in accordance with Schedule 3 Part II (6) of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Toner was advised that the staff register is a live document and should be updated and amended when required.

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.

A review of the staff register evidenced that two new staff had been recruited since the previous inspection. A review of a sample of personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required. This included confirmation that AccessNI Enhanced Disclosure checks had been sought and reviewed prior to the identified individuals commencing work in the practice.

There was evidence of job descriptions and induction checklists for the different staff roles. Mr Toner confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Mr Toner confirmed that members of the dental team had been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

Mr Toner has completed training in recruitment and selection and has guidance available from British Dental Association to assist with the process. All appropriate recruitment checks are now being carried out and recorded. A recruitment record checklist and a separate AccessNI enhanced disclosure checklist have been implemented for completion in respect of any new staff member. This will enable Mr Toner to monitor compliance with the establishment's recruitment procedure. Mr Toner reviews the recruitment policy annually.

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.

As all of the actions in this area have been assessed as met, compliance has been achieved with the FTC notice.

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

Mr Toner provided evidence of the actions taken following the last inspection in relation to staff training to ensure staff are appropriately trained to fulfil the duties of their role. A policy had been implemented that outlines mandatory training to be undertaken, in line with any professional requirements, and the training guidance provided by RQIA.

A recording system has been implemented to monitor training and professional development activities undertaken by staff, which is overseen by Mr Toner, to ensure that the dental team is suitably skilled and qualified. Two new staff have recently started in the practice and induction training is currently being completed and recorded for these staff members.

The area for improvement identified at the last inspection regarding staff training has been assessed as met. The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties

4.2.3 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. Since the last inspection Mr Toner had implemented a checking system to ensure emergency medicines and equipment are immediately available as specificed and do not exceed their expiry dates. However, despite the checking system in place, a number of the medical emergency medicines (recommended by current guidance) were not in stock on the day of the inspection. This was brought to the attention of Mr Toner and following the inspection, RQIA received assurance that the required medicines had been obtained.

Mr Toner was reminded to ensure the implemented checking system is robust and any issues identified are efficiently actioned. The areas for improvement in relation to ensuring emergency medicines are stocked in accordance with current guidance and implementing appropriate checks of emergency medicines and equipment were assessed as not met and have been subsumed as one new area for improvement under the Regulations.

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 to review and develop these in line with current guidelines. Following the inspection RQIA received assurance these protocols had been developed and updated.

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

Mr Toner advised members of the dental team are 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 appropriate checks are carried out on these as specified in the legislation, professional standards and guidelines.

4.2.4 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 not currently offered in Springfield Dental practice as per the Notice of Decision to place a condition on the registration of Springfield Dental Surgery issued by RQIA on 24 July 2025.

4.2.5 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 Mr Toner. 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. Mr Toner confirmed arrangements are in place to check Department of Health (DoH) websites for further advisory information, guidance and alerts in this regard.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. Mr Toner is the nominated lead within the practice who had responsibility for IPC and decontamination in the practice. He has undertaken IPC and decontamination training in line with his continuing professional development and had retained the necessary training certificates as evidence.

Daily, weekly and monthly cleaning checklists are now in place and signed off for clinical and non-clinical areas within 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 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 Mr Toner confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

A review of records verified that a risk assessment outlining permitted tasks had been undertaken for clinical staff who have not yet completed a Hepatitis B vaccination process.

Discussion with Mr Toner confirmed that members of the dental team had received IPC training relevant to their roles and responsibilities. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

Review of IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

4.2.6 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.

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.

The arrangements to ensure the revalidation of decontamination equipment is embedded into practice were discussed with Mr Toner who confirmed a system is in place to ensure this is completed as required for each machine going forward.

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

At the inspection Mr Toner advised he was not currently downloading cycle data for the autoclave and washer disinfector machines in use in the practice. Advice was provided to review this as per manufacturers guidance and ensure that a process is in place to record parameters of all cycles completed by decontamination equipment. Following the inspection Mr Toner confirmed to RQIA that arrangements are now in place to download cycle data from decontamination equipment.

Mr Toner confirmed that he carries out all the roles associated with decontamination of re-usable instruments. He has completed training on the decontamination of reusable dental instruments in keeping with his role and responsibilities. Mr Toner demonstrated good knowledge and understanding of the decontamination process and was able to describe the equipment treated as single use and the equipment suitable for decontamination.

As a result of the action taken following the inspection, decontamination arrangements demonstrate that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

4.2.7 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. A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained.

Mr Toner is the only entitled member of staff as nurses are currently trainees and will be entitled when trained and competent. He is entitled to undertake specific roles and responsibilities associated with radiology and has 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 (CEAT) 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 no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA during June 2025 evidenced that the x-ray equipment had been examined. The RPA completed a full review of the radiation protection file including the CEAT for the x ray unit in surgery one, carried out in October 2023, and the routine quality assurance testing completed for the x ray unit in surgery two, completed in March 2024. All recommendations made had been actioned.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The radiology and radiation safety arrangements evidenced that procedures are in place to ensure that appropriate x-rays are taken safely.

4.2.8 Record keeping review

A review of ten patient's clinical records was carried out for dental treatment completed since 21 June 2025.

It was confirmed that a paper record was in place for each patient appointment. Mr Toner has completed CPD on record keeping and uses a template as a guide for different treatments. Clinical records are brief but mainly contain the required information.

Patient medical histories were being recorded for each new course of treatment. Mr Toner confirmed that patient's medical histories are reviewed and updated at each subsequent visit.

In general, it was found that the clinical records included sufficient details about the dental treatment provided during each appointment.

For routine examination appointments the majority of clinical records contained appropriate detail in respect of the outcome of the intra-oral and extra-oral examination, including soft tissue assessment, tooth examination, periodontal examination and any special investigations carried out.

There was evidence of a treatment plan being documented in the clinical records where appropriate. Mr Toner advised treatment options are discussed with patients when required and recorded in the patient's clinical record. There was no evidence of written treatment plans being provided. Most courses of treatment reviewed in the record sample were for routine treatment appointments and not complex treatments. Advice was provided to Mr Toner that a written treatment plan should be provided for all courses of treatment as per best practice guidance.

Appropriate consent to treatment was evidenced in the records reviewed.

The recording of local anaesthetic administered was discussed. Mr Toner was advised to include the dose and delivery method along with the record of the treatment provided for each patient on each occasion anaesthetic is administered.

The area for improvement identified at the previous inspection in relation to clinical records has been assessed as met, however, the standard of record keeping could be further strengthened and advice was provided to Mr Toner on further detail to include as per General Dental Council(GDC) 'Standards for the Dental Team' and other best practice guidance.

The justification, grading and reporting of radiographs was assessed as part of the review of clinical records. Whilst some improvement was evidenced in this area; justification, evaluation and grading of radiographs is not being completed consistently. Advice was provided around developing a system to ensure that justification, grading and evaluation is recorded for each individual radiograph.

Advice was also provided to review and ensure the image quality grading system used for radiographs is in line with best practice guidance. Following the inspection Mr Toner provided RQIA with assurance this has been reviewed and the appropriate method of image quality grading is now in use.

As part of the quality assurance process for radiology, a radiograph audit has been completed in the practice radiology folder through a template provided by the RPA. This indicates that radiographs are being justified, graded and evaluated appropriately. However, this was not reflected in the review of clinical records at the inspection.

The area for improvement identified at the last inspection in relation to x-ray image quality grading, justification and evaluation of images being completed for each x ray exposure was assessed as not met and has been subsumed under the Regulations. It was suggested that a monthly audit of x-ray image quality grading, justification and evaluation should also be completed with the results of the audits retained for inspection. It is hoped that the auditing process will enable any slippage in this area to be identified at an early stage and prompt corrective action to be taken.

RQIA will undertake a review of clinical records at future inspections to ensure compliance with GDC standards and best practice guidance.

Mr Toner was advised to consider incorporating record keeping and radiology into his personal development plan and clinical audits going forward.

5.0 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.

	Regulations	Standards
Total number of Areas for Improvement	3*	1*

*the total number of areas for improvement includes two which are carried forward for review at the next inspection.

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 15(1)(b)** **Stated: First time** **To be completed by: Ongoing from date of inspection (12 August 2025)**	The registered person shall ensure emergency medicines are stocked in accordance with the British National Formulary (BNF) guidance Medical emergencies in dental practice. A robust checking procedure for emergency medicines and equipment should be in place Ref: 4.2.3
	Response by registered person detailing the actions taken: I can confirm that the emergency medicines are stocked in accordance with the BNF guidance, Medical emegencies in the dental practice. A weekly checking procedure is in place to check expiry dates for emergency medicines and equipment to ensure that emergency medicines are stocked in accordance with BNF guidance
Area for improvement 2 **Ref: Regulation 21** **Stated: First time** **To be completed by: Ongoing from date of inspection (12 August 2025)**	The registered person shall ensure that image quality grading, justification and evaluation of is completed for each x ray exposure. A monthly audit should be carried out to ensure this is carried out consistently Ref: 4.2.7
	Response by registered person detailing the actions taken: Image quality grading, justification and evaluation is carried out for each x ray exposure. A monthly audit is carried out as per recommendation
Area for improvement 3 **Ref: Regulation 38(a)** **Stated: First** **To be completed by: Ongoing from the date of inspection (13 January 2025)**	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.
	Action to ensure compliance with this regulation will be assessed at a future inspection given the current Notice Of Decision to impose a condition on the registration of Springfield Dental Surgery which states, "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".

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref: Standard 8.6** **Stated: First time** **To be completed by: Ongoing from the date of inspection (13 January 2025)**	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: • 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
	Action to ensure compliance with this standard will be assessed at a future inspection given the current Notice Of Decision to impose a condition on the registration of Springfield Dental Surgery which states, "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".

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

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