Inspection Report

20 November 2025

Johnston Dentists

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 14 Railway Road, Coleraine, BT52 1PD
Telephone number: 028 7034 3151

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: CPG Restorative Services Limited **Responsible Individual:** Mr Conal Gormley	**Registered Manager:** Mr Conal Gormley **Date registered:** 19 December 2023
Person in charge at the time of inspection: Mr Conal Gormley	**Number of registered places:** Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Johnston Dentists 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 offer conscious sedation.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 20 November 2025 from 10.00 am to 2.15 pm.

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

One area for improvement against the standards has been made in relation to the oversight of radiology and radiation safety.

No immediate concerns were identified regarding the delivery of front line patient care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the care and treatment?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

No patient responses were received.

One staff questionnaire response was received. The staff member indicated that they felt patient care was safe, effective and that patients were treated with compassion and that the service was well led. The staff member indicated that they were either satisfied or very satisfied with each of these areas of patient care. No additional comment was left.

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 Johnston Dentists was undertaken on 27 November 2023; no areas for improvement were identified.

5.2 Inspection findings

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

There was a recruitment and selection policy and procedure in place. A review of this document identified further development was required to ensure that it was fully reflective of legislation and best practice guidance. This matter was discussed with Mr Gormley and following the inspection, RQIA received assurances that the matter had been addressed.

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

A review of the staff register evidenced that three new staff had been recruited since the previous inspection. A review of two personnel files of the newly recruited staff evidenced that, in the main, relevant recruitment records had been sought; reviewed and stored as required. Advice and guidance was provided to Mr Gormley regarding the matters that required further attention and following the inspection, RQIA received evidence that these matters had been addressed.

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

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

As a result of the assurances given and actions taken by Mr Gormley following the inspection, it is determined 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 record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Mr Gormley to ensure that the dental team is suitably skilled and qualified. A review of a sample of staff training records identified that some training requirements needed addressing. Advice and guidance was provided to Mr Gormley regarding the matters that required further attention and following the inspection, RQIA received evidence these matters had been addressed. Mr Gormley was also advised to develop a matrix to ensure oversight of staff training. Mr Gormley was receptive to this advice and following the inspection RQIA received evidence that this is now in place.

As a result of the actions taken by Mr Gormley following the inspection, it is determined that the care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 Is the practice fully equipped and is the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency. A review of emergency medicines and equipment identified that some additional items were required and some items needed to be replaced. This was discussed with Mr Gormley and following the inspection, RQIA received confirmation that these matters had been addressed.

Advice and guidance was provided to Mr Gormley to develop a checklist to incorporate all emergency drugs and equipment, as specified in the Resuscitation Council UK guidance, along with their expiry dates. Mr Gormley was receptive to this advice.

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.

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

Mr Gormley confirmed 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.

As a result of the assurances given and actions taken by Mr Gormley following the inspection, it is determined 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 Gormley confirmed that conscious sedation is not offered in Johnston Dentists.

5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with Mr Gormley. 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 Gormley 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. Mr Gormley confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The lead dental nurse had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence.

During a tour of some areas of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice observed were equipped to meet the needs of patients.

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 an annual basis. Advice and guidance was provided to Mr Gormley to complete these on a six monthly basis and, where applicable, an action plan should be generated to address any improvements required. Assurances were given by Mr Gormley during the inspection that this matter would be addressed.

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 Gormley confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with Mr Gormley confirmed that members of the dental team had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures.

As a result of the assurances provided by Mr Gormley, it is determined that the dental team is adhering 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 DoH.

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.

Mr Gormley confirmed that the dental team had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities and that they demonstrated good knowledge and understanding of the decontamination process.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements regarding radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive Northern Ireland (HSENI). A review of records evidenced the practice had registered with the HSENI.

The practice has two surgeries each of which has an intra-oral x-ray machine. In addition, there was a new combined cone beam computed tomography machine and orthopan tomogram machine (CBCT/OPG), which was located in a separate room. The equipment inventory reflected all the radiography equipment in place. Mr Gormley was advised to submit a minor variation application to the RQIA in relation to the new CBCT machine. A review of documentation received after the inspection evidenced that the radiology equipment had been serviced and maintained.

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

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. One file included information relating to the intra-oral x-ray machines and the second file included information relating to the CBCT/OPG machine.

The Employer is required to entitle relevant members of the dental team to undertake specific roles and responsibilities associated with radiology and ensure these staff have appropriate training. A review of the files identified that the appropriate staff had been entitled for the intra-oral x-ray machines however, entitlements were not in place for the CBCT/OPG. This was discussed with Mr Gormley and assurances were provided that this matter would be addressed.

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 report for the new CBCT/OPG was undertaken during April 2024.

The most recent report generated by the RPA during January 2024 for the intra-oral x-ray equipment and April 2024 for the CBCT/OPG machine evidenced that the x-ray equipment had been examined however, the recommendations made had not been signed as actioned by the RPS. This was brought to the attention of Mr Gormley who assured us this would matter would be addressed.

Local rules for both the intra-oral x-ray machine and CBCT/OPG machine had not been signed by all appropriate staff to confirm that they had read and understood these. A copy of the most recent local rules must be on display near the machine they relate to. The local rules were not on display near the x-ray machine observed. These matters were discussed with Mr Gormley and following the inspection, RQIA received evidence that these matters had been addressed.

Quality assurance systems and processes were in place. It was evidenced that measures are taken to optimise radiation dose exposure.

This included the use of rectangular collimation, x-ray audits and digital x-ray processing, however it was evidenced that some audits were not available for all the modalities. Mr Gormley provided assurance that this matter would be addressed.

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

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

5.2.8 Are complaints and incidents being effectively managed?

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided instructions for patients and staff to follow. A minor amendment was needed to ensure correct contact details for onward referral routes were up to date and assurances were provided by Mr Gormley this matter would be addressed.

Mr Gormley confirmed 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 Gormley confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Gormley confirmed that incidents are effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA Statutory Notification of Incidents and Deaths. Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

The dental team was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

Arrangements were in place to share information with the dental team about complaints and incidents including any learning outcomes, and also compliments received.

Systems were in place to ensure that complaints and incidents were being managed effectively in accordance with legislation and best practice guidance.

5.2.9 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr Gormley 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 Gormley.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the QIP were discussed with Mr Gormley, Responsible Individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 8.3 **Stated:** First **To be completed by:** 20 November 2025	The registered person shall ensure that the oversight of radiology and radiation safety within the practice is reviewed in line with best practice guidance and legislation. Ref: 5.2.7
	Response by registered person detailing the actions taken: Minor variation has been submitted in relation to the new CBCT/OPT addition. C Gormley now understands fully his role as RPS for the practice. Radiation Protection files now have been fully updated and RPA reports have been actioned. Relevant entitlements have been made for suitably trained members of staff with regards to both radiation protection files. Most up-to-date local rules on display where relevant. Radiology audits completed for both Intra oral and OPT/CBCT equipment modalities. Conal Gormley

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