

Inspection Report

7 January 2026



L S Browne Centre

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

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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: LS Browne Centre	Registered Manager: Mrs Sonya Schofield-Hamill
Responsible Individual: Mr James Andrew Hamill	Date registered: 22 June 2022
Person in charge at the time of inspection: Mr James Andrew Hamill	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: L S Browne Centre 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 referral based private implant treatment and also offers conscious sedation, if clinically indicated. The centre provides a regular weekly one-day clinic for adult patients. An on-site lecture hall hosts professional dentistry education courses and events for which some patients consent to participation in conjunction with their dental treatment. The building is also shared with the Quoris 3D dental laboratory , whose onsite technicians specialise in digital implant dentistry, and Quintess Denta, a dental supply company.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 5 January 2026 from 10.00 am to 2.45 pm.

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

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; management of conscious sedation; infection prevention and control (IPC); decontamination of reusable dental instruments; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

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 inspection was facilitated by the clinical manager of LS Browne Centre.

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 completed staff or patient questionnaires were received prior to the inspection.

5.0 The inspection

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

The last inspection to LS Browne Centre was undertaken on 21 August 2023;

Areas for improvement from the last inspection on 21 August 2023		
Action required to ensure compliance with the The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) (d) as amended Stated: First time To be completed by: 30 September 2023	The responsible individual shall ensure all required recruitment records are in place prior to commencement of employment for any staff member.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See section 5.2.1	

Area for improvement 2 Ref: Regulation 21 (3) Stated: First time To be completed by: 30 September 2023	The responsible individual shall ensure there is robust system established to monitor compliance with staff training in keeping with RQIA training guidance and have current training records available for inspection at all times.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See section 5.2.2	
Area for improvement 3 Ref: Regulation 18 (2) Stated: First time To be completed by: 30 September 2023	The responsible individual shall ensure that staff undertake mandatory training 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 5.2.2	

5.2 Inspection findings

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

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Mrs Schofield-Hamill oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with the clinical manager confirmed that she and Mrs Schofield-Hamill had access to all recruitment documentation and that she has a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that no new staff had been recruited since the previous inspection. The clinical manager confirmed that should staff be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

Due to the area for improvement (AFI) around staff recruitment identified at the last inspection a review of the personnel file from the most recently recruited member of staff evidenced that relevant recruitment records had been sought; reviewed and stored as required.

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.

Discussion with the clinical manager confirmed that 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.

A review of the governance and oversight arrangements of the educational activities hosted in the L S Browne Centre confirmed that the establishment verifies that all course attendees are registered with an appropriate professional regulatory body and it was noted that records are retained in this regard.

The area for improvement identified at the last inspection regarding staff recruitment has been assessed as met. 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.

The clinical manager confirmed that a policy is in place that outlines 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 the clinical manager and Mr Hamill to ensure that the dental team is suitably skilled and qualified. A training matrix is in place to provide oversight of all staff training.

The two areas for improvement identified around staff training at the previous inspection have 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.

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

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency. Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

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

The clinical manager confirmed that members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were 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.

The clinical manager confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation. IV sedation is only offered to patients over the age of 18.

It was confirmed that a visiting dentist under a practising privileges agreement provides IV sedation when clinically indicated.

There was a conscious sedation policy and procedure in place. Advice and guidance was provided to further develop the sedation policy and procedure in line with the legislation and best practice guidance. Following the inspection RQIA received assurance that this had been reviewed and updated.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with the [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#).

A review of records and discussion with the clinical manager demonstrated that a full assessment of the patient to confirm the need for sedation is undertaken by the dentist providing the sedation.

The clinical manager confirmed that valid written consent is sought for provision of dental care with sedation in accordance with the above best practice guidance.

It was demonstrated that clinical records of patients who had treatment using sedation includes a detailed record of the pre-sedation assessment, the patient's written consent, the patient's visit for sedation including monitoring, the treatment procedure and the recovery of each patient.

Information was available for patients in respect of the treatment provided and aftercare arrangements and a record is 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 there is oversight of all relevant members of the dental team to ensure they complete 12 hours of sedation related verifiable continuing professional development (CPD) training in each five year CPD cycle.

A discussion took place regarding the life support training to be undertaken by all clinical team members involved in managing patients having sedation.

Immediate Life Support (ILS) training as laid down by the Resuscitation Council (UK) must be undertaken. Mr Hamill confirmed that the content of the medical emergency refresher training undertaken annually by all staff demonstrated that all the main elements of ILS training as outlined in Appendix 2 of [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#) were included.

The medicines used during IV sedation are classified as controlled drugs (CDs). The arrangements for the management of the CDs were reviewed. It was demonstrated that CDs are securely stored at all times and systems were in place for the ordering, administration, reconciliation (stock check) and disposal of these medicines.

It was identified that a standard operating procedure (SOP) for CDs was in place. Advice and guidance was provided on updating these in line with current guidance. Following the inspection RQIA received assurance that the SOP for CDs in the practice had been reviewed and was in line with current best practice guidance. It was also confirmed this had been signed by all relevant clinical staff.

As a result of the actions taken following the inspection it is determined there are arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

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

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

The infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with the clinical manager. 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](#). The clinical manager 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. The clinical manager confirmed that she was the nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. She 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 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 the clinical manager confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with the clinical manager confirmed that members of the dental team had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

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.

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 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.

It was confirmed that the pressure vessel testing for one of the autoclaves was not up to date. However, following the inspection RQIA received assurances that this matter had been addressed. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Discussion with the clinical manager confirmed that members of the dental team had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

As a result of the actions taken following the inspection, it is determined that 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 equipment inventory evidenced that the practice has two surgeries; one of which has an intra-oral x-ray machine. In addition, there is a separate X-ray room with a dual modality orthopantomogram (OPG) and cone beam computed tomography (CBCT) machine and a hand held intra oral x-ray machine. 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.

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

A review of the files confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. The RPS oversees radiation safety within the practice and regularly reviews the radiation protection files to ensure that they are accurate and up to date.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

The clinical manager confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent reports generated by the RPA during April 2024 evidenced that the x-ray equipment had been examined. The recommendations made in the RPA reports for the intra oral machines and the CBCT/OPG machine had not been signed off as actioned. Following the inspection RQIA received assurances that the recommendations within both reports had all been reviewed and signed to verify that these have 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. These 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.

5.2.8 Are complaints and incidents being effectively managed?

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

The complaints policy and procedure provided clear instructions for patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register. Advice and guidance was provided to further develop the complaints register to contain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Following the inspection RQIA received confirmation that this matter had been addressed.

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

Discussion with the clinical manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. The clinical manager 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 clinical manager confirmed 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 Hamill 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 the clinical manager .

5.4 Are arrangements in place to manage video conferencing for educational purposes?

The arrangements for use of video conferencing during patient treatment was reviewed.

One of the dental surgeries has a video conferencing system installed, through which video and audio footage of dental care and treatment is broadcast to course attendees. It was confirmed that informed written consent is obtained from patients participating in educational events and this consent is retained in their clinical notes.

Assurances were also given that no photos or recordings are taken or uploaded for teaching purposes and that systems are in place to maintain the confidentiality of patients who agree to take part.

The management of video conferencing for educational purposes was found to be in line with legislation and best practice.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the clinical manager, as part of the inspection process and can be found in the main body of the report.



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