



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection- Follow Up**

**Name of Establishment:** P D McGuigan Dental Surgery  
**Establishment ID No:** 11658  
**Date of Inspection:** 13 May 2014  
**Inspector's Name:** Lynn Long  
**Inspection No:** 16704

**The Regulation and Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**1.0 General Information**

<b>Name of establishment:</b>	P D McGuigan Dental Surgery
<b>Address:</b>	Unit 5 Legahory Centre Brownlow CRAIGAVON BT65 5BE
<b>Telephone number:</b>	028 3832 2080
<b>Registered organisation / registered provider:</b>	Mr Damian McGuigan
<b>Registered manager:</b>	Ms Deirdra-Ann McConville
<b>Person in charge of the establishment at the time of Inspection:</b>	Mr Damian McGuigan
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	1
<b>Date and type of previous inspection:</b>	Announced Inspection 11 February 2014
<b>Date and time of follow up inspection:</b>	13 May 2014 10.20-11.50
<b>Name of inspector:</b>	Lynn Long

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aim of this announced follow-up inspection was to review the improvements made following the announced inspection undertaken on 11 February 2014, which focused on the decontamination aspect of HTM 01-05 and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Independent Health Care Regulations (Northern Ireland) 2005;
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices.

Other published standards which guide best practice may also be referenced during the inspection process.

#### **4.0 Methods/Process**

- Review of the completed Quality Improvement Plan (QIP) from inspection of 11 February 2014; returned to RQIA by Mr McGuigan on 06 May 2014;
- Discussion with Mr McGuigan, registered provider;
- Discussion with Ms McConville, registered manager;
- Examination of relevant records;
- Consultation with relevant staff;
- Tour of the premises; and
- Evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

#### **5.0 Inspection Focus**

An announced follow-up inspection was undertaken to P D McGuigan Dental Surgery as it had been identified during the inspection of 11 February 2014 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

This inspection was undertaken to establish the progress made towards compliance since the previous inspection.

## 6.0 Profile of Service

P D McGuigan Dental Surgery is located on the first floor of Legahory shopping centre, in the town of Craigavon. Public car parking is available for patients.

P D McGuigan Dental Surgery can be accessed by stairs or a lift within the shopping centre complex.

P D McGuigan Dental Surgery operates one dental chair, providing both private and NHS dental care. A combined reception and waiting area are available. Toilet facilities, including disabled toilet facilities, are not available within the dental practice but are available on the first floor of the shopping centre and can be accessed by patients on receipt of a key from the dental receptionist. A surgery no longer in use is used for the decontamination of dental instruments. Mr McGuigan is aware of the need to apply for a variation to registration if he plans to register a second chair.

Mr McGuigan is a single handed practitioner and he is supported in his role by Ms McConville, the registered manager and dental nurse and a receptionist.

Mr McGuigan is also the responsible person for Gransha Dental Surgery, Belfast.

The practice is registered as an independent hospital (IH) providing dental treatment (DT).

## 7.0 Summary of Inspection

This announced follow-up inspection of P D McGuigan Dental Surgery was undertaken by Lynn Long on 13 May 2014 between the hours of 10.20 and 11.50. Mr McGuigan, registered provider and Ms McConville, registered manager were available during the inspection and for verbal feedback at the conclusion of the inspection.

An announced follow-up inspection was undertaken to P D McGuigan Dental Surgery as it had been identified during the announced inspection of 11 February 2014 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

The progress made towards compliance since the inspection on 11 February 2014 was reviewed during this inspection.

During the course of the inspection the inspector met with Mr McGuigan, Ms McConville and the dental receptionist, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

The review of the arrangements in place for the decontamination of reusable dental instruments demonstrated that progress towards compliance has not been made.

Five requirements were made previously in relation to the decontamination of reusable dental instruments. The requirements related to The Independent Health Care Regulation (Northern Ireland) 2005. The requirements made were to establish a dedicated decontamination room, ensure all reusable dental instruments are appropriately cleaned, sterilised and stored in line with best practice, ensure that the steriliser was maintained and validated, ensure that a validated washer disinfectant is installed to remove the need for manual cleaning of dental instruments and to establish log books and undertake the relevant periodic testing of equipment for the steriliser and washer disinfectant, following installation.

A review of the arrangements demonstrated that a pre-printed log book for the steriliser had been established and periodic testing has commenced and is being recorded. Ms McConville also confirmed that the steriliser had been maintained and validated. However, records to confirm this were not retained at the practice or available for inspection.

The remaining three requirements have not been addressed. Decontamination of reusable dental instruments was still being undertaken in the disused dental surgery, reusable dental instruments were not being processed in line with best practice and a washer disinfectant had not been installed. Mr McGuigan and Ms McConville confirmed that they had been in negotiations with the Central Services Sterilisation Department (CSSD) at Craigavon Hospital, in an attempt

to have the reusable instruments processed by them. However, they had been unsuccessful in securing this arrangement.

Dental practices were aware that best practice standards as outlined in HTM 01-05 should be fully implemented by November 2012. A three month timescale was agreed during the previous inspection for these requirements to be fully addressed. Compliance has not been achieved and this is of serious concern to RQIA.

Following the inspection, the concerns relating to decontamination were escalated to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a failure to comply notice meeting. Mr McGuigan was invited to attend a meeting at RQIA on 22 May 2014.

At the meeting on 22 May 2014 Mr McGuigan acknowledged the findings of the inspection and agreed that the issues identified in relation to decontamination and at the practice require to be addressed. Mr McGuigan did however confirm that he is currently in discussions with the CSSD at the Ulster Hospital, to have the reusable dental instruments processed by them. Mr McGuigan hoped that this system would be operational within two to three weeks.

At the conclusion of the meeting a decision was taken to issue a failure to comply notice to Mr McGuigan.

It was agreed with Mr McGuigan that compliance with the failure to comply notice should be achieved by 21 July 2014, at which time a further inspection would be carried out to verify compliance.

A review of the other requirements and recommendations made during the inspection on 11 February 2014 was also undertaken. Observation and discussion with Ms McConville and the dental receptionist confirmed that the other two requirements have been addressed.

Ten recommendations were made during the previous inspection. Observation and discussion with Ms McConville and the dental receptionist confirmed that seven of the recommendations have been fully addressed. The other four recommendations have been partially addressed. Additional work is needed in relation to the policy and procedure for whistleblowing, audits of justification and clinical evaluation recording of x-rays and retaining the content of training delivered and the name of the person who delivered the training.

Four requirements and three recommendations, were made as a result of the announced inspection – follow up, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mr McGuigan, Ms McConville and the dental receptionist for their helpful discussions, assistance and hospitality throughout the inspection process.

## 8.0 Follow-up on Previous Issues

This was an announced - follow up inspection. The inspection was undertaken as it had been identified during the inspection of 11 February 2014 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

This inspection was undertaken to establish the progress made towards compliance since the previous inspection.

Five requirements had been made previously in relation to the decontamination of reusable dental instruments. The requirements related to The Independent Health Care Regulations (Northern Ireland) 2005.

**The first requirement made was as follows:**

**Regulation 15 (3) - The registered person must ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. The issues identified in the main body of the report must be addressed.**

Progress in relation to this requirement has not been made since the previous inspection.

Mr McGuigan and Ms McConville confirmed that they had been in discussion with the CSSD at Craigavon Hospital for the processing of reusable dental instruments. However, they had been unsuccessful in securing this arrangement.

A review of the arrangements demonstrated that reusable dental instruments are not being processed in line with best practice as outlined in HTM 01-05.

This requirement has not been addressed.

**The second requirement made was as follows:**

**Regulation 15 (3) - The registered person must ensure that a dedicated decontamination room is established, fully equipped and operational for the cleaning and sterilisation of reusable dental instruments. Advice and guidance should be sought from Health Estates at the Department of Health in relation to the layout of the room.**

A dedicated decontamination room has not been established and fully equipped for the cleaning and sterilisation of reusable dental instruments. Dental instruments are being cleaned manually and sterilised in an unused dental surgery.

This requirement has not been addressed.

**The third requirement made was as follows:**

**Regulation 15 (3) - It is required that a validated washer disinfectant of adequate capacity is installed to remove the need for manual washing dental instruments. Following installation and commissioning staff should be trained in its use.**

A washer disinfectant has not been installed. Reusable dental instruments continue to be cleaned manually.

This requirement has not been addressed.

**The fourth requirement made was as follows:**

**Regulation 15 (2)(b) - Ensure that the steriliser is maintained and validated in accordance with HTM 01-05 and that the relevant periodic testing is undertaken and recorded.**

A review of the records confirmed that a pre-printed log book has been purchased and the relevant periodic testing was being undertaken and recorded.

Ms McConville confirmed that the engineer had recently visited the practice and completed maintenance and validation of the steriliser. However, there were no records retained confirming the works which had been completed.

The importance of retaining records at the practice was discussed with Ms McConville. The inspector was unable to review compliance in relation to this requirement.

This requirement has been stated for the second time.

**The fifth requirement made was as follows:**

**Regulation 15 (2)(b) - The registered person must ensure that machine log books are established for the steriliser and washer disinfectant following installation.**

**Log books should contain the following information:**

- details of the machine and location;
- commissioning report;
- daily/weekly test record sheets;
- quarterly test record sheets; (if required)
- annual service/validation certification;
- fault history;
- process log;
- records to show staff have been trained in the correct use of the machine; and
- relevant contacts e.g. service engineer.

A review of the records and discussion with Ms McConville confirmed that machine log books have recently been established for the steriliser. A review of the records demonstrated that they were being appropriately retained.

This requirement has been addressed.

A review of the arrangements in place and discussion with Mr McGuigan and Ms McConville demonstrated that progress towards compliance with best practice has not been made.

Given that dental practices were aware that best practice standards as outlined in HTM 01-05 were to be fully implemented by November 2012, and a three month timescale was agreed during the previous inspection for this requirement to be addressed, this is of serious concern to RQIA.

Following the inspection, this matter was escalated to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a failure to comply notice meeting. Mr McGuigan attended a meeting at the offices of RQIA on 22 May 2014.

At the meeting on 22 May 2014 Mr McGuigan acknowledged the findings of the inspection and agreed that the issues identified in relation to decontamination and at the practice require to be addressed. Mr McGuigan confirmed that he is currently in discussions with the CSSD at the Ulster Hospital, to have the reusable dental instruments processed by them. Mr McGuigan hoped that this system would be operational within two to three weeks.

At the conclusion of the meeting a decision was taken to issue a failure to comply notice to Mr McGuigan. The failure to comply notice directed that:

A dedicated decontamination room must be completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

**Or**

Alternative arrangements with the Central Services Sterilisation Department (CSSD) must be established. The relevant systems and processes must be in place to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. Records to confirm the formal arrangements in place must be retained and available at the practice.

It was agreed with Mr McGuigan that compliance with the failure to comply notice would be assessed on 21 July 2014, at which time a further inspection would be carried out.

The following issues were not the focus of the follow up inspection. However, the inspector used the follow-up inspection as an opportunity to review the other issues outlined in the previous quality improvement plan.

**Regulation 15 (6) - Replace the medication retained for use in a medical emergency which has exceeded its expiry date.**

**Implement a robust checking system to ensure medications are retained within their expiry dates.**

**Review the medications retained for use in a medical emergency in line with best practice as outlined in the Resuscitation Council (UK) guidance. The review should include the strength and format of Aspirin and medication for use in the control of prolonged or recurrent seizure activity.**

A review of the medications retained for use in the case of a medical emergency demonstrated that they were retained in line with best practice outlined in the Resuscitation Council (UK). The dental receptionist confirmed that a system to check and record expiry dates has also been established.

The strength and format of Aspirin had been reviewed and changed in line with best practice and medication for use in the control of prolonged or recurrent seizure activity was available.

This requirement has been addressed.

**Regulation 18 (2)(a) - Safeguarding training should be provided for all staff as outlined in the Minimum Standards for Dental Care and Treatment 2011.**

A review of the records and discussion with staff confirmed that safeguarding training has been provided for staff.

Staff also described the benefits of the recent safeguarding training.

This requirement has been addressed.

## **Previous Recommendations**

### **Minimum Standard 15 – Develop a policy and procedural guidance to guide and direct staff in the event of an adult safeguarding issue arising.**

A policy and procedural guide to guide and direct staff in the event of an adult safeguarding issue arising has been developed.

This recommendation has been addressed.

### **Minimum Standard 9 – The complaints policy should be further developed to include the contact details and role of RQIA in the management of complaints.**

A review of the complaints policy demonstrated that it has been further developed and includes the contact details and role of RQIA in the management of complaints.

This recommendation has been addressed.

### **Minimum Standard 15.3 - A whistleblowing policy should be developed to guide and direct staff on how to report a concern.**

A review of the records demonstrated that a whistleblowing policy has been developed. However, the policy does not guide and direct staff regarding who to contact if they do not wish to raise a concern with Mr McGuigan. A recommendation has been made to further develop the policy to include this information.

This recommendation has been addressed.

### **Minimum Standard 8 - A freedom of information publication scheme should be established.**

A freedom of information publication scheme has been established.

This recommendation has been addressed.

### **Minimum Standard 9 - A report of the patient satisfaction consultation should be produced and made available to patients in the practice.**

A report of the most recent patient satisfaction consultation had been produced and made available to patients.

This recommendation has been addressed.

**Minimum Standard 8.3 - The receptionist should sign the local rules to confirm that they have read and understood them.**

A review of the local rules demonstrated that they have been signed by the dental receptionist.

This recommendation has been addressed.

**Minimum Standard 8.1 - Undertake an x-ray audit to ascertain why the percentage of radiographs of quality grade two has increased beyond the recommended national average.**

**Any identified deficits as a result of the repeated audit should be addressed.**

**Audits of justification and clinical evaluation recording should be undertaken on an annual basis.**

A review of the records and discussion with Ms McConville and Mr McGuigan confirmed that an audit of x-ray quality has been undertaken on 01 April 2014. The audit demonstrated that the quality of x-rays was within the recommended national average.

However, an audit of justification and clinical evaluation recording has not been completed.

This recommendation has been partially addressed and the relevant part has been stated for the second time.

**Minimum Standard 11.4 - Records of staff training should be retained. The training records should include the training dates, name of staff in attendance, content of the training delivered and the name of the person who delivers the training.**

A review of the records demonstrated that certificates had been retained for the most recent safeguarding training attended by staff. However, the content of the training and the name of the person who delivered the training had not been retained.

This recommendation has been partially addressed and the relevant part has been stated for the second time.

**Minimum Standard 13 - Records pertaining to the testing, servicing, maintenance and repair of instruments must be retained at the practice for a period of two years.**

Ms McConville confirmed that no instruments have left the practice for maintenance or repair since the previous inspection.

It was suggested that a log book is established to record this information should instruments need to leave the practice for repair.

This recommendation has been addressed.

**Minimum Standard 13 - A formal procedure for manual cleaning should be developed and take account of best practice guidance.**

A formal procedure for manual cleaning of reusable dental instruments has been developed and was available for review.

This recommendation has been addressed.

## 9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr McGuigan and Ms McConville, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Lynn Long**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

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**Lynn Long**  
**Inspector/Quality Reviewer**

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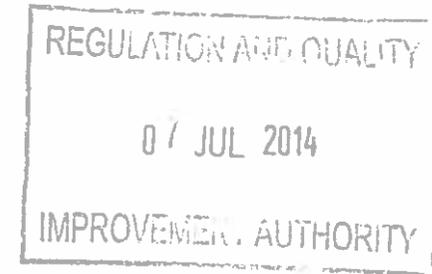
**Date**



The Regulation and  
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**Quality Improvement Plan**  
**Announced Inspection – Follow up**  
**P D McGuigan Dental Surgery**

**13 May 2014**



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr McGuigan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**STATUTORY REQUIREMENTS**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (NI) 2005 as amended.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15(3)	<p>The registered person must ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.</p> <p>Ref: 8.0</p>	One	<p>Compliant            CSSD            water hospital</p>	21 July 2014
2	15(3)	<p>The registered person must ensure that a dedicated decontamination room is established, fully equipped and operational for the cleaning and sterilisation of reusable dental instruments.</p> <p>Advice and guidance should be sought from Health Estates at the Department of Health in relation to the layout of the room.</p> <p>Or</p> <p>Alternative arrangements with the Central Services Sterilisation Department (CSSD) must be established. The relevant systems and processes must be in place to ensure that all reusable dental instruments are appropriately cleaned, sterilised and</p>	One	<p>Arrangements            CSSD            water hospital            in place</p>	21 July 2014

		<p>stored following use in keeping with best practice as outlined in HTM 01-05. Records to confirm the formal arrangements in place must be retained and available at the practice.</p> <p><b>Ref: 8.0</b></p>			
3	15(3)	<p>The registered person must ensure that a validated washer disinfecter of adequate capacity is installed to remove the need for manual washing dental instruments. Following installation and commissioning staff should be trained in its use.</p> <p><b>Ref: 8.0</b></p>	One	<p>N/A CSDD doing all necessary sterilization</p>	21 July 2014
4	15(3)	<p>The registered person must ensure that the steriliser is maintained and validated in accordance with HTM 01-05.</p> <p><b>Ref: 8.0</b></p>	One	<p>✓</p>	21 July 2014

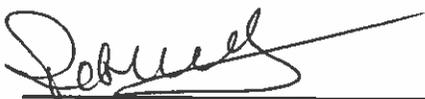
**RECOMMENDATIONS**

These recommendations are based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15.3	The whistleblowing policy should be further developed to guide and direct staff regarding who to contact if they do not wish to raise a concern with Mr McGuigan.  Ref: 8.0	One	New policy drawn up for staff to contact registered manager if necessary.	Three months
2	8.1	Audits of justification and clinical evaluation recording should be undertaken on an annual basis.  Ref: 8.0	Two	N/A as using CSSD	Three months
3	11.4	The training records should include the content of the training delivered and the name of the person who delivers the training.  Ref: 8.0	Two	All future training records will include relevant information.	From the date of the inspection

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Lynn Long  
 The Regulation and Quality Improvement Authority  
 9th floor  
 Riverside Tower  
 5 Lanyon Place  
 Belfast  
 BT1 3BT

SIGNED: 

NAME: PETER M'GUIGAN  
 Registered Provider

DATE 1/7/14

SIGNED: 

NAME: DEIRDRA ANN M'CONVILLE  
 Registered Manager

DATE 1-7-14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	YES		} Lynn Long	} 9/7/14
B	Further information requested from provider		NO		