The Regulation and Quality Improvement Authority

Inspection Report

27 October 2025

Epic Dental

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 8 Bridge Street, Lisburn, BT28 1XY
Telephone number: 028 9061 2312

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: Epic Dental Limited **Responsible Person:** Ms Louise McGuigan	**Registered Manager:** Mr Andrew Moorehead **Date registered:** 27 October 2025
Person in charge at the time of inspection: Ms Louise McGuigan	**Number of registered places:** Three
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Epic Dental 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 three registered dental surgeries and provides private dental treatment without conscious sedation. Prior to inspection, Mr Andrew Moorehead submitted an application to RQIA to become the registered manager of Epic Dental. This application was approved on 27 October 2025. Ms Louise McGuigan is the responsible individual for two dental practices registered with RQIA.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 27 October 2025 from 10.00 am to 12.45 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.

The following areas were reviewed; recruitment and selection of staff; staff training; management of medical emergencies; infection prevention and control (IPC); decontamination of reusable dental instruments; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

It was identified that some areas were not fully in keeping with legislation and best practice guidance. Advice and guidance was shared with Mr Moorhead in relation to the matters identified. Following the inspection, Mr Moorhead provided RQIA with evidence that each area identified had been addressed.

As a result, RQIA were assured that the above areas were compliant with legislation and best practice guidance. Further information is provided in the body of the report.

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 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 Epic Dental was undertaken on 16 October 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 were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Ms McGuigan oversees the recruitment and selection of the dental team and approves all staff appointments with the support of Mr Moorehead. Discussion with Mr Moorehead confirmed that he had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of the register in place confirmed that it did not contain the level of detail as specified in the legislation and this was discussed with Mr Moorehead. Following inspection, RQIA received confirmation that this matter had been addressed. Mr Moorehead is aware that the staff register is a live document and should be updated as and when required.

Mr Moorehead confirmed that that two new staff had been recruited since the previous inspection. A review of both personnel files evidenced that relevant recruitment records had been sought; reviewed and stored as required, with the exception of two references in respect of both staff. This was discussed with Mr Moorehead and guidance provided on this matter. Following the inspection, confirmation was provided to RQIA that all references were now in place.

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 members of the dental team confirmed they 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 action taken following inspection, it is determined that the recruitment of the dental team complies with the legislation and best practice guidance, ensuring 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. It was identified that the training policy required further development to align with the training guidance provided by RQIA. Mr Moorehead agreed to address this matter.

A record is kept of training (including induction) and professional development activities undertaken by staff, which is overseen by Mr Moorehead, to ensure that the dental team is suitably skilled and qualified. A review of the staff training matrix identified that training had expired in respect of some members of the dental team and this was brought to the attention of Mr Moorehead. Following the inspection, evidence was submitted to RQIA that all matters in relation to staff training had been addressed.

Advice was given to Mr Moorehead to ensure that up to date training records are retained henceforth for all members of the dental team and records should be made available for inspection at all times. Mr Moorehead provided assurances on this matter.

As a result of the action taken following 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. Systems were in place to ensure that emergency medicines and equipment are immediately available and do not exceed their expiry dates.

A review of the emergency equipment identified that one item was not available and this was discussed with Mr Moorehead and advice given in this regard. Following the inspection, RQIA received evidence that this item had been received by the practice and was now retained with the rest of the emergency equipment.

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.

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 action taken following inspection, it was determined that sufficient emergency equipment was in place and emergency medicines are available as specified. 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 Moorehead confirmed that conscious sedation is not offered in Epic Dental.

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 Moorehead. 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 Moorehead 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 Moorehead confirmed there was a nominated senior dental nurse who had responsibility for IPC and decontamination in the practice. The senior 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.

The senior nurse confirmed that 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 however, use of the Infection Prevention Society (IPS) audit tool, as recommended by the Health Technical Memorandum 01-05 (HTM 01-05), could not be confirmed. Advice and guidance was provided to the senior nurse and Mr Moorehead in this regard and assurances were given to RQIA that this matter would be addressed. The senior nurse confirmed that, where applicable, an action plan would be generated from audit 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 Moorehead and a review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

As discussed previously, RQIA was provided with confirmation following the inspection that all members of the dental team had completed relevant IPC training.

As a result of the assurances given, it was determined that the dental team would adhere 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 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.

Discussion with staff confirmed that reprocessing of dental handpieces includes autoclave sterilisation however, it could not be confirmed by staff whether handpieces were being cleaned using an automated, validated process as recommended in HTM-01-05. This matter was discussed with Mr Moorehead and the senior nurse and following inspection, RQIA received evidence that the procedure for processing dental handpieces had been reviewed and now aligned with best practice guidance in accordance with HTM-01- 05.

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

Discussion with members of the dental team confirmed that they 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 action taken following inspection, it was determined 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 three surgeries, two of which have an intra-oral x-ray machine. In addition, there is an orthopan tomogram (OPG) machine, which is located in a separate room. The equipment inventory reflected all the radiography equipment in place. A review of documentation evidenced that the x-ray equipment had been serviced and maintained during October 2025, 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.

A review of the file confirmed that the Employer had not entitled all relevant members of the dental team to undertake specific roles and responsibilities associated with radiology. This was brought to the attention of Ms McGuigan and following inspection evidence was submitted to RQIA confirming this matter had been addressed.

As stated in section 5.2.2, evidence that all relevant staff had completed appropriate radiology and radiation safety training was provided to RQIA following the inspection.

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.

Mr Moorehead confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA during October 2023 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

A copy of the local rules was on display near each x-ray machine observed. It was identified that not all staff involved with radiology had signed to confirm that they had read and understood the local rules. Following inspection, Ms McGuigan submitted evidence to RQIA that this matter had been addressed.

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 measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

Advice and guidance was given to Ms McGuigan (RPS), that in order to retain oversight of radiation safety within the practice, she should regularly review the radiation protection file, to ensure it remains accurate and up to date. Ms McGuigan gave RQIA assurances on this matter.

Following the action taken and assurances provided by Ms McGuigan, it is determined 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 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 concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. Mr Moorehead confirmed that arrangements are in place to undertaken a complaints audit to identify trends, drive quality improvement and to enhance service provision.

Discussion with Mr Moorehead confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Moorehead 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.

Ms McGuigan confirmed she 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 Moorehead.

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 Mr Moorehead, Registered Manager, and Ms McGuigan, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

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