

Announced Care Inspection Report 21 March 2019



The White House Teeth Whitening Limited

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

Address: 387 Lisburn Road, Belfast, BT9 7EW

Tel no: 028 9066 7330

Inspector: Gerry Colgan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



In respect of dental practices for the 2018/19 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with one registered place.

3.0 Service details

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|--|--|
| Organisation/Registered Provider: The White House Teeth Whitening Limited Responsible Individual: Mr Fredrick Desmond | Registered Manager: Mrs Hayley Purse |
| Person in charge at the time of inspection: Mr Fredrick Desmond | Date manager registered: 02 May 2017 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 1 |

4.0 Action/enforcement taken following the most recent inspection dated 14 February 2018

The most recent inspection of the White House Teeth Whitening Limited was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 14 February 2018

| Areas for improvement from the last care inspection | | |
|--|---|--------------------------|
| Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 19 Schedule (2) as amended Stated: First time | The registered person shall ensure that staff personnel files for newly recruited staff includes all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. As specified the AccessNI enhanced disclosure check must be received prior to commencement of employment. | Met |

| | | |
|---|---|------------|
| | <p>Action taken as confirmed during the inspection: No new staff have been employed since the previous inspection. The registered manager confirmed that staff personnel files for newly recruited staff will include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A review of personnel files for existing staff confirmed that the AccessNI checks had been completed.</p> | |
| <p>Area for improvement 2 Ref: Regulation 15 (1) (b) and (c) Stated: Second time</p> | <p>The registered person must ensure that the arrangement for timely accessibility to an AED is documented within the management of medical emergency protocols,</p> | Met |
| | <p>Action taken as confirmed during the inspection: A review of the updated medical emergency policy confirmed that the arrangement for timely accessibility to an AED is clearly documented.</p> | |
| <p>Area for improvement 3 Ref: Regulation 26 Stated: First time</p> | <p>The registered person or a person nominated by them should undertake unannounced visits to the practice at least on a six monthly basis and generate a report detailing the main findings of their quality monitoring visit. The report should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.</p> | Met |

| | | |
|---|--|---------------------------------|
| | <p>Action taken as confirmed during the inspection:</p> <p>A review of documentation confirmed that the registered person or a person nominated by them undertakes unannounced visits to the practice on a six monthly basis and generates a report detailing the main findings of the quality monitoring visit. The report includes the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. Action plans to address any issues identified have been generated. The reports are shared with the registered manager and were available for inspection.</p> | |
| Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011) | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Standard 11.4</p> <p>Stated: First time</p> | <p>The registered person shall ensure that staff training records are retained in the practice and available for inspection.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>All staff training records are now retained in the practice and were available for inspection.</p> | |
| <p>Area for improvement 2</p> <p>Ref: Standard 15</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that the Safeguarding Adults at Risk of Harm policy is further developed to fully reflect the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership'.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>The Safeguarding Adults at Risk of Harm policy has been further developed and fully reflects the regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership'.</p> | |

| | | |
|--|--|------------|
| Area for improvement 3 Ref: Standard 14 Stated: Second time | The registered person shall ensure that health and safety policies and procedures relevant to the establishment are developed for example; Control of Substances Hazardous to Health (COSHH). | Met |
| | Response by registered person detailing the actions taken: A review of documentation confirmed that health and safety policies and procedures relevant to the establishment have been developed and include Control of Substances Hazardous to Health (COSHH). | |
| Area for improvement 4 Ref: Standard 13 | The registered person shall ensure that the Policy on Infection Prevention and Control includes the following; <ul style="list-style-type: none"> • environmental cleaning and cleaning schedules | Met |
| | Response by registered person detailing the actions taken: The policy on Infection Prevention and Control has been updated and includes the environmental cleaning and cleaning schedules which were available at inspection | |

5.0 Inspection findings

An announced inspection took place on 21 March from 09.20 to 11.30.

This inspection was underpinned by The Health and Personal Social Services (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 and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Fredrick Desmond, responsible person, Mrs Hayley Purse, registered manager, and a receptionist. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Desmond at the conclusion of the inspection.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during June 2018.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

5.2 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered.

The practice continues to audit compliance with an amended version of the Health Technical Memorandum (HTM) 01-05:Infection Prevention Society (IPS) audit tool as they do not have a decontamination area and use only single use instruments. This audit includes key elements of IPC, relevant to this teeth whitening practice, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during March 2019 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by the registered manager who confirmed that any learning identified as a result of these audits is shared immediately with staff. An action plan would be developed and discussed at staff meetings.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

5.3 Decontamination of reusable dental instruments

This is a teeth whitening practice and only use single use instruments therefore a decontamination room is not required.

5.4 Radiology and radiation safety

There is no radiology at this practice.

5.5 Equality data

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 Desmond who confirmed that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Fourteen patients submitted questionnaire responses to RQIA. All 14 patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. The following comments were provided:

- “Great advice from start to finish. Very professional.”
- “Very professional informative care. I would highly recommend.”

Staff were invited to complete an on-line questionnaire. No staff questionnaire responses were received by RQIA.

5.7 Total number of areas for improvement

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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