

# Inspection Report

## 15 December 2021



## The White House Teeth Whitening Limited

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 387 Lisburn Road, Belfast, BT9 7EW  
Telephone number: 028 9066 7330

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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

<b>Organisation/Registered Provider:</b> The White House Teeth Whitening Limited	<b>Registered Manager:</b> Dr Lina Mohamedian (applicant)
<b>Responsible Individual:</b> Mr Frederick Desmond	<b>Date registered:</b> Awaiting Registration
<b>Person in charge at the time of inspection:</b> Dr Lina Mohamedian	<b>Number of registered places:</b> One
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of the accommodation/how the service operates:</b> The White House Teeth Whitening Limited 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 one registered dental surgery and provides private teeth whitening services.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 15 December 2021 from 10.00 am to 12.00 pm. The inspection was facilitated by Dr Mohamedian, applicant manager.

It focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; infection prevention and control; the practice's adherence to best practice guidance in relation to COVID-19; management of complaints; and governance arrangements.

One area for improvement has been made against the standards in relation to the management of medical emergencies.

### 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 practice?

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire.

No completed staff or patient questionnaires were submitted prior to the inspection.

### 5.0 The inspection

#### 5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to The White House Teeth Whitening Limited was undertaken on 17 December 2020; no areas for improvement were identified.

### 5.2 Inspection findings

#### 5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

There were robust recruitment and selection policies and procedures, that adhered to legislative and best practice that ensured suitably skilled and qualified staff work in the practice.

Mr Desmond oversees the recruitment and selection of the dental team, and approves all staff appointments and is supported by Dr Mohamedian. Discussion with Dr Mohamedian confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information and was kept up to date.

One staff personnel file was reviewed and evidenced that relevant recruitment records had been sought; reviewed and stored as required with the exception of the storage of the AccessNI information. This was discussed with Dr Mohamedian and following inspection, an email was submitted to evidence this 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.

Discussion with Dr Mohamedian confirmed staff have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

The recruitment of the dental team complies with the legislation and best practice guidance.

### **5.2.2 Are 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 outlines training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Induction programmes relevant to roles and responsibilities had been completed when new staff joined the practice.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by the responsible individual, to ensure that the dental team are suitably skilled and qualified.

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 are 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.

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

During the inspection it was observed that Adrenaline medication had not been provided in sufficient doses as recommended by the Health and Social Care Board (HSCB) and the BNF. A discussion took place in regards to the procedure for the safe administration of Adrenaline and the various doses recommended. An area for improvement against the standards has been identified in this regard and further details are contained in section 6.0.

It was further identified that the emergency medicines were kept in a locked safe, and all staff had been made aware of the storage location of the key to access the medicines. Advice was provided that emergency medications should not be locked away in keeping with the Resuscitation Council (UK) guidelines. Following inspection an email was submitted confirming that the storage arrangements had been reviewed in keeping with the Resuscitation Council (UK) guidelines.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency refresher training on different dates during 2021.

Dr Mohamedian was able to describe the actions they would take, in the event of a medical emergency, and was familiar with the location of medical emergency medicines and equipment. It was identified that an automated external defibrillator (AED) was not provided on the premises and was available within close proximity to the practice. This was discussed with Dr Mohamedian and following inspection email evidence was submitted to confirm the process in place to ensure timely access to an AED in accordance with the Resuscitation Council (UK) guidelines.

Arrangements were in place to ensure the dental team are trained to manage a medical emergency in compliance with legislative requirements, professional standards and guidelines. As discussed above, an area for improvement against the standards has been identified and further details are contained in section 6.0

#### **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.

Dr Mohamedian confirmed that conscious sedation is not offered in The White House Teeth Whitening Limited.

#### **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.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas.

During a tour of the practice, it was observed that clinical areas were clean, tidy and uncluttered. All areas of the practice observed were fully 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 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 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. Discussion with Dr Mohamedian confirmed that this was not effectively being recorded. Following inspection email evidence was submitted to confirm that a recording system was now in place to retain evidence of the Hepatitis B vaccination status of dental team members.

Dr Mohamedian confirmed that she had received IPC training relevant to her role and responsibilities and she 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.

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?**

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

#### **5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?**

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with Dr Mohamedian. These discussions included the application of the Health and Social Care Board

(HSCB) operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and to minimise the risk of COVID-19 transmission.

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

This is a teeth whitening practice and Dr Mohamedian confirmed that there is no radiology undertaken at this practice.

### **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.

Dr Mohamedian is the nominated individual with overall responsibility for the day to day management of the practice and is responsible for reporting to the registered provider. The registered provider (or person acting on their behalf) monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits along with any identified actions were available for inspection.

### **5.2.10 Are complaints being effectively managed?**

The arrangements for the management of complaints were reviewed to ensure that complaints 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.



Dr Mohamedian was knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation best practice guidance.

**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 Dr Mohamedian.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

**6.0 Quality Improvement Plan/Areas for Improvement**

An area for improvement has been identified where action is required to ensure compliance with [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b>	
<b>Area for improvement 1</b>	The registered person shall ensure that Adrenaline medication is available in the various doses and quantities in keeping with the Health and Social Care Board (HSCB) and BNF.
<b>Ref:</b> Standard 8.5	
<b>Stated:</b> First time	Ref: 5.2.3
<b>To be completed by:</b> 31 January 2022	<b>Response by registered person detailing the actions taken:</b> All adrenaline doses are now stocked

*\*Please ensure this document is completed in full and returned via Web Portal\**





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Authority

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