



The **Regulation** and  
**Quality Improvement**  
Authority

**Whiterose Clinic Limited**  
**RQIA ID: 11733**  
**7 Culmore Point Road**  
**Culmore**  
**Londonderry**  
**BT48 8JW**

**Inspector: Norma Munn**  
**Inspection ID: IN023678**

**Tel: 028 7135 5566**

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**Announced Care Inspection  
of  
Whiterose Clinic Limited**

**10 December 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An announced care inspection took place on 10 December 2015 from 11:00 to 14:00. On the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be safe, effective and compassionate. One issue was identified in relation to the use of a class 4 laser and needs to be addressed. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by 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 DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

Whiterose Clinic Limited is registered with RQIA as an independent hospital (IH) providing dental treatment (DT) and for the provision of prescribed techniques or prescribed technology using a Class 4 laser (PT(L)). The inspection also sought to establish the level of compliance being achieved, with respect to Standard 48 Laser and Intense Light Sources of the Minimum Care Standards for Independent Healthcare Establishments (July 2014).

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

No actions were required to be taken following the last care inspection on 7 November 2014

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>6</b>

The details of the QIP within this report were discussed with Mr Dan McKenna, registered person and Mrs Rose McKenna, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Whiterose Clinic Limited Mr Dan McKenna	<b>Registered Manager:</b> Mrs Rose McKenna
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Dan McKenna	<b>Date Manager Registered:</b> 10 October 2013
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.	<b>Number of Registered Dental Chairs:</b> 4

## 3. Inspection Focus

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report and complaints declaration.

During the inspection the inspector met with Mr Dan McKenna, registered person, Mrs Rose McKenna, registered manager and three dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and two patient medical histories.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 7 November 2014. No requirements or recommendations were made during this inspection.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 7 November 2014

As above.

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Mr McKenna and 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 the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Mr McKenna and staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). The Glucagon medication was stored out of the fridge and a revised expiry date had not been recorded. Mr McKenna was advised that if Glucagon is stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. A recommendation has been made. The format of buccal Midazolam is not the format recommended by the Health and Social Care Board (HSCB). Mr McKenna was advised that when the buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self-inflating bag with reservoir and mask suitable for use with children. Oropharyngeal airways were in place however these items were not covered and there was no expiry date identified. The self-inflating bag, mask and the replacement oropharyngeal airways were ordered on the day of the inspection. A system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr McKenna and staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were generally found to be safe.

#### Is Care Effective?

The policy for the management of medical emergencies was reviewed. A minor amendment was made to the policy on the day of the inspection to include a list of emergency equipment, the arrangements regarding incident documentation and staff debriefing. The revised policy reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr McKenna and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with Mr McKenna and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

### **Is Care Compassionate?**

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

### **Areas for Improvement**

Glucagon medication should be stored in accordance with the manufacturer's guidance.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.4 Recruitment and selection**

### **Is Care Safe?**

There was no recruitment policy and procedure available. A policy needs to be developed in accordance with legislation and best practice guidance. A recommendation has been made.

Three personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received
- details of full employment history, including an explanation of any gaps in employment in one file only
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- criminal conviction declaration and
- evidence of professional indemnity insurance, where applicable

Two files did not contain an employment history and three files did not contain written references or confirmation that the person is physically and mentally fit to fulfil their duties. Mr McKenna was informed that in relation to recruitment; staff personnel files should contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A recommendation has been made.

The arrangements for enhanced AccessNI checks were reviewed. Three staff personnel files contained copies of the original enhanced AccessNI disclosures. This is not in keeping with the AccessNI Code of Practice. Mr McKenna was advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice and a record should be retained of the date the check was applied for, the date the check was received, the unique AccessNI reference number on the check and the outcome of the review. A recommendation has been made.

During a previous inspection it was identified that AccessNI checks had been received after commencement of employment. A requirement had been made at that time in relation to AccessNI checks. This requirement was addressed during an inspection in March 2014. Since then, one new member of staff has been recruited and records evidence that the AccessNI check was received prior to commencement of employment.

A staff register was developed during the inspection containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Mr McKenna confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are safe.

### **Is Care Effective?**

As discussed, the practice's recruitment and selection procedures need further development to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Three personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates were not in place relevant to specific roles within the practice. Records of completed inductions for new staff had not been retained. This was discussed with Mr McKenna and a recommendation has been made.

Discussion with Mr McKenna confirmed that staff have been provided with a job description and contract of employment/agreement when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are effective.

## Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were found to be compassionate.

## Areas for Improvement

A recruitment policy should be developed in line with legislative and best practice guidance.

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

AccessNI checks must be handled in keeping with the AccessNI Code of Practice. A record must be retained of the date the application form was submitted to the umbrella organisation, the date the check was received by the practice, the unique AccessNI reference number on the check and the outcome of the review of the check.

A record of inductions should be retained for each staff member.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>4</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Dan McKenna, registered person, Mrs Rose McKenna, registered manger and three dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. However, as previously discussed completed induction records for staff were not retained and induction templates were not available for inspection. Staff confirmed that annual training is provided on the management of medical emergencies.

### 5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire and discussion with Mr McKenna indicated that complaints have been managed in accordance with best practice.

### 5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

### 5.5.4 Service Specific Standards

#### **Laser and Intense Light Sources.**

Whiterose Clinic Limited is registered with RQIA for the provision of prescribed techniques or prescribed technology using a class 4 laser. Review of the laser register and discussion with Mr McKenna confirmed that no laser treatments had been provided since 2012. Mr McKenna confirmed that there have been no changes to the arrangements in the practice with regard to the provision of prescribed techniques or prescribed technology using a class 4 laser since the previous inspection. Mr McKenna confirmed that all staff employed at the practice, but not directly involved in the use of the laser equipment have received laser safety awareness training. Laser procedures are carried out by Mr McKenna in accordance with medical treatment protocols. Local rules are in place however, they have not been reviewed since 1 May 2014. This was discussed with Mr McKenna and a recommendation has been made.

#### **Areas for Improvement**

The local rules should be reviewed by the laser protection advisor (LPA) on an annual basis.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Dan McKenna, registered person and Mrs Rose McKenna, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

### 6.1 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 (Northern Ireland) 2005.

### 6.2 Recommendations



This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b> Ref: Standard 12.4 Stated: First time To be Completed by: 10 December 2015	<p>Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging and the expiry date checklist to show that the cold chain has been broken. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Stored at room temperature and marked accordingly and in addition but not stated above shelf life is 18 months provided that the expiratory date is not expired.</p>
<b>Recommendation 2</b> Ref: Standard 11.1 Stated: First time To be Completed by: 10 March 2016	<p>A recruitment policy is developed in line with legislative and best practice guidance.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            A recruitment policy is developed in line with legislation and best practice guidance.</p>
<b>Recommendation 3</b> Ref: Standard 11.1 Stated: First time To be Completed by: 10 December 2015	<p>Staff personnel files for newly recruited staff, including self-employed staff should contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            This has been completed.</p>
<b>Recommendation 4</b> Ref: Standard 11.1 Stated: First time To be Completed by: 10 December 2015	<p>Enhanced AccessNI checks are handled in keeping with the AccessNI Code of Practice.</p> <p>A record is to be retained of the date the application form was submitted to the umbrella organisation, the date the check was received by the practice, the unique AccessNI reference number on the check and the outcome of the review of the check.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            All above is in force.</p>

<b>Recommendation 5</b>  <b>Ref: Standard 11.3</b>  <b>Stated: First time</b>  <b>To be Completed by:</b> 10 December 2015	A record of induction is retained for each staff member.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> A record of induction is retained for each staff.		
<b>Recommendation 6</b>  <b>Ref: Standard 48</b> Minimum Care Standards for Independent Healthcare Establishments  <b>Stated: First time</b>  <b>To be Completed by:</b> 10 February 2016	The local rules are reviewed by the laser protection advisor (LPA) on an annual basis.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> We have consulted Mr Niall Monaghan, Director and LPA & Senior Physicist, Radiation Consultancy Services Ltd; he advised the following:  On Friday 22nd January, we have today reviewed both your laser and x-ray local rules and can see no reason why these should not continue to be used as is, until the re-issued day in 2017.  I asked, if local rules need to be reviewed annually; and he advised No; if the risk assessment review indicated there is no change then why change the local rules.		
Registered Manager Completing QIP X		Date Completed	24.1.16
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	1.2.16.

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**