

Announced Care Inspection Report 25 September 2019



Whiterose Clinic Limited

**Type of Service: Independent Hospital (IH) – Dental Treatment and
Cosmetic Laser**

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Inspector: Stephen O'Connor

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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 2019/20 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
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

2.0 Profile of service

This is a registered dental practice with four registered places.

3.0 Service details

Organisation/Registered Person: Whiterose Clinic Limited Mr Dan McKenna	Registered Manager: Mrs Rose McKenna
Person in charge at the time of inspection: Mr Dan McKenna	Date manager registered: 10 October 2013
Categories of care: Independent Hospital (IH) – Dental Treatment PT(L) – Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	Number of registered places: Four

The laser has not been used since 2012; therefore the arrangements in respect to the operation of the laser machine were not reviewed during this inspection.

4.0 Action/enforcement taken following the most recent inspection dated 23 August 2018

The most recent inspection of Whiterose Clinic Limited was an announced care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 23 August 2018

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

An announced inspection took place on 25 September 2019 from 09:55 to 12:45.

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, the Department of Health (DoH) Minimum Standards for Dental Care and Treatment (2011) and the DoH Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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

During the inspection the inspector met with Mr Dan McKenna, registered person, Mrs Rose McKenna, registered manager and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr and Mrs McKenna 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 in the main emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was observed that Buccolam was retained in the format specified by the Health and Social Care Board (HSCB) however; Buccolam was only available in 10mg pre-filled syringes. Mr McKenna was advised that the HSCB have specified that Buccolam pre-filled syringes should be retained in sufficient quantities to be able to administer two doses to each of the relevant age groups. The four doses are 2.5mg, 5mg, 7.5mg and 10mg. In keeping with the HSCB guidance the full dose of the pre-filled syringe must be administered, part doses cannot be administered. On the day following the inspection evidence was submitted to RQIA to confirm that additional stock of Buccolam pre-filled syringes had been ordered to meet the HSCB guidance.

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 facilitated by an external organisation was during February 2019. In addition to this practical training, Mr McKenna provides medical emergency scenario training every three months.

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 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr McKenna confirmed that conscious sedation is provided in Whiterose Clinic Limited in the form of inhalation sedation, known as relative analgesia (RA).

Review of records evidenced that an RA sedation protocol and various templates to record consent and RA treatments were available, as well as information for patients. On the day following the inspection a conscious sedation policy was submitted to RQIA, the policy was in keeping with best practice guidance.

Review of the environment and equipment evidenced that RA sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003), which is the best practice guidance document endorsed in Northern Ireland.

Review of care records evidenced that the justification for using sedation; consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was established that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice.

A review of records and discussion with Mr McKenna confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. A Nitrous Oxide risk assessment had been completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

Areas of good practice

A review of arrangements in respect of conscious sedation evidenced that all dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.3 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 Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, 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 August 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr McKenna confirmed that should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant staff. The IPS audits are completed by the dental nurses.

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.

Review of the staff register evidenced that the most recently recruited clinical staff member commenced work in the practice during 2015. Mr McKenna confirmed that records to confirm the Hepatitis B vaccination status of all clinical staff have been retained. Mr McKenna was advised that should clinical staff, new to dentistry, be recruited in the future they should be referred to occupational health.

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

5.4 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfectant and a steam steriliser has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. 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

5.5 Radiology and radiation safety

Radiology and radiation safety

Intra-oral x-ray machines are available in two of the four surgeries. In addition there is a combined orthopan tomogram (OPG) and cone beam scanner (CBCT), which is located in a separate room.

Mr McKenna is the radiation protection supervisor (RPS) for Whiterose Clinic Limited and he was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing most relevant information was in place. Mr McKenna regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years in respect of the intra-oral x-ray machines. A review of the report of the most recent visit by the RPA in relation to the intra-orals demonstrated that any recommendations made have been addressed. The CBCT is subject to an annual quality assurance check by the RPA. On 18 November 2019 a certificate confirming that the quality assurance check in respect of the CBCT was undertaken on 4 November 2019 was submitted to RQIA.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr McKenna takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the RPS for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection

	Regulations	Standards
Areas for improvement	0	0

5.6 Laser

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 and staff 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 the 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 would only be carried out by Mr McKenna in accordance with medical treatment protocols. Local rules were in place.

5.7 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. 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.

Review of documentation and discussion with Mr McKenna evidenced that no complaints have been received since the previous inspection. It was evidenced that appropriate arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.8 Regulation 26 visits

Where the 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, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months

Mr McKenna is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.9 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 and Mrs McKenna.

5.10 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All 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 also indicated that they were very satisfied with each of these areas of their care. The following comment was included in a submitted questionnaire response:

- “First class service”

Three staff submitted questionnaire responses to RQIA. Staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff spoken with during the inspection spoke favourably about working in the practice and the standard of care delivered.

5.11 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 quality improvement plan (QIP) is not required or included, as part of this inspection report.



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