

Inspection Report

27 September 2024



Whiterose Clinic Limited

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 7 Culmore Point, Culmore, Londonderry, BT48 8JW
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Service information

Organisation/Registered Provider: Whiterose Clinic Limited	Registered Manager: Mrs Rose McKenna
Responsible Individual: Mr Dan McKenna	Date registered: 10 October 2013
Person in charge at the time of inspection: Mr McKenna	Number of registered places: Four
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Whiterose Clinic 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 four registered dental surgeries and provides general dental services to private patients and offers conscious sedation, if clinically indicated.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 27 September 2024 from 09.50 am to 3.30 pm.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; management of conscious sedation; infection prevention and control; decontamination of reusable dental instruments; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

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.

Twelve patients submitted responses. Patient responses 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 either very satisfied or satisfied with each of these areas of their care. Eight of the patient responses commented on the friendliness and professionalism of staff, the high standard of care provided, the compassion shown to them and how knowledgeable the clinical team were.

Two staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

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 Whiterose Clinic Limited was undertaken on 22 March 2022; 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. It was suggested to Mr McKenna that the recruitment policy and procedures could be further developed to ensure they are fully reflective of legislation and best practice guidance. Mr McKenna was receptive to the suggestion made.

Mrs McKenna oversees the recruitment and selection of the dental team and she approves all staff appointments. Discussion with Mr McKenna confirmed that he had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that one new staff member had been recruited since the previous inspection. A review of the personnel file of newly recruited staff member evidenced that, in the main, relevant recruitment records had been sought; reviewed and stored as required. The personnel file reviewed was discussed with Mr McKenna and advice was provided to further strengthen recruitment records.

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.

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

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 is suitably skilled and qualified. Some training records were not available for review, these were submitted to RQIA and reviewed following the inspection. Advice was provided to develop an overarching training policy in line with any professional requirements and the [training guidance](#) provided by RQIA. Mr McKenna was receptive to this advice and confirmed that a training policy would be developed.

The inspection process evidenced 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 as specified and do not exceed their expiry dates.

A review of the medical emergency equipment identified that in the main equipment was available in keeping with best practice guidance. It was noted that some single use items had been removed from their original packaging and that clear face masks in all the various sizes were not available. This was discussed with Mr McKenna who readily agreed to source these items.

There was a medical emergency policy and procedure in place, a suggestion was made to further develop the policy to fully reflect legislation and best practice guidance. Mr McKenna was receptive to this suggestion and confirmed that it would be updated. 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.

The inspection process evidenced that there is sufficient emergency medicines and equipment in place and 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 McKenna confirmed that conscious sedation is offered if clinically indicated using inhalation sedation (IH).

There was a conscious sedation policy and procedure in place that was comprehensive and reflected the legislation and best practice guidance. Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with the [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#).

Review of records confirmed that the IH equipment has been serviced and a risk assessment has been completed regarding the use, risks and control measures for the management of waste medical gases.

Review of documentation evidenced that that a full assessment of the patient to confirm the dental treatment required and the need for sedation is undertaken by the dentist providing the sedation.

Mr McKenna confirmed that valid written consent is sought for provision of dental care with sedation in accordance with the above best practice guidance.

Clinical records of patients who had treatment using sedation were not reviewed during the inspection. Following the inspection, templates of the clinical records used for conscious sedation treatments were submitted to RQIA for review. A review of these records and assurances received from Mr McKenna confirmed that they included a detailed record of the pre-sedation assessment, the patient's written consent, details of the patient's visit for sedation including monitoring, the treatment procedure and the recovery of each patient.

Information was available for patients in respect of the treatment provided and aftercare arrangements and a record is maintained to verify that post-treatment instructions were given and explained to the patient and their escort, as appropriate.

The dental team involved in the provision of conscious sedation must receive appropriate practical and clinical training. A review of training records evidenced that all relevant members of the dental team had completed 12 hours of sedation related verifiable continuing professional development (CPD) training in each five year CPD cycle.

A discussion took place regarding the life support training to be undertaken by all clinical team members involved in managing patients having sedation.

Immediate Life Support (ILS) training as laid down by the Resuscitation Council (UK) must be undertaken. A review of the content of the medical emergency refresher training undertaken on 15 December 2023 demonstrated that all the main elements of ILS training as outlined in Appendix 2 of [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#) were included.

There are arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

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 McKenna. 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 McKenna regularly checks DoH websites for further advisory information, guidance and alerts in this regard.

It was identified that the overarching IPC policy and associated procedures could be further developed to fully reflect legislation and best practice guidance. Mr McKenna was receptive to this and following the inspection RQIA received confirmation that the policy had been further developed. Mr McKenna confirmed that he is the nominated lead who has responsibility for IPC and decontamination in the practice. Review of records evidenced that Mr McKenna had undertaken IPC and decontamination training and had retained the necessary training certificates.

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. Some advice was provided to strengthen and complement existing policies and procedures and Mr McKenna was receptive to this.

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.

Using the Infection Prevention Society (IPS) audit tool, IPC audits should be undertaken six monthly by a member 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 records evidenced that the IPS audit was being completed annually using a different IPC audit tool. This was discussed with Mr McKenna who agreed to complete the IPS audit on a six monthly basis.

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. 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.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they 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.

The inspection process 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?

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 [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health (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. 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.

Decontamination arrangements demonstrated 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 four surgeries two of which has an intra-oral x-ray machine and the equipment inventory reflected this. In addition, there is a dual modality orthopan tomogram (OPG) and cone beam computed tomography (CBCT) machine, which is located in a separate room. It was identified that the OPG/ CBCT machine was not included on the equipment inventory, this was brought to the attention of Mr McKenna who agreed to update the equipment inventory.

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 and other additional information was retained. The employer's procedures and entitlement records could not be located for review, however, following the inspection, Mr McKenna provided confirmation that these were in place. The RPS oversees radiation safety within the practice. A discussion took place regarding the arrangements to review the file.

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

The most recent report generated by the RPA on 10 March 2022 evidenced that the x-ray equipment had been examined. It was observed that the recommendations made within the RPA report had been actioned, however not all recommendations made within the RPA report had not been signed as actioned.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

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

The inspection process evidenced that arrangements and 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. A suggestion was made to further develop the policy and Mr McKenna was receptive to this.

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 confirmed that no complaints had been received since the previous inspection.

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

The inspection process evidenced that systems are 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.

Mr McKenna 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 McKenna.

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 McKenna, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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