

Inspection Report

4 June 2025



The White House

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

www.rqia.org.uk

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

Organisation/Registered Provider: TWH Belfast Ltd	Registered Manager: Mr James Cunningham
Responsible Individual: Mr Frederick Desmond	Date registered: 27 October 2024
Person in charge at the time of inspection: Mr Frederick Desmond	Number of registered places: One
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: TWH Belfast Ltd 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. Since the last inspection the provider has changed its name from The White House Teeth Whitening Ltd to The White House.	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 4 June 2025 from 10.00 am to 12.30 pm.

It focused on the themes for the 2025/26 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; infection prevention and control; 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.

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

5.0 The inspection

5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 24 May 2023		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	<p>The responsible individual shall ensure that the issues identified in relation to the management of medical emergencies are addressed as follows:</p> <ul style="list-style-type: none"> • emergency medicines and equipment should be provided to safely and effectively manage a medical emergency in accordance with the British National Formulary (BNF), the Resuscitation Council (UK) and the Strategic Planning and Performance Group (SPPG) • all of the emergency medicines and equipment provided should be included in the routine checking procedures to ensure they are stored within their expiry dates in keeping with best practice guidance 	Met

	<p>Action taken as confirmed during the inspection: A review of the emergency medicines and equipment and a review of documentation submitted following the inspection evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 13.2 Stated: First time</p>	<p>The responsible individual shall ensure that the issues identified in relation to infection prevention and control are addressed in keeping with best practice as follows:</p> <ul style="list-style-type: none"> • the overflow of the wash-hand basin in the surgery should be blanked off • the chair covering used should fully cover the dental chair • sharps should be disposed of in the appropriate waste receptacles • the portable suction should be kept clean and ready for use • a blood and bodily fluid spillage kit should be provided <p>Action taken as confirmed during the inspection: A review of the environment, the medical emergency equipment and discussion with staff regarding infection prevention and control practices evidenced that this area for improvement has been met.</p>	<p>Met</p>

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 that adhered to legislation and best practice guidance.

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

A review of the staff register evidenced that two new staff had been recruited since the previous inspection. A sample of personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required.

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.

Review of staff records during the inspection and correspondence shared with the inspectors post inspection, confirmed that all staff have been provided with a job description, contract of employment/agreement and have 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.

Policies and procedures are in place that outline mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

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.

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. However, it was identified that not all medical emergency equipment had been provided as specified. Following the inspection confirmation was received by RQIA to evidence that this issue had been addressed.

It was noted that an automated external defibrillator (AED) was not provided on site. Mr Desmond advised that there was an AED available within very close proximity to the practice at a convenience store. The practice has undertaken a risk assessment and conducted simulated exercises to ensure that they have timely access (within three minutes of collapse) to an AED in accordance with the Resuscitation Council (UK) guidance.

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

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually. However, it was identified that not all staff had completed refresher training in basic life support in keeping with best practice guidance.

Following the inspection correspondence was received by RQIA to confirm that all staff had completed this training accordingly.

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.

As a result of the actions taken following the inspection, it was determined that sufficient emergency medicines and equipment were 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 Desmond confirmed that conscious sedation is not offered in TWH Belfast Ltd.

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 Desmond. 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 Desmond regularly checks the Department of Health (DoH) websites for further advisory information, guidance and alerts in this regard.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance.

During a tour of the practice, it was observed that clinical areas were clean, tidy and uncluttered. All areas of the practice were 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.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members 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. 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. 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.

Review of 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?

Mr Desmond confirmed that the TWH Belfast Ltd is a teeth whitening practice and they only use single use instruments therefore a decontamination room is not required.

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

Mr Desmond confirmed the TWH Belfast Ltd is a teeth whitening practice and no radiology is undertaken.

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. Patients 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. A complaints audit had been undertaken to identify trends, drive quality improvement and to enhance service provision.

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

Systems were 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 Cunningham 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 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.

5.3 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 Desmond.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews