Announced Inspection Report: Independent Healthcare

Service: The Keith Dental Practice, Keith
Service Provider: TF Dent Limited

4 June 2019
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1  A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to The Keith Dental Practice on Tuesday 4 June 2019. We spoke with the service manager, the principal dentist, and the full-time dental nurse. We received email feedback from 11 patients sent directly to us before the inspection. This was our first inspection to this service.

The inspection team was made up of one dental inspector.

What we found and inspection grades awarded

For The Keith Dental Practice, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</tbody>
</table>
The service met all criteria from the national dental combined practice inspection checklist used during this inspection.

**Domain 9 – Quality improvement-focused leadership**

9.4 - Leadership of improvement and change

The service maintained a consistent approach to quality improvement. The practice was open to change and new ideas and could show how it continued to evolve to meet patients’ needs. The team was well led by the service manager, who had the skills required to lead and support continuous improvement in the care delivered. 

- Exceptional

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

**Domain 5 – Delivery of safe, effective, compassionate and person-centred care**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients received a high-quality assessment before any treatment was provided, including a comprehensive medical questionnaire. Patient care records were thorough and covered all aspects of consultations, assessments and treatments. Patients were recalled for dental examinations at intervals based on their individual personal risks and requirements.</td>
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**Domain 7 – Workforce management and support**

<table>
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<th>Summary findings</th>
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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Safe recruitment systems were in place. Staff were well supported in their roles and given development opportunities. All staff had personal development plans and up-to-date training records. A range of in-house learning events were held to support staff.</td>
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</tbody>
</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.
More information about grading can be found on our website at: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

**What action we expect TF Dent Limited to take after our inspection**

This inspection resulted in no requirements and recommendations.

We would like to thank all staff at The Keith Dental Practice for their assistance during the inspection.
3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Care was provided in a responsive and respectful way. Patients were fully involved in decisions about their care and kept informed about their treatments. Patients could provide feedback and suggestions on how to improve the service using several methods. Patient feedback was consistently positive.

Patients could provide feedback to the service in several ways, including completing testimonials or posting on social media sites. In 2018, the service received testimonials from 154 patients. The service manager collated patient feedback every month and used the information to identify areas for improvement. Results were collated into an annual report. The service manager also responded to feedback posted on social media and used the sites to post information about improvements to the service.

The service manager set targets for average monthly waiting times and was able to show how this continued to improve. Information about this was displayed in the waiting room and also showed that patients were happy that this aspect of their experience was being addressed.

The dental nurse had suggested a ‘feedback’ tree was introduced in the waiting room. Patients could write anonymous comments on the post-it ‘leaves’ and stick them on the tree poster. This innovative way of gathering feedback was welcomed by some patients.

The service intended to upgrade the patient toilet in the next few months. This was in response to the needs of some of their elderly patients and wheelchair users. At the time of the inspection, the service manager was in the process of commissioning the work.
New patients were given an information pack detailing the ethos of the service and the treatment options available. Other information was available about oral health and disease, as well as information on a wide range of topics that could affect the mouth such as:

- alcohol
- eating disorders
- tongue and lip piercings
- oral sex, and
- using mouth guards for sport.

Patients who required treatment were given specific verbal and written information about the proposed treatment, the risks and benefits, and any associated costs. The dentist discussed the treatment plan and costs with the patient. They were then given a written treatment plan, with further opportunity to discuss the plan and the payment options. The consent process was comprehensive.

From the feedback we received, and from the service’s own surveys, patients consistently said they were happy with the care they received. Comments included:

- ‘I am happy with the whole service I don’t think it could have gone better.’
- ‘The professional standard excellent, as is the treatment.’
- ‘I attended... for root canal treatment, and it has completely restored my faith in dentists - fear eliminated! The treatment was completely pain free.’

The service had a comprehensive and detailed complaints policy. Patients were made aware they could complain to Healthcare Improvement Scotland at any time. The service manager was knowledgeable and confident about complaints handling and, although the service had very few complaints, they could demonstrate that they were able to manage these appropriately.

In June 2018, the service hosted an in-house training session about improving the patient experience. Staff stated they had benefited from this, particularly on how to communicate effectively with patients.

■ No requirements.
■ No recommendations.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patients were cared for in a clean and safe environment. Appropriate use was made of single-use patient equipment and all reusable dental instruments were decontaminated in the service’s on-site decontamination room. The service met all criteria from the national dental combined practice inspection checklist used during this inspection.

Patients were cared for in a suitable, clean environment. Clinic staff were responsible for cleaning the dental unit, and a cleaner was employed to clean the rest of the clinic. A comprehensive cleaning schedule was in place. At the time of the inspection, the clinic was clean, and the fabric of the building was of a high standard. Many patients commented that the clinic was always clean, and they felt well-cared for and safe.

The service had identified areas that required improvement over the past few years. One surgery had been refurbished and a separate room had been created to allow decontamination (cleaning and sterilisation of equipment) to take place outwith the treatment rooms.

The surgeries were well designed with compliant sinks for hand washing. All used dental instruments were transported to the on-site decontamination unit in an appropriate transport box. The decontamination process for cleaning and sterilising equipment was good. All reusable dental instruments were processed appropriately through a washer disinfecter and an autoclave (used to clean and sterilise equipment). The clinic also had a back-up autoclave. Infection prevention and control policies and procedures were being implemented.

Where appropriate, single-use patient equipment was used for dental procedures to prevent the risk of cross-infection.
All decontamination equipment was validated and had been safety tested where required. The dental nurse was aware how dental instruments should be decontaminated. We were able to observe this process being carried out effectively. Sterilised instruments were bagged and stored appropriately in the surgery before use.

Contracts were in place to ensure all clinical waste, including medical sharps, was disposed of safely. We reviewed waste transfer consignment notes during the inspection, and they met the current requirements.

Regular safety assessments were carried out on the service’s x-ray machines. The radiation protection information file was up to date and covered all aspects of radiation protection for staff and patients. All radiographs (x-ray images) were securely stored on the electronic patient care records.

All staff carried out annual training in the management of medical emergencies. The service had all the emergency drugs required. A defibrillator with adult and child pads was available and staff were trained in how to use this equipment.

We saw evidence of appropriate fire and electrical safety checks taking place. The service had carried out risk assessments on health and safety, and radiation safety. An accident and incident book was used to record any events that took place. We noted how an incident involving a needlestick injury of a staff member was managed appropriately. The risk of recurrence was reduced by changing the way used dental instruments were loaded into the washer disinfector. The service kept a risk register and appropriate steps were taken to reduce risks, particularly for infection prevention and control, and the delivery of safe care.

The service had a comprehensive framework of clinical governance. A folder of up-to-date policies and procedures was reviewed regularly and a checklist made information easy to find and refer to. This folder was kept in the office with copies also held in each surgery. Information about fire action protocols and medical emergency actions was posted on each surgery door. All members of staff knew where to access this information and were well informed.
NHS dental services are inspected using the national Combined Practice Inspection Checklist to ensure the safe delivery of care. This checklist has a number of essential and best practice criteria for dental practices including:

- premises, facilities and equipment
- documentation and certification, and
- processes, including decontamination and sterilisation of equipment.

We carried out the same combined practice checklist during this inspection. All essential and best practice criteria were met.

■ No requirements.
■ No recommendations.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Patients received a high-quality assessment before any treatment was provided, including a comprehensive medical questionnaire. Patient care records were thorough and covered all aspects of consultations, assessments and treatments. Patients were recalled for dental examinations at intervals based on their individual personal risks and requirements.

Before starting any treatment, patients were given the opportunity to tell the service about any anxiety they had about their dental treatment. They were also provided with information about eating disorders and drug and alcohol abuse, and the affects these may have on their teeth and gums. The service carried out consultations, assessments, consenting and treatment planning according to best practice guidelines.

Patients had appropriate care and repeatedly stated the care they received was excellent.

- ‘Good communication systems.... letter reminders.... text to remind of appointments... and good face to face explanation of what is/requires to be done.’

Referrals to other appropriate dental services were made when required. The principal dentist accepted referrals from other dentists for root canal treatment. The service was able to show high success rates from auditing outcomes from...
this treatment. The service told us it intends to expand this service for other dental practices in the area to refer into.

Existing patients were offered free consultations for implant and aesthetic treatments. Patients were offered several ways of paying for treatment, and charges for missed appointments were clearly displayed on the practice information leaflet and at reception.

We reviewed nine patient care records. All relevant details were being recorded and patient medical histories were updated regularly. Patients were provided with appropriate aftercare instructions. These were also available on the service’s website. Patients reported favourably that the service had contacted them after treatment to check their wellbeing.

A rolling audit programme of auditing patient care records and the quality of x-ray images was also in place. Audit results showed that all relevant information was being recorded.

Patient care records were stored electronically. Confidentiality was maintained and suitable data back-up protocols were in place. Protocols were also in place should the service close down to make sure patients would be able to access their care records.

The service manager was well informed about the requirements of general data protection regulation. All documents we reviewed during the inspection were compliant with this.

- No requirements.
- No recommendations.
Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Safe recruitment systems were in place. Staff were well supported in their roles and given development opportunities. All staff had personal development plans and up-to-date training records. A range of in-house learning events were held to support staff.

The practice offered in-house training as part of the induction process and on a rolling cycle. Subjects covered included

- fire awareness
- child and adult safeguarding
- first aid
- infection prevention and control
- basic life support, and
- confidentiality.

Staff told us they welcomed these learning opportunities.

A staff recruitment and selection policy, a staff induction policy and staff appraisal system were in place. All pre-employment checks were up to date in the staff files we reviewed. References, professional registration and Disclosure Scotland checks were completed in line with the service’s recruitment policy and professional registration requirements. All staff were registered dental professionals and had undergone Protecting Vulnerable Groups (PVG) checks.

All staff had a recently updated personal development plan and told us they had regular appraisal and good access to training and development relevant to their role. Staff training certificates were available in staff files and a training record was maintained.
Appraisals were carried out every year which gave staff the opportunity to feedback about any training and education requirements. Interim appraisals were held if required and the feedback from appraisals was positive. We noted that staff turnover was low.

Staff development was impressive, and all team members were knowledgeable about their roles in the organisation and carried out their duties with confidence.

The service had policies to manage safeguarding of children and vulnerable adults, and staff had carried out safeguarding training.

■ No requirements.
■ No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service maintained a consistent approach to quality improvement. The practice was open to change and new ideas and could show how it continued to evolve to meet patients’ needs. The team was well led by the service manager, who had the skills required to lead and support continuous improvement in the care delivered.

The service was clearly well led by the service manager. They were open to new ideas and invested time in making sure that all members of the team were aware that their opinions were valued and their contributions to constant improvement of the service were welcomed.

The service held regular monthly meetings and all staff were kept informed about the service’s aims and visions. Staff were encouraged to add items to the agenda and were given the opportunity to discuss anything not on the agenda.

We saw an annual report produced by the service manager. This provided the service owner with an accurate overview of:

- the previous year’s activities
- feedback from staff and patients
- performance against key performance indicators
- financial review, and
- identified any areas where potential improvements could be made in the following year.

The service’s quality assurance policy identified the aims and objective of the service. It ensured that all members of the team understood the competencies
and skills required to deliver the service successfully. Feedback from patients was used to identify any areas were improvements could be made, and staff were supported in achieving any training and education needs they may have that would lead to improvements in patient care. For example, the associate dentist was carrying out training in facial aesthetics in response to a local demand for this. Patients had fed back that this was a service they welcomed.

Staff feedback was encouraged and fed into the organisation. The service demonstrated effective learning from a needlestick incident and had carried out an event analysis to minimise the risk of recurrence. This learning was shared with all staff members.

The service benchmarked itself with local dental practices as well as other similar sized non-dental organisations. It compared well with both, particularly for patient satisfaction and waiting times. This information was displayed in the waiting room for patients to see and to encourage feedback.

The practice carried out peer review with a network of other dentists in the local area, who shared the emergency on-call cover. A wide range of care topics were discussed and best practice shared. The service manager also carried out peer review with a small group of dental practice managers, sharing updates to legislation and practical information.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

This inspection resulted in no requirements and no recommendations.
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

**Healthcare Improvement Scotland**
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** hcis.ihcregulation@nhs.net
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net